Exploring Relationships: Facilitators' views on delivering Interpersonal Psychotherapy – Adolescent Skills Training in secondary schools as a preventative group intervention for adolescent mental health

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Abstract

IPT-AST groups are specialised, community-based interventions designed to support Young People (YP) who are identified as experiencing or being at a higher risk of mental health (MH) challenges. The intervention groups are facilitated by two trained professionals and offer a secure, manualised, and highly structured setting that aims to support the social and emotional development of YP. Previous research has mainly focused on the outcomes for YP participating in IPT-AST groups.

This study seeks to explore and describe the facilitator-YP relationship in a group intervention setting. IPT-AST group facilitators were interviewed on their perceptions and understanding of their relationships with the YP in their groups. The aim was to discover the elements that constitute a therapeutic relationship and to identify the challenges that may hinder the relationship and the YP's progress. The study was conducted from a symbolic interactionist and critical realist perspective, employing a grounded theory methodology. Interviews were conducted with six IPT-AST group facilitators from seven groups.

The findings describe a model that depicts how relationships develop between the facilitator and the YP. As the facilitator and YP develop a greater understanding of each other, the facilitator becomes more responsive to the YP's needs and feelings, thus providing a supportive backdrop for imparting the IPT-AST strategies. This journey is not without its challenges, which can affect the emotional response of the facilitator, who is also supported in supervision and by a network of facilitators. These challenges, however, are crucial in the evolution of the relationship, fostering trust and a stronger connection.The discussion delves into these findings with reference to psychodynamic and interpersonal theories, and considers the implications for IPT-AST facilitators, stakeholders, services, and Child and Educational Psychologists (EPs).

Keywords: IPT-AST, CYP, Interventions, MHST, CAMHS, Schools, Therapeutic Alliance

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List of abbreviations

BPS – British Psychological Society

CAMHS — Child and Adolescent Mental Health Service

CYP — Children and young people

DfE — Department for Education

DHSC – Department of Health and Social Care

EHC – Education, Health and Care (e.g. EHC assessment or EHC needs)

EHCP – Education, Health and Care Plan

(T)EP — (Trainee) Child and Educational Psychologist

EPS — Educational Psychology Service

GfRC – Group factors Relations Change

HCPC — Health and Care Professions Council

IPT – Interpersonal Psychotherapy

IPT-A – Interpersonal Psychotherapy for Depressed Adolescents

IPT-AST – Interpersonal Psychotherapy for Adolescent Skills Training

LA — Local Authority

MH – Mental Health

NHS — National Health Service

ReSET – Resilience and Socio-Emotional Training

SC – School Counselling/Counsellor

SEND — Special Educational Needs and Disabilities

SEMH – Social, Emotional and Mental Health

TEP — Trainee Child and Educational Psychologist

YP – Young People

Chapter 1: Introduction

1.1 Chapter overview

This chapter will first look at the current context, including evidence-based approaches commonly used in the UK to prevent adolescent mental health difficulties. It will then outline the IPT-AST group intervention, the strategies it imparts, and the psychological theories that underpin it. Next, the section will explore the evidence for using IPT-AST in secondary schools in the UK. Finally, the chapter will outline the basis for this study and the gap it seeks to fill in the current literature: the rationale for evaluating YP-facilitator relationships in an IPT-AST-based training (ReSET) in schools. In the final section, the chapter will also reflect the author's indivdual perpective and the background behind some of the choices made in this thesis as the structure is unconventional.

1.2 Adolescent mental health

The focus of this research stems from international and national concern over the increasing demand for adolescent mental health (MH) support at a universal and preventative level (Kessler *et al*., 2005; DHSC & DfE, 2017). Professionals within the Local Authority (LA) Educational Psychology Service (EPS) in which this researcher is based, and in mental health services across the world, have acknowledged the need to enhance young people's (YP) access to mental health support (Keeley, 2021). Half of all mental health problems emerge before the age of 14, and professionals should implement effective mental health interventions at an early stage to help prevent or reduce mental health problems in adolescence and later life (DHSC & DfE, 2017). The recent Green Paper outlining the strategy to transform children and young people's (CYP) mental health care concluded that public services should focus on tackling "many of the underlying issues which affect poor mental health, intervene early, and prevent mental health problems from arising in the first place" (DHSC & DfE, 2017, p.6).

The UK adolescent population is experiencing an increase in reported mental health challenges and an increase in access to mental health services, although access rates are still well below reported occurrence of mental health needs (only 25 to 40 per cent of CYP with identified mental health needs will receive support in the UK) (Green *et al.,* 2005; NHS Digital, 2021). In 2021, a national survey recorded that 17.4% of school-aged young people were likely to have SEMH needs, which increased by over 60% in the last 3 years (NHS Digital, 2021, p.7). Naturally, scrutiny of adolescent mental health provision and the systems supporting this provision (including CAMHS, MHSTs, schools, and EPS) has also increased in the UK (Faulconbridge *et al*., 2015). EP practice is underpinned by a number of policies that highlight the importance of serving the SEMH needs of adolescents and prevent harm (DfE, 2018; HCPC, 2016; BPS, 2017). However, national studies suggest that SEMH occurrence in adolescents is increasing, and this poses a risk to the population long-term and intergenerationally (Davies *et al.*, 2013; DHSC & DfE, 2017).

1.2.1 What are common mental health needs of adolescents?

Around 30% of the UK population are children and young people (CYP) aged zero to 25 years (Office for National Statistics [ONS], 2021). Mental health (MH) needs can affect a CYP's mood, thinking, and behaviour. Estimated rates of prevalence for CYP experiencing MH challenges vary, with some studies reporting that at least one-in-six CYP between five- and 16-year-olds will have a clinical MH need at any time (NHS Digital, 2021). The most reported MH needs in CYP are anxiety, depression, and conduct disorders (Law & Lafflan, 2015, p.9). CYP are more frequently being diagnosed with MH needs, particularly for self-harm, eating disorders, and mental health challenges that co-occur with neurodevelopmental differences (Law & Lafflan, 2015, p.9). MH needs in childhood are likely to negatively impact on: health, including life expectancy; education and employment; as well as the risk of being involved with the justice system (Law & Lafflan, 2015, p.9). It is predicted that

poverty will increasingly affect families in the UK leading to a rise in CYP's MH needs (ONS, 2021).

1.2.2 The current social and political context.

The recent Green Paper outlined an extensive strategy on how to improve collaborative practice between CAMHS and schools in transforming CYP's mental health care (DHSC & DfE, 2017). There has been a general strategic boost to support the Social, Emotional and Mental Health (SEMH) and wellbeing of children and young people through the early work of EPs. The government's *Mental Health and Behaviour in Schools* document, issued in 2018, reflects the call for Educational Psychologists to support children and young people's "emerging mental health needs" both directly and indirectly (DfE, 2018a, p. 3). Moreover, the Department for Education published a list of Areas of Research Interest in 2018 which refers to its commitment to researching preventative interventions for school-aged YP through one of their top 10 research questions: "How can schools best identify children's mild to moderate mental health needs, and what role can early intervention play in preventing escalation?" (DfE, 2018b, p.5).

The DfE is interested in preventing escalating mental health needs in school-aged CYP, and this study will focus on adolescence. Adolescence is a developmental stage characterised by significant changes, where teenagers experience shifts in complex social landscapes and learn to navigate secondary school friendships (Music, 2016). Successfully overcoming these social complexities is essential for continued emotional wellbeing (Von Tetzchner, 2018). During adolescence, young people develop emotion processing and social skills and there is substantial evidence to show that these skills are significantly predictive of resilience and risk to mental health challenges in adult life (Mitic et al., 2021; Penton-Voak et al., 2017).

1.2.3 Risk factors for adolescent mental health challenges.

Various known factors can increase the risk of CYP's MH challenges (Law & Lafflan, 2015). By understanding these risk factors, EPs and other mental health professionals can develop effective interventions to help those who are struggling. Researchers have categorised the risk factors into social, environmental, and individual factors, and these factors can have complex and varying effects on adolescents (Law & Lafflan, 2015). One of the most significant risk factors is childhood trauma and maltreatment, which includes emotional, physical, and sexual abuse (Spinazzola *et al*., 2005). Childhood abuse can negatively impact an adolescent's emotional, psychological, and behavioural functioning, and it can also affect their ability to form healthy relationships (Van der Kolk, 2007). Insecure attachments can also lead to mental health difficulties in adolescents, particularly when they face challenging life events or lack problem-solving skills (Van der Kolk, 2007).

Various social and demographic risk factors can contribute to adolescent SEMH needs. Adolescents who feel isolated may suffer from a range of psychological difficulties, particularly if they feel rejected by their peers (Holt *et al*., 2015). Similarly, bullying, including online bullying, can have a significantly negative effect on children and young people, increasing the risk of PTSD, suicidal thoughts or behaviours, self-harm, and even episodes of psychosis (Holt *et al.,* 2015). Losing a loved one can also lead to significant psychological difficulties for some CYP, particularly following the death of a parent or sibling (Stikkelbroek *et al*., 2016). Poverty and social inequality are also risk factors for mental health problems in childhood, particularly for people from global majority ethnic backgrounds (Adjei *et al*., 2022). Adolescents with learning difficulties, neurodevelopmental conditions, and/or physical disabilities are also at a greater risk of psychological challenges (Emerson & Hatton, 2007; Law & Lafflan, 2015). Vulnerable groups, including looked after

adolescents, young carers, refugees, asylum seekers, and those exposed to crime and violence, are more at risk than others (Law & Lafflan, 2015). Social and environmental disadvantages experienced by adolescents from Global Majority Ethnicity (GME) backgrounds also increase their risk of psychological difficulties (Yoshikawa *et al*., 2012; Lavis, 2014). Many of these risk factors have relational elements to them, and this is something that the IPT-AST programme aims to address (Young *et al.,* 2016)

1.2.4 Protective factors for adolescent mental health challenges.

Knowing the factors that contribute to positive MH development can be beneficial when considering interventions that foster psychological health and well-being in adolescence. The World Health Organisation (WHO) (2012) has identified several psychological protective factors that support positive psychological development, including environmental factors such as fair access to services, social justice, tolerance of difference, community integration, and safety. Physical health and fitness are also important and play a significant role in promoting positive psychological development. Individual attributes, such as self-esteem and confidence, as well as problem-solving skills, stress management, and communication skills, depend largely on these factors. Social circumstances include factors such as social networks, positive parenting and family experiences, financial security, and educational attainment. The remit of this thesis is relevant to bolstering the last two factors listed by the WHO: individual attributes and social circumstances.

1.2.5 Preventative group interventions used to support adolescent mental health (primary care and school settings).

In order to bolster protective factors in adolescents, there are growing resources and services in place to prevent mental health challenges in young people. Although mental health services are expanding across the UK, and more adolescents with elevated depressive symptoms are being identified, limited research exists on the efficacy of depression

prevention interventions (Kanine *et al*., 2021). One recent meta-analysis showed small but significant effects of psychosocial and psychoeducational prevention programmes in primary care, but only two of the reviewed studies were conducted with adolescents (Conejo-Cerón *et al*., 2017).

The Penn Resilience Programme (PRP) and Competent Adulthood Transition with Cognitive-behavioural Humanistic and Interpersonal Training (CATCH-IT) have shown promising effects in reducing depressive symptoms in adolescents identifying as females but not males (Kanine *et al*., 2021). However, the level of participation in self-directed web-based interventions like CATCH-IT is mixed (Conejo-Cerón *et al*., 2017). Researchers identified significant barriers that hindered the successful screening for depression and the implementation of this programme in primary care settings. This highlights the need for further research to assess the feasibility, credibility, and clinical outcomes of depression prevention programmes when administered in community settings, particularly for underserved young individuals, such as those belonging to Global Majority Ethnicities (GME).

Exploring facilitator-YP relationships in a preventative and early intervention presents a valuable opportunity, especially among adolescents in group settings in school contexts. Adolescents access services through schools more than any other system, making school settings an essential focus on service delivery (Law & Lafflan, 2015). Group prevention and early intervention is beneficial for adolescents, given the developmental importance of peer interactions during this stage, as highlighted above in the risk factors (Holt *et al.,* 2015). The British Psychological Society (BPS) has acknowledged group interventions as having an "established psychological evidence base" for youth development (British Psychological Society [BPS], 2019, p. 5). Research compiled by Law and Lafflan (2015) supports the effectiveness of group interventions in schools across various SEMH outcomes.

Despite this recognition, there's a noted gap in research targeted at school intervention groups for adolescents, especially regarding the therapeutic relationship formed between adults and YP in these settings. Researchers have called for more focused research in this area as the current understanding of group interventions in schools remains limited (Gray & Rubel, 2018). Addressing this research gap could significantly enhance facilitators' and researchers' understanding and implementation of group relationship-building strategies in school interventions, particularly benefiting adolescent students in mainstream education. Section 2.3.1 outlines a more in-depth review of preventative interventions in school settings.

1.2.6 Potential barriers to accessing mental health provisions in adolescence.

Despite an increase in the variety of preventative interventions available to adolescents, barriers still exist for young people with mental health difficulties who are seeking help (Kazdin, 2017). Without effective intervention, mental health problems are likely to persist into adulthood, making it crucial to provide the right interventions early on (Kazdin, 2017). Research shows that around 50% of long-term MH needs arise before the age of 14, and 75% before the age of 25 (Scott *et al.,* 2018; NHS Digital, 2021). However, in the UK in 2020/21 only 39.6% of CYP with MH needs received support from a professional, and often not before the age of 14 (NHS Digital, 2021).

A lack of services for CYP with MH needs is down to several factors, including a lack of resources in the system (Department of Health [DHSC] &NHS England, 2015). Studies and feedback from YP show that help falls significantly short of meeting the demand. In the financial year of 2020/21, CAMHS received 6% of England's mental health budget, and less than 1% of the total healthcare budget (NHS Digital, 2021). CAMHS' funding has fallen by almost £50 million, taking into account inflation, since 2010 (Law & Lafflan, 2015). The closure of other support and social services, such as Sure Start services and LA spending on

YP services, has also worsened the situation, leading to increased referrals to mental health services such as CAMHS and inpatient or crisis teams (Law & Lafflan, 2015).

Another barrier is the lack of early intervention and prevention for MH needs (DHSC & DfE, 2017). When MH resources are scarce, CYP with the most complex needs are prioritised over universal MH promotion, prevention, and early intervention schemes (Scott *et al*., 2018). There is also a lack of understanding and awareness of MH needs in YP in society, which often leads to adolescents' mental health going unnoticed or being stigmatised (DHSC & DfE, 2017). The stigma of having a MH need is a barrier to many adolescents' help-seeking journey (Scott *et al*., 2018). Although campaigns that seek to destigmatise MH have helped, there is still a large proportion of YP with MH needs who are not getting help (DHSC & DfE, 2017).

More broadly, the scarcity of research on the impact of community mental health services in preventing mental health concerns during adolescence is a critical gap that needs attention. The literature review by Neufeld and colleagues (2017) underscores this, highlighting the limited research on the link between adolescent mental health services and subsequent mental health outcomes. Their findings suggest a need for comprehensive longitudinal studies that incorporate mental health service usage and its long-term effects on mental health. Enriching policy with larger-scale studies that assess diverse outcomes by diagnosis or treatment sectors is crucial, particularly in the UK where there is a notable absence of current mental disorder prevalence data (ONS, 2021).

Data from Neufeld and colleagues (2017) predating CAMHS funding cuts underscore the negative impact of austerity on young people's access to mental health services. The decline in contact with services among adolescents with mental health concerns signals an urgent need for action. This decline coincides with reduced CAMHS funding and suggests

that austerity measures have strained essential services, reflected in increased psychiatric emergencies among young people (Law & Lafflan, 2015; Neufeld *et al*., 2017).

The Neufeld and colleagues (2017) study also highlights the significant role of school-based interventions, which face their own challenges because of budget constraints. Despite government promises to train teachers in mental health first aid, the services needed for referral and support being under-funded undermine these efforts. The interplay between educational and health services in addressing young people's mental health is intricate, with a large part of the cost falling upon the education system. Ensuring funding for school-based interventions is vital to provide early intervention and prevent escalating mental health issues into more severe conditions requiring specialist CAMHS support (Law & Lafflan, 2015).

Improving training for primary care providers and school staff in recognising mental health issues could help prioritise allocating specialist CAMHS resources to those most in need (Law & Lafflan, 2015). Current referral practices show a mismatch between demand and specialist CAMHS capacity, suggesting both a need for better training in mental health identification and a more efficient referral system (NHS Digital, 2021). This is pressing, as most mental health management occurs in primary care, yet many GPs lack sufficient training in mental health (Faulconbridge *et al.,* 2014).

In conclusion, while Neufeld and colleagues (2017) show some positive outcomes from mental health service contact, there is a significant need for more extensive research to understand and improve CAMHS. This includes ensuring the preservation and funding of essential services like school-based interventions, better training for those referring to specialist services, and a more integrated approach among all levels of mental health care to ease the burden on CAMHS and support young people's mental health more effectively (Neufeld *et al.,* 2017).

1.3 Interpersonal Psychotherapy – Adolescent Skills Training (IPT-AST)

1.3.1 Brief history and outline of IPT-AST.

The creators of Interpersonal Psychotherapy – Adolescent Skills Training (IPT-AST) describe the intervention as:

> An alternative, and perhaps a compliment, to existing cognitive-behavioural prevention programmes to help decrease the disease burden associated with depression. IPT-AST is both similar to and different from existing cognitive-behavioural depression prevention programmes. (Young et al., 2016, p. 3)

IPT-AST was developed in the last decade as a response to increased reported numbers of adolescent risk factors for depression, empirical studies supporting IPT, and a growing interest in depression prevention interventions in schools (Brunwasser & Garber, 2015). IPT-AST is an adapted version of IPT-A (Interpersonal Psychotherapy for Depressed Adolescents) which is an individual clinical intervention for adolescents diagnosed with depression (Young et al., 2016). The version of IPT-AST that will be used in this study, named ReSET, is a further adaptation, broadened to cover a variety of SEMH needs rather than solely for the prevention of depression and it therefore includes cognitive and emotional resilience skills training using bespoke online apps on tablets (Kemp et al., 2017). The cognitive skills training includes a learning app for young people to increase their accuracy in emotion recognition from a variety of human faces (this skill is thought to improve resilience to social anxiety) and another activity which presents hypothetical social situations and encourages young people to reframe their thinking and then rate their mood (Penton-Voak *et al*., 2017; Mitic *et al.,* 2021). This will be the first time that the intervention will be evaluated in this new format and there is a particular interest to understand whether adolescent SEMH needs improve after attending the ReSET group and if so, which aspects of SEMH improve (Sbrilli *et al*., 2022).

These two app-based activities were selected to compliment the original IPT-AST. The apps train YP to accurately distinguish emotions from neutral faces and to reframe and distance themselves from situations that are distressing but difficult to change (Penton-Voak *et al*., 2017; Mitic *et al.,* 2021; Daniel *et al.,* 2020; Shah *et al*., 2017). Part of the rationale for ReSET is that mastering emotional skills, such as identifying one's own emotions or those of others, and regulating them, coupled with strong social connections, are key components of positive mental health (Sbrilli *et al*., 2022). Present interventions concentrate on enhancing either emotional skills or social relationships, but rarely address both. This approach overlooks the interconnection between emotions and relationships, a link that is especially pertinent during adolescence. The aim of the ReSET project is to explore whether cultivating these skills together offers a more effective strategy for bolstering and safeguarding the mental health and well-being of YP with depressive symptoms.

The ReSET version of IPT-AST will have a similar structure to the original intervention: two individual sessions (a pre-group session without parents, and a mid-group session with parents), as well as eight weekly group sessions (see Appendix B for a full intervention plan). During the IPT-AST pre-group and mid-group sessions, the facilitators evaluate the adolescent's current relationships, and they co-produce two or three interpersonal goals based on the evaluation (Young *et al*., 2016). In the group sessions, the adolescents acquire communication strategies. One example of a strategy is “aim for good timing” which helps YP select an appropriate time to raise interpersonal concerns with others (Young *et al*., 2016). The IPT-AST approach targets various interpersonal challenges instead of one specific relationship, as research suggests that positive relationships are crucial to YP’s well-being (Jones *et al*., 2021). The IPT-AST research has also investigated the mediators that effect change in YP. Mediators are the factors in each relationship that may affect mood or mental

health. Interpersonal mediators may include conflict, whereas intrapersonal mediators may include emotion recognition and interoception (Sbrilli *et al*., 2022).

The group centres on delivering psychoeducation and developing transferrable interpersonal skills applicable across various relational contexts, all within the scope of three common interpersonal challenges: role disputes, role transitions, and interpersonal deficits (Young *et al.,* 2012). The three interpersonal challenges are further explored below, with a focus on the interpersonal aspects of depression. Clarifying what prevention entails, providing information about low mood and wellbeing, and exploring how emotions influence interpersonal dynamics are all part of the psychoeducation aspect. There are two phases in which the interpersonal skill development is conducted. Initially, the group is taught communication and relationship techniques through didactic activities, group exercises, and role-playing scenarios (Young *et al*., 2012). Once group members have grasped these techniques, they are encouraged to implement them in real-life interactions with various individuals between group sessions, practising first within the safe environment of the group before extending the practice to their daily lives outside the group. These two phases of the group highlight some complexities facilitators may experience as they attempt to impart strategies to a varied group of eight to ten participants, whilst holding their individual goals and social circumstances in mind.

1.3.2 Theories and models underpinning IPT-AST.

The psychological model underpinning IPT-AST is interpersonal psychotherapy (IPT) which was developed in the 1970s to treat adult depression (Young *et al.*, 2016). The psychological theories underpinning IPT are interpersonal theories of depression (with a focus on the dynamicity between interpersonal relationships and mood) (Young *et al*., 2016). Regarding cognitive-behavioural theories, the model is like CBT as it focuses on the interactions between our feelings, thoughts, and behaviours. However, IPT-AST differs to

CBT by focusing on specific feelings (low mood) and specific behaviours (linked to building skills in social, relational and communication areas).

Interpersonal theories of depression suggest that there is a dynamic and reciprocal relationship between mood and relationships (Coyne, 1967). Coyne (1967) posits that risk factors in relationships can increase an individual's vulnerability to depression, which can worsen their ability to function in relationships, creating a cycle that perpetuates depressive symptoms. Unhelpful communication strategies can lead to relational challenges, which can then worsen low mood. The depressive symptoms then challenge relationships and continue to worsen the depression. The rationale behind IPT-AST focusing on relational skills is that adolescents' moods and interpersonal life have a cyclical relationship (Young *et al*., 2016). This circularity means low mood can impact relationships negatively and vice versa. Therefore, by focusing on improving relationships, the cycle can become a positive one where the positive interactions promote better mood and so on. The CBT approach to low mood focuses on behavioural activation as an initial step toward improving adolescents' mood (Fuggle et al., 2012).

Moreover, IPT-AST addresses three key areas of the interpersonal theory of depression: role disputes, role transitions, and interpersonal deficits (Young *et al.,* 2016). Role disputes arise when there is a significant conflict between the individual and important figures in their life, leading to stress and potential mental health challenges (Mufson *et al.,* 2004). Role transitions focus on the challenges and stressors associated with significant life changes, such as moving schools or experiencing parental divorce, which can disrupt one's sense of stability and identity. These factors are often explored in the pre-group and mid-group sessions, but adolescence is also considered a time of role transition within the life cycle model (Price, 2001). Lastly, interpersonal deficits comprise long-standing patterns of isolation or unsatisfying relationships, which may contribute to ongoing difficulties in

forming and maintaining meaningful connections. IPT-AST aims to equip YP with the skills to navigate these complex interpersonal areas, fostering improved communication, problem-solving, and the ability to manage the emotional upheaval associated with these interpersonal challenges. By addressing these three foundational interpersonal issues, IPT-AST seeks to mitigate their impact and promote positive mental health and adaptive functioning (Mufson *et al.,* 2004).

1.3.3 Similarities to other forms of adolescent group psychotherapy.

Group psychotherapy for adolescents is enriched by a variety of theoretical approaches, with the interpersonal method being significant. This approach allows adolescents to explore their interactions within the group, learning about their own interpersonal behaviours, understanding and managing thoughts and feelings that provoke adverse reactions, and benefiting from the feedback of peers, all of which can foster positive relational changes (Pingitore, 2016). These insights are gathered from a body of research and practice by professionals such as Yalom (2005), Malekoff (2014) and others.

A key aspect of the interpersonal approach is the emphasis on the “here and now” interactions, providing a real-time, interactive learning environment and a corrective emotional experience (Yalom, 2005, p.141). This live feedback mechanism allows for immediate application and adjustment of behaviours within a supportive setting, encouraging healthier social skills, reduced isolation, and enhanced self-esteem. The group acts as a small-scale version of the wider social world, enabling members to experiment with and learn from each interaction. The group leader plays a vital role in shaping these interactions, promoting interpersonal relationships, interpreting group dynamics, and using their presence as a therapeutic tool to influence the group's environment and cohesion. Their goal is to create a safe and nurturing space conducive to emotional and relational benefits.

Group psychotherapy offers adolescents a unique opportunity to express themselves and connect with peers facing similar challenges (Pingitore, 2016). This sense of "universality" reduces feelings of isolation and promotes a sense of normalcy (Pingitore, 2016, p. 3). Sharing experiences and experiencing support from adults has been found to facilitate significant physical and psychological improvements in the participants. While substantial research highlights the benefits of cognitive-behavioural groups for adolescents, there is less empirical evidence regarding the outcomes of interpersonal-focused and process-oriented psychotherapy groups. The existing body of work underscores the value of these therapeutic environments for adolescents to explore and transform their experiences and perspectives (Yalom, 2005; Arias-Pujol & Anguera, 2017).

1.3.4 Reflections on the undertaking of this project.

In undertaking this thesis, the researcher drew from their professional, personal, and academic backgrounds, which have significantly shaped their approach to the research and its structure. As a trainee at the and Tavistock and Portman NHS Foundation Trust they encountered situations and ideas that have informed their perspective, often taking on psychodynamic and systemic approaches when thinking about clinical and relational aspects of psychological practice.

The doctoral candidate's former training as an Educational Mental Health Practitioner (EMHP) working in Mental Health in Schools Teams (MHSTs) offered the researcher prior training in IPT-AST and an insight into the groups' benefits and challenges. Moreover, the thesis was restructured after an original idea was considerably revised following an initial ethical approval (see Appendices C and B for the ethics documents). The reason for revising the original idea was a lack of access to quantitative data that was originally thought would be available for a mixed methodology study, more detail is provided in the reflective section of the methodology chapter.

The researcher's background and research journey influenced not only their interest in the topic but also the methodology and structure of this thesis, which follows an unconventional format – with an initial literature review and a theoretical one as is often seen in grounded theory research (Birks & Mills, 2022). By framing this work as a snapshot of a process of enquiry over time, the author aims to provide a transparent account of their journey and development throughout this research. The reflective accounts at the end of each chapter are intended to guide the reader through the various stages of the thesis, making clear the rationale behind the researcher's choices and interpretations, as well as their limitations.

1.4 Chapter Summary

This study focuses on the growing concern at national and international levels about the increasing demand for mental health support for adolescents, and the need to provide early and universal preventative interventions (DHSC & DfE, 2017). In the UK, there has been an increase in reported mental health challenges among adolescents, and although access to mental health services has increased, the rate is still significantly below the reported occurrence of mental health needs (NHS Digital, 2021). As a result, the scrutiny of the provision and systems supporting adolescent mental health, including CAMHS, schools, crisis services, and EPS, has increased in the UK.

The recent Green Paper on transforming children's mental health care outlines a strategy to improve collaborative practice between CAMHS, MHSTs, schools, and Educational Psychologists to prevent mental health challenges in adolescents (DHSC & DfE, 2017). Additionally, the UK government has stressed the importance of EPs in supporting the social, emotional, and mental health and well-being of children in schools. The Department for Education is interested in researching preventative interventions for school-aged CYP, including how to identify their mild to moderate mental health needs and prevent escalation (DfE, 2018a). This study will focus specifically on adolescence, a developmental stage

characterised by significant changes and a complex social backdrop that are considered essential for continued emotional well-being (Music, 2016). Solidifying emotion processing and social skills during adolescence is predictive of resilience and the risk of mental health challenges in adult life (Law & Lafflan, 2015).

There are increasing resources and services in place to prevent mental health challenges in adolescents (Law & Lafflan, 2015). However, few studies have examined the effectiveness of depression prevention interventions in clinical settings for adolescents, with only two studies reviewed in a recent meta-analysis. The Penn Resilience Programme (PRP) and Competent Adulthood Transition with Cognitive-behavioural Humanistic and Interpersonal Training (CATCH-IT) have shown significant effects in reducing depressive symptoms in YP identifying as females (Gillham *et al*., 2007; Pattison & Lynd-Stevenson, 2001). Self-directed online interventions like CATCH-IT have mixed participation levels, and there are significant barriers to successful depression screening and implementation of prevention programmes in primary care. More research is needed to evaluate the feasibility, acceptability, and clinical outcomes of depression prevention programmes for underserved young people, especially those of Global Majority Ethnicity (GME). This thesis will focus on the facilitator-YP relationships of a more novel preventative intervention (IPT-AST) on a diverse London population.

IPT-AST is an adapted version of Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) and is used to prevent depression and improving adolescent social, emotional, and mental health (SEMH). The current version of IPT-AST, ReSET, involves two pre-group sessions and eight group sessions, and the intervention targets multiple relational domains. The psychological model underpinning IPT-AST is interpersonal psychotherapy, which focuses on the interactions between feelings, thoughts, and behaviours, and the dynamic and reciprocal relationship between mood and relationships (Young *et al*.,

2012). IPT-AST differs from cognitive-behavioural therapy by focusing on specific feelings and behaviours and from CBT's approach to low mood, which focuses on behavioural activation. The mediators of IPT-AST include interpersonal and intrapersonal factors. The intervention will be evaluated in a new format, named ReSET, to understand its efficacy in improving adolescent SEMH. The literature review below will outline studies on the efficacy and mechanisms of IPT-A and IPT-AST.

Chapter 2: Systematic literature review

2.1 Chapter overview

This chapter presents a systematic review of the literature, exploring and evaluating the use of IPT-AST. An initial literature search was conducted before starting the project and updated a year later to incorporate the most recent research. The literature review covers early and current studies, beginning with an overview of preventative interventions for adolescent mental health. Initially, the chapter discusses the application of IPT-A in treating adolescent depression, followed by an exploration of the use of IPT-AST to prevent adolescent depression. The literature in the review is evaluated for its contribution to the field, its methodology, and future research implications. Research in this review is also critiqued for potential limitations and implications for future research, practice, and policy are discussed. The review highlights a lack of UK studies exploring the impact of IPT-AST on more comprehensive mental health outcomes (trans-diagnostically) as well as a lack of research capturing facilitators' views. In particular, the literature review establishes a rationale for this thesis project by outlining a gap in the current literature: exploring facilitator-YP relationships in an IPT-AST-based training (ReSET) for SEMH needs in mainstream secondary schools across London.

2.2 Literature search strategy

2.2.1 Literature review questions.

The literature search focused on answering the below Literature Review Questions (LRQs):

- What preventative interventions have been used for adolescent mental health, and what is known about the relationships between facilitators and adolescents?

- What is the available peer-reviewed research on the effectiveness of IPT-A and IPT-AST on adolescent mental health treatment and prevention, respectively?
- What impact does IPT-AST have on adolescent mental health?
- How is IPT-AST being used in different contexts and by different professionals?

2.2.2 Population, Intervention, Comparison and Outcome (PICO) Framework.

Table 1. PICO framework

Population(s)	Intervention	Comparison	Outcome
Adolescents receiving preventative mental health interventions (particularly IPT-A/AST) Professionals trained in and delivering IPT-A/AST to adolescents	Interpersonal Psychotherapy – Adolescent Skills Training [IPT-A] *OR* Interpersonal Psychotherapy – Adolescent [AST	Preventative or universal interventions designed to support adolescents' SEMH needs or wellbeing and/or control groups	Impact on depressive symptoms and other measures of SEMH needs

Table 1 illustrates the Population, Intervention, Comparison and Outcome (PICO) framework used to deconstruct the literature search focus and categorise search terms (Bettany-Saltikov, 2012). Population refers to the participants in this literature review, intervention refers to IPT-A or IPT-AST, comparison refers to other preventative or universal interventions or control groups, and outcome refers to the impact on depression and SEMH. The impact on adolescents' depression and SEMH and review any relational factors

2.2.3 Literature search method.

The above PICO framework informed the key phrases and search terms used for this literature search (see Table 2). The search terms were entered into PsycInfo and ERIC databases through the EBSCO host in December 2022 and December 2023. Following these searches, a systematic selection and appraisal process was followed (see Table 3).

Table 2. Search terms

PICO	Key Phrases	Search terms	Boolean Operators[a]
Population(s)	Mental Health Professionals (facilitators) Adolescents	Facilitator* Educational Psycholog* School Psycholog* Counsellor* Practitioner* Psycholog* Therapist* Clinician* Secondary School* High School* Student* Pupil* Learner* Teen* Adolescen* Young Pe*	OR
Intervention	IPT-A/AST	IPT-A* IPT-AST Interpersonal Psychotherapy – Adolescent Skills Training Interpersonal Psychotherapy – Adolescents with Depression Interpersonal prevention	OR
Comparison	Other Preventative Interventions and/or Control Groups	Preventative/Universal (program*/approach*/ intervention*/counselling/ therap*/group/package)	OR
Outcome	Impact on Depression and SEMH	Depress* Anx* Low mood SEMH Mental health Emotion* Wellbeing Social Psychologic*/Psychopatholog* Trauma	OR

2.2.4 Text selection and appraisal.

The papers found through the search were appraised to ensure relevance, recency, and full-text access. Texts published within the last 20 years, focusing on IPT-A or IPT-AST interventions and adolescent mental health treatment or prevention, that were available in English were included; studies that did not meet all criteria were excluded (see Table 3 for

the text selection and appraisal process; see Table 4 for a full summary of the papers). Below, in Table 4, the use of direct quotes has been applied when authors have described their results succinctly for the purpose of a summary of papers.

Table 3. Text selection and appraisal process for IPT-A and IPT-AST

Selection or appraisal step	Number of results
ERIC and PsycInfo search (EBSCO host)	254
Preliminary criteria applied:	139
• journal type (peer-reviewed),	125
• availability (full-text only),	47
• language (English),	45
• year of publication (2003-2023)	45
• empirical study	45
• references available	
Duplicates excluded	42
Article title and abstract screened for relevance	20
Article full text screened for relevance	18
Additional texts selected[a]	3
Final number of studies included	21

[a]*The literature search was complemented using references from included papers via the snowballing process. Further searches were also conducted on Google Scholar, papers were selected using the same inclusion criteria referenced above.*

Table 4. Literature Search Summary Table

Author (year)	Intervention	Setting	Design	Analysis	Key findings
Kanine, Bush, Davis, Jones, Sbrilli, & Young (2021)	IPT-AST	Pediatric Primary Care	Open Clinical Trial	Quantitative: T-Test	The results showed high levels of intervention fidelity and YP attendance. Feedback from YP and parents suggested improved relationships. Self-reported depressive symptoms reduced, as did anxiety symptoms in the secondary analysis alongside total MH scores for adolescents and parents.
Young, Jones, Gallop, Benas, Schueler, Garber, & Hankin (2021)	IPT-AST	Secondary School	Randomised Clinical Trial	Quantitative: T-Test	The findings of this Randomised Clinical Trial (RCT), showed that YP receiving IPT-AST had singificant decreases in symptoms of depression than their peers at 18 and 21 months post-intervention No significant differences were found for depressive disorders between matched and unmatched samples of YP in the randomised trial.
Young, Makover, Cohen, Mufson, Gallop, Benas (2012)	IPT-AST	Secondary School	Pooled 2 studies (Randomised Clinical Trials)	Quantiatative : T-Test	Adolescents with lower baseline anxiety showed faster changes in their depressive symptoms compared to those with higher baseline anxiety in both intervention groups, according to predicting baseline anxiety symptoms.
Young, Mufson, & Gallop (2010) (**Secondary data analyses**: Young, Benas, Schueler, Gallop, Gillham & Mufson (2016); Benas, McCarthy, Haimm,	IPT-AST	Secondary School	Randomised Clinical Trial	RCT and secondary analyses (24-month follow-up) Quantitative: T-Tests	After two years, IPT-AST and GC both showed substantial enhancement in terms of depressive symptoms and general functioning. Yet, participants in IPT-AST experienced greater improvement in both aspects compared to those in GC. there was no considerable variation in the onset of depression diagnoses between the two groups.

Table 4. Literature Search Summary Table

Huang, Gallop & Young (2019); Young, Jones, Sbrilli, Benas, Spiro, Haimm, Gallop, Mufson & Gillham (2019); Jones, Gallop, Gillham, Mufson, Farley, Kanine & Young (2021); Sbrilli, Jones, Kanine, Gallop & Young (2022))					
Young, Gallop, & Mufson (2009) (**Secondary data analysis:** Young, Mufson, & Davies (2006))	IPT-AST	Secondary School	Randomised Clinical Trial	Quantitative: T-Tests	YP experienced significant improvement in their symptoms of depression, overall functioning, and fewer depression diagnoses compared to those who received only School Counseling (SC). This improvement was observed post-intervention and even after 3 and 6 months of follow-up evaluations. Furthermore, therapy resulted in a greater decrease in conflict between parents and adolescents compared to the control group.
Horowitz, Garber & Ciesla (2007)	IPT-AST	Secondary School	Randomised Clinical Trial		The research results suggested that higher levels of sociotropy, or the significance placed on interpersonal relationships, were linked to fewer symptoms of depression in IPT-AST, but not in other treatments. Moreover, the impact of the interventions was influenced by the initial level of depressive symptoms, with teens who had higher levels of depression experiencing greater benefits from both IPT-AST and another intervention known as CWS compared to those without elevated symptoms.

Table 4. Literature Search Summary Table

Mendel (2016)	IPT-AST	Secondary School	Qualitative: Semi-Structured Interviews	Qualitative: Thematic analysis	Various barriers to implementation were found, including time constraints, lack of support from the school, conflicting priorities, and personal values. The facilitators of implementation included support from the school, readiness to implement, and personal values.
Filia, Eastwood, Herniman & Badcock (2021)	IPT-A	Varied	Narrative review	Narrative summary	The effectiveness of IPT-A was supported by this narrative review, which showed significant improvements in social functioning. However, its ability to address interpersonal challenges was similar to control groups, because of the self-reported nature of the measurements used in most studies. The review also suggested that young people with higher levels of parental conflict and social dysfunction with peers experienced faster and greater reductions in depression after receiving IPT-A.
Duffy, Sharpe, & Schwannauer (2019)	IPT-A	Varied	Meta-analysis	Narrative summary & meta-analysis	A meta-analysis of 20 studies (10 RCTs and 10 open studies or case studies). The findings suggested that following a treatment of IPT-A, participants'depression significantly improved, interpersonal challenges significantly improved with a moderate effect, and measures of social and daily living functioning significantly improved with a large effect size. The findings suggested there was no significant difference in outcomes for YP in the control group and in the IPT-A group.
Duffy, Sharpe, Beveridge, Osborne & Richards (2021)	IPT-BI	Secondary School	Pilot study: mixed methods, within groups	Mixed: T-Test and thematic analysis	The results of this pilot study showed that YP in the treatment group had significantly better outcomes post-intervention both in their body image measures and in their interpersonal realtionships. From the qualitative portion of the study, YP highlighted that they enjoyed

Table 4. Literature Search Summary Table

			repeated measures		both IPT-BI-specific clinical components "role play and communication strategies," as well as clinical components shared across many modalities e.g. "therapeutic alliance and group cohesion" (Duffy *et al.,* p.1).
Mychailyszyn & Elson (2018)	IPT-A	Varied	Meta-analysis	Quantitative: Standardise mean difference and odds ratios	Significant improvements found in depressive symptoms (very large effect size) and interpersonal difficulties (medium effect size) for adolescents in IPT-A group.
Pu *et al* (2017)	IPT-A	Varied	Meta-analysis	Quantitative: retrospective pooled analyses	IPT-A was significantly more effective in improving depressive symptons, quality of life and functioning, and achieving remission compared to control groups after 12-month follow-ups.
Brunstein-Klomek, Kopelman-Rubin, Argintaru & Mufson (2017)	IPT-ALD	Primary School	Within groups repeated measures	Quantitative: T-Test	Children in the IPT-ALD group showed significant improvements in self-reported anxiety and depression, parental attachment, and ability to manage their special needs.
Kopelman-Rubin, Mufson, Siegel, Kats-Gold, Weiss, & Brunstein-Klomek (2021)	ICS-ES	Primary School	Between groups repeated mea sures	Quanitative: T-Test	The intervention group showed significant improvement in assertiveness and significant reductions in internalising symptoms and bullying. There were no significant differences in cooperation, responsibility, hyperactivity, empathy, and self-control.
Tanofsky-Kraff, Wilfley, Young, Mufson, Yanovski, Glasofer, Salaita, & Schvey (2010)	IPT-GW	Pediatric Primary Care	Randomised Clinical Trial	Quantitative: T-Test	The results showed that IPT-WG was signifiantly more effective in reducing loss of control eating and binge-eating episodes and prevented excessive weight gain.

Table 4. Literature Search Summary Table

Kumar *et al* (2015)	IPT-G	Pediatric Primary Care (WHO)	Mixed Methods: focus groups, and interviews	Qualitative: Thematic analysis	A variety of themes were identified for the barriers and facilitators present when adapting IPT-AST for different contexts and different sub-clinical symptoms. Themes included fidelity to manual, resources, mode of delivery (e.g. online/hybrid), staff pressures.

2.3 Overview of the effectiveness of IPT-A and IPT-AST

2.3.1 Preventative interventions (in school settings).

Preventive interventions can be classified into three categories: universal, selective, and indicated (National Research Council and Institute of Medicine [NRC], 2009). Universal interventions are for the general population, selective interventions target individuals with a reported risk factor, and indicated interventions are for those with subthreshold symptoms of a disorder (Department of Health and NHS England [DH], 2015). Depression symptoms (e.g., low mood and low self-esteem) constitute a significant risk factor for developing depression and have been associated with long-term psychosocial challenges (Pine *et al.,* 1999; American Psychological Association [APA], 2022). There is a need for indicated preventive interventions for these individuals (Law & Lafflan, 2015).

Several school-based universal and selective interventions have been tested for reducing adolescent depressive symptoms (Merry *et al*., 2012; Brunwasser & Garber, 2015). However, only three indicated interventions have been studied for CYP with depressive symptoms and interpersonal challenges (Young *et al*., 2006; Young *et al*., 2016). The first is the Penn Prevention Programme (PPP), a 12-week cognitive-behavioural group intervention, which has also been cross-culturally adapted into the Penn Resiliency Programme (PRP) (Cutuli *et al*., 2013). Results for PPP and PRP have been mixed, with some studies showing positive medium effects and others showing no effects (Gillham *et al*., 2007; Pattison & Lynd-Stevenson, 2001). The second is a 15-session group cognitive-behavioural intervention (CBP) for secondary pupils with depression symptoms above the clinical threshold (Brent *et al.,* 2015). The results showed that fewer participants in the CBP group developed depression compared to the control group. However, this thesis will focus on the third intervention: a more recently manualised prevention intervention, IPT-AST, tailored for schools (Beardslee *et al*., 2013).

Schools are often the preferred setting for prevention interventions as they provide a structured learning environment with cost-effective access to many young people (Law & Lafflan, 2015). Most programmes, like PPP and CBP, are based on Cognitive Behavioral Therapy (CBT) and delivered by teaching staff or external professionals in groups over multiple sessions (Filia *et al*., 2021). The aim is to prevent depressive symptoms from worsening by improving CYP's social and emotional skills. School-based programmes are effective according to meta-analyses focusing on short-term (0-6 months) and long-term outcomes (>12 months) (Werner-Seidler *et al*., 2017). Targeted programmes and those delivered by external facilitators have shown more significant effects (Werner-Seidler *et al*., 2017). The following are some examples of effective universal programmes that focus on improving interpersonal skills: LARS&LISA (Germany), SEHER (India), MindOut (Ireland), Strong Minds (Australia), DISA (Sweden), and The Connection Project (USA) (Filia *et al*., 2021). These programmes have been found to reduce depressive symptoms, but whether the effects are because of improvements in interpersonal relationships is unclear.

IPT-A and IPT-AST focus on improving interpersonal relationships to prevent depression and other mental health needs (Young *et al*., 2016). Both are also community-based programmes that focus on helping YP overcome interpersonal difficulties. They are both based on the Interpersonal Psychotherapy (IPT) model for treating depression in adolescents and aim to provide them with the skills needed to manage conflicts and strengthen their relationships, which can reduce the risk of depression (Law, 2011). The programmes consist of two individual pre-group sessions and eight group sessions (Young *et al*., 2016). In the group sessions, participants receive psychoeducation about depression and interpersonal relationships, as well as instruction and practice in communication and social skills through role-playing and homework tasks. The below section will summarise the literature on the efficacy of IPT-A and IPT-AST.

2.3.2 Quantitative evaluations of IPT-A in the treatment of adolescent depression.

Interpersonal Psychotherapy for Adolescents (IPT-A) is endorsed as the preferred treatment for youth depression, according to a review of studies with clinical experts (Filia *et al*, 2021). This manual-based therapy focuses on reducing depression by enhancing the quality of social relationships, as it recognises the bidirectional relationship between depression and interpersonal functioning (Weissman *et al.,* 2008). IPT-A has been adapted from Interpersonal Psychotherapy (IPT) for adults with modifications such as a shorter duration (12 weeks compared to 16-20 weeks), involving parents and/or caregivers, and addressing age-specific interpersonal scenarios such as parent-adolescent conflict, individualisation, and peer and romantic relationships (Mufson *et al*., 2006).

In IPT-A, the young person and therapist start by identifying one of the four problem areas to work on during therapy: interpersonal conflicts, role transitions, grief, or interpersonal deficits (Weissman *et al*., 2008). Then, the clinician uses various methods to support the YP's interpersonal development and emotional skills. In the final stage, the facilitator reflects on the YP's progress and bolsters the YP's skills to prevent relapse. This structure is similar in IPT-AST, with some modifications in content to address depression prevention rather than treatment (Young *et al*., 2016).

Multiple meta-analyses support the efficacy of IPT-A (Pu *et al*., 2017; Duffy, Sharpe & Schwannauer, 2019; Mychailyszyn & Elson, 2018). For instance, Pu and colleagues (2017) found that IPT-A reduced depressive symptoms, improved quality of life and functioning, and achieved remission compared to control groups after 12-month follow-ups. Another meta-analysis of 20 studies showed substantial improvements in depression, interpersonal, and functioning (Duffy *et al*., 2019). IPT-A was found to maintain a high attendance in young people with fewer dropouts compared to IPT for adults and has been implemented successfully in an array of community-based settings (Linardon *et al*., 2019).

In 2018, another meta-analysis was conducted to review the effectiveness of IPT-A in treating depression in adolescents (Mychailyszyn & Elson, 2018). They included 10 studies with 766 participants and used a standardised mean gain effect size to quantify improvements in pre- to post- intervention symptoms. The findings showed that IPT-A out-ranked control groups in reducing depressive symptoms in adolescents. The effect size of IPT-A for treating depression was large, while the effect size for improvement in interpersonal difficulties was medium. These results showed that IPT-A is a promising treatment for improving adolescent depression and interpersonal difficulties, similar to the original version for adults (IPT). However, as a potential limitation, the authors recorded a risk of bias within studies (including detection, attrition, selective reporting and not reporting biases).

A more recent narrative review was conducted to find effective interventions for preventing or treating depression in YP by improving their social circumstance (Filia *et al*, 2021). The authors searched for clinical trials, reviews, and meta-analyses of interventions being evaluated over the last four decades. They also consulted clinical experts, YP, and advocates through interviews. Promising prevention and treatment approaches were identified, including school- and online-based interventions. Interpersonal psychotherapy-adolescent skills training (IPT-AST) delivered in schools was found to be an effective early intervention for at-risk youth. Interpersonal Psychotherapy for Adolescents (IPT-A) was strongly supported in reducing depressive symptom scores in young people.

Furthermore, IPT-A's efficacy in reducing low mood symptoms from the relational strategies imparted was apparent from the narrative review, as significant improvements in social outcomes were observed (Filia *et al*., 2021). While IPT-A was similar to control groups in reducing interpersonal challenges, the findings of this narrative review may have been limited because of the self-reported measures used across all the studies reviewed (Filia *et al*., 2021). Future research could focus on measuring facilitator effects, socio-cognitive

appraisals and neuro-modulation to better understand the mechanisms for depression symptom alleviation. These studies have emerged in the social anxiety literature (Button *et al*., 2015; Haeems, 2018). From the IPT-A review, young people with higher levels of parental conflict and social dysfunction with peers experience greater and quicker reductions in depression post-intervention (Filia *et* al, 2021; Fernández-Castilla & Van den Noortgate, 2022). However, more research is needed to determine its usefulness in younger children, those with psychological comorbidities and cross-culturally (Tanofsky-Kraff *et al.,* 2010).

2.3.3 Quantitative evaluations of IPT-AST in the prevention of adolescent depression.

Studies conducted in the early stages of IPT-AST's development were published in 2006 (Young *et al*., 2016). In the first randomised controlled trial of IPT-AST, 41 YP with depression symptoms above the clinical threshold were assigned to an IPT-AST group or the usual provision in ther mainstream setting: school counselling (SC) (Young *et al*., 2006). The study took place in schools serving primarily Latinx communities in New York. Results showed that adolescents who received IPT-AST experienced fewer depressive symptoms, and better outcomes overall compared to those who had School Counselling (SC) post-intervention and at three- and six-month follow-up measures (Young *et al*., 2006). The effects remained through the 12-month follow-up, with 3.7% of IPT-AST participants having a depression diagnosis compared to 28.6% in the SC group. Secondary analyses were performed to assess the effect of IPT-AST on parent-adolescent conflict, a major familial risk factor for depression. Results showed that IPT-AST led to a more significant reduction in parent-adolescent conflict compared to the control group (Young *et al*., 2009). However, these results were found in an American population, which may limit the generalisability to UK school populations.

In a later study, IPT-AST was compared to the Coping With Stress programme (CWS) in a trial with 380 high school students (Horowitz *et al*., 2007). Both interventions, held for eight 90-minute sessions, showed reduced depressive symptoms compared to the control group. However, the benefits of both IPT-AST and CWS were not as long-term for the overall sample compared to the high-risk subset of adolescents with elevated depressive symptoms. This study supports the efficacy of IPT-AST and CWS but suggests their benefits may be more prominent in a selective early intervention population of YP at risk of depression (Young *et al*., 2016).

Young and colleagues conducted their second study to replicate their 2006 study on IPT-AST, to explore the feasibility and advantages of inviting parents to the programme (Young *et al*., 2010). The study was conducted with 13- to 15-year-olds in three single-gender schools and randomly assigned each school to include parents in IPT-AST in the first two years of the study. The results showed that IPT-AST had a preventive effect on depression diagnoses six months following the programme, with effects persisting over time, albeit at a non-significant level (suggesting a level of selective reporting bias). Including parents in the programme showed some short-term benefits, but it needed to be clarified whether parental involvement or additional adolescent attention contributed to these benefits; this confounding variable was a significant limitation. The authors kept the mid-group session in the IPT-AST programme, believing it to be helpful for all adolescents. Secondary data analyses showed the effect of IPT-AST on school and social functioning. The authors believe it is important for future research to examine diverse outcomes in prevention studies which supports the rationale for this thesis.

In 2010, the Depression Prevention Initiative (DPI) project was launched (Young *et al*., 2010, 2016, 2019; Benas *et al.,*2019; Jones *et al*., 2021). The DPI was a large randomised control trial to compare the effects of IPT-AST (delivered by research staff) with group

counselling (GC), delivered by school counsellors, in secondary schools in the US. 186 adolescents (12- to 15-year-olds) with elevated depression symptoms were included in the study. YP were evaluated before and after the intervention and up to 2 years later to study the effects of IPT-AST on depression symptoms, overall functioning, interpersonal functioning, other mental health problems, and school-related outcomes.

The DPI study builds upon previous IPT-AST studies in several ways. In previous studies, IPT-AST showed strong immediate effects on depression. However, these benefits were not observed beyond six months, leading to the need for booster sessions to prolong the programme's effects (Young *et al*., 2016, 2019). IPT-AST and GC in DPI include four booster sessions in the six months after the group, which have been shown to enhance the long-term effects (Jones *et al*., 2021). In DPI, IPT-AST is compared to group counselling run by school counsellors, with frequency and duration matched, providing a more rigorous test for IPT-AST's efficacy. Both interventions followed a similar structure: pre-group sessions, 8 group sessions, a mid-group session, and four follow-up sessions in the six months after the intervention. GC was varied to reflect everyday practices in schools without limitations on content or techniques, leading to some GC groups being manual-based and others being more multi-modal and open-ended.

The main outcomes in DPI: depressive symptoms, overall functioning (including romantic, peer-to-peer, and parent-adolescent functioning), and depression diagnoses, have been analysed from baseline to the 24-month follow-up in six-month intervals through secondary analyses studies (Benas *et al*., 2019; Jones *et al*., 2021; Sbrilli *et al*., 2022). After 24 months, both IPT-AST and GC showed significant improvement in depressive symptoms and overall functioning, but YP in IPT-AST showed greater improvement in both areas compared to those in GC (Jones *et al*., 2021). However, there was no significant difference in the onset of depression diagnoses between the two groups. As a limitation, the effect sizes in

this study were smaller than in previous IPT-AST studies but larger than for other depression prevention interventions.

One of the most recent studies into IPT-AST evaluated the intervention fidelity, YP attendance and YP outcomes of IPT-AST when delivered by trained research staff in a primary care setting with a predominantly African American adolescent population (Kanine *et al*., 2021). The trial was an open clinical study that involved 22 adolescents who showed elevated symptoms of depression and their caregivers. The results showed high levels of intervention fidelity and YP attendance. YP and their guardians reported significant improvements in their functioning. There was a minor but statistically significant reduction in depressive and anxiety symptoms and general mental health outcomes and a significant reduction in general mental health symptoms reported by parents or guardians (Kanine *et al*., 2021). However, there were some potential limitations in the study design: no comparison group was included, the measures were short term only and the sample size was small. Future studies should aim to assess the efficacy of IPT-AST as an integrated mental health service in primary care with larger populations in the UK.

2.3.4 Findings on the impact of IPT-AST on other outcomes.

Weight gain.

Researchers have explored IPT-AST to address other health issues, IPT-WG was created as a variation of IPT-AST, to prevent weight gain in adolescent girls at risk of obesity in the US. The idea behind IPT-WG is that interpersonal problems can lead to loss of control eating and result in weight gain. The programme addresses interpersonal issues to reduce negative emotions and prevent excessive weight gain. IPT-WG includes pre-group, group, and individual sessions and has been tested in two studies against a health education control group. The results showed that IPT-WG was more effective in reducing loss of control eating and binge-eating episodes and prevented excessive weight gain. These findings show that

IPT-AST-based programmes can positively impact health beyond treating depressive symptoms.

School-related outcomes.

Previous literature suggests that school-based programmes to prevent depression can effectively reduce depressive symptoms and enhance functioning. A recent study aimed to explore the impact of such interventions on school-related outcomes, including attainment (McCarthy et al., 2018). Secondary school students in the US were randomly assigned to either receive weekly IPT-AST or GC. The study analysed the effect of the interventions on the participants' attainment, school attendance, and behaviour records for 12 months post-intervention. Although there was no significant difference between the interventions, subgroup analysis showed more positive results for IPT-AST among certain risk factors, such as low income. The results also highlighted that students who showed a significant reduction in depressive symptoms had better grades compared to those who did not, regardless of the intervention group. Findings from this initial study suggest that further research would be valuable to understand the impact of depression prevention interventions on school-related outcomes.

Anxiety.

The comorbidity of anxiety in cases of depression is common, making it valuable to investigate the impact of depression prevention on anxiety symptoms. One study pooled the results of two trials on IPT-AST by selecting 98 participants who reportedly had elevated anxiety symptoms (Young et al., 2012). The data was analysed using hierarchical linear models to evaluate the predictive power of anxiety on intervention outcomes. In comparison to those who received SC, adolescents who underwent IPT-AST experienced a notable decrease in both anxiety and depression. The study also found that baseline anxiety levels predicted changes in depressive symptoms, with adolescents with lower anxiety levels

experiencing faster changes in depression than those with higher levels. The findings suggest that IPT-AST is effective in reducing both anxiety and depressive symptoms. However, for adolescents with both anxiety and depression, improvement in depression may be slower following prevention programmes.

Peripartum depression.

A piece of policy research was conducted to inform best-practice in the prevention and treatment of adolescents experiencing peripartum depression symptoms in Sub-Saharan Africa (Kumar *et al*., 2022; APA, 2022; World Health Organisation [WHO], 2022). The research involved a mixed qualititative approach to considering the contextual factors and deploying implementation science to overcome barriers, such as difficulties in engaging adolescents, their caregivers, and providers, and the prevalence of stigma and shortage of mental health provision.

The proposed modifications to IPT included making the therapy format and content more suitable to adolescents. An expert group led the adaptation and modification process, which included interviews with pregnant and parenting adolescents and their partners, as well as mental health workers, to gather information about the barriers faced by adolescents. Focus group discussions and feedback from caregivers, partners, and health workers helped guide the modifications. Three IPT practitioners, a representative from UNICEF, a policy adviser from the Ministry of Health, and a community representative, reviewed the changes to the WHO IPT-G manual. This is an example of how research into IPT-based interventions can impact best practices for treating and preventing a range of psychological challenges. Future research could examine how these adaptations could be implemented for adolescent parents in the UK.

2.3.5 Who benefits from IPT-AST?

Adolescents.

In depression prevention and intervention research, identifying factors that can moderate the impact of programmes is crucial (Gillham, Shatté, & Reivich, 2001). This helps determine whether an intervention is more helpful for a specific group of people and if there are certain types of adolescents who are unlikely to benefit from it. Researchers have examined various moderators of IPT-AST, focusing on demographic characteristics (age, gender, race/ethnicity, and income) and risk factor variables (baseline depressive symptoms, baseline anxiety symptoms, parent-child conflict, and sociotropy). So far, no demographic variables have impacted the intervention's outcomes (Horowitz et al., 2007; Young et al., 2015), showing that the benefits of IPT-AST on depressive symptoms, overall functioning, and depression diagnoses are robust regardless of, age, gender, race, and class.

However, as described in section 2.3.3, some evidence suggests that certain risk status variables may moderate outcomes. For example, one study found that adolescents in IPT-AST groups with high parent-adolescent conflict showed the greatest reduction in depressive symptoms (Young et al., 2009). Another study found that higher levels of sociotropy, which refers to the importance of interpersonal relationships, were related to lower depressive scores in IPT-AST but not in other conditions, showing that adolescents who value relationships may benefit more from IPT-AST (Horowitz et al., 2007). Baseline depressive symptoms also moderated the outcomes of the intervention, with adolescents with elevated depressive symptoms showing greater benefits from IPT-AST and other interventions, in this case CWS, than those without (Horowitz et al., 2007).

Furthermore, various studies summarised above found that baseline anxiety symptoms impacted depression outcomes (Jones *et al.,* 2021; Young, *et al*., 2012). Adolescents with low baseline anxiety experienced faster reductions in depressive symptoms than those with

high anxiety in both IPT-AST and SC. This suggests that for adolescents with both depression and anxiety symptoms, the improvement may be slower, but by postintervention, there were no differences in depression symptoms between those with or without elevated anxiety. One hypothesis is that anxiety may initially make adolescents hesitant to use the skills learned from IPT-AST, leading to delayed effects. However, as they implement the strategies, they experience fewer depressive symptoms. Therefore, IPT-AST facilitators may encourage anxious adolescents to experiment with the strategies to ensure the programme's effectiveness. However, one potential limitation of these studies is that they don't look into other comorbidities that may be present with anxiety and depression, such as neurodivergence or learning difficulties.

Lastly, some studies have been conducted on the cross-cultural considerations for IPT-AST to be beneficial for young people from Asian American immigrant families in the US and for Sub-Saharan adolescents experiencing peripartum depression (Tamar *et al*., 2020; Kumar *et al*, 2022). These studies have suggested that considerations should be made when working with young people whose culture and social norms about interpersonal challenges may be different to those from the intervention authors (e.g. in the study with Asian American immigrant families, the analysis suggested that there were more conversations about inter-generational acculturation and academic achievement pressures). These initial studies into the potential to expand the use of IPT-AST more widely into different cultures show promise, with a lot more research needed in this area.

Children.

In the first study with primary school children, the impact of an adapted version of IPT-AST (IPT-ALD) was measured on nine- to ten-year-olds with depressive symptoms and specific learning disorders (SLD) and/or with attention deficit hyperactive disorder (ADHD) (Brunstein-Klomek *et al*., 2017). This is the first study of its kind that measures the impact of

an IPT-A adaptation on primary-aged children and the impact on individuals with SLD, ADHD, and depressive symptoms. The pilots' findings suggest that IPT-ALD improved self-reported anxiety and depression, parental attachment, and ability to manage their special needs (Brunstein-Klomek *et al*., 2017).). However, this is the first study testing an IPT-A adaptation on this population and is only a feasibility study. A series of randomised control trials would be needed to examine its effectiveness.

In a second study in Israel, IPT-AST was adapted for universal use in a primary school across two year groups of nine- to 11-year-olds (Kopelman-Rubin *et al*., 2021). The "I Can Succeed-Elementary School" programme (ICS-ES) is a social-emotional learning (SEL) programme based on IPT-AST. 419 students were non-randomly assigned based on their school, with 283 taking part in ICS-ES and 136 receiving no SEL programme (the control group). The results showed that at the end of the second year, the ICS-ES group showed improved self-assertion and reduced internalised symptoms and reported bullying (Kopelman-Rubin *et al*., 2021). There were no differences between the groups in empathy, interpersonal outcomes and externalising symptoms. These results suggest that ICS-ES has the potential for reducing internalising symptoms and enhancing interpersonal skills for primary-aged children, with a need for more randomised control trials.

2.3.6 Adolescent feedback and attendance.

The IPT-AST programme has received positive feedback regarding attendance and satisfaction from participants. Despite the groups' schedule (either during the school day or after school hours), good attendance was observed in all three studies of IPT-AST. On average, participants attended 89.5% of the group and individual sessions, which was a higher rate than attendance in other prevention studies (Young *et al*., 2016). The participants reported that IPT-AST was more helpful than individual counselling and rated the programme favourably. In the DPI project, 88% of IPT-AST participants rated the

intervention as very helpful or helpful, which was similar to the ratings for the comparison group (Young *et al*., 2010, 2016, 2019; Benas *et al.,*2019; Jones *et al*., 2021). Additionally, a higher percentage of IPT-AST participants rated themselves as confident that they did not require further support following the intervention. These results, indicating high attendance and positive satisfaction feedback, provide a strong argument for the implementation of IPT-AST groups in schools.

2.3.7 Facilitators.

In a non-peer-reviewed study, findings suggest that school staff can be trained in evidence-based prevention programmes, but the successful implementation of these interventions in schools depends on various factors, such as the nature of the intervention, the provider, and the organisation (Mendel, 2016). The study focused on evaluating the feasibility and adherance of an IPT-AST training programme. School counsellors from secondary schools in New Jersey were trained in IPT-AST. Six months later, they were interviewed to determine if they had implemented the intervention, what challenges they faced, and what improvements they would suggest to the training programme. Only one counsellor had fully implemented IPT-AST with modifications, while two others had attempted to do so, and the rest had incorporated some elements of the programme into their usual work (Mendel, 2016). The participants identified various barriers to implementation, including time constraints, lack of support from the school, conflicting priorities, and personal values. The facilitators of implementation included support from the school, readiness to implement, and personal values. The results of this study have important implications for future training and implementation efforts in schools. The current thesis looks to expand on this research by gathering facilitators' views in the UK.

2.3.8 Facilitators-YP Relationships.

As outlined in the sections above, it has been reported that there is significant medium-term SEMH symptom reduction in adolescents after attending evidence-based group interventions in schools (Das *et al.*, 2016). It is thought that the relationship between the clinician and YP could account for some of this significant symptom reduction, as is the case for therapeutic alliances in individual treatment (Gergov *et al.*, 2021). However, research on facilitator-YP relationships within group interventions in schools is still in its early stages. In fact, only one study has reported on the phenomenon of therapeutic alliances in an IPT-AST-based group intervention: a study in the University of Edinburgh which explored the efficacy of IPT-AST for body image (IPT-BI) (Duffy *et al*., 2021).

The initial exploratory analysis of this study showed that in their qualitative feedback, participants noted an increased awareness of interpersonally triggering situations post-intervention and the benefits of learning specific IPT strategies (Duffy *et al*., 2021). This finding is noteworthy for future studies that investigate the underlying mechanisms of change associated with IPT-AST-based interventions more generally. Furthermore, in their qualitative feedback, participants valued common factors across different modalities of group psychotherapy, including therapeutic alliance and group togetherness, underscoring the need for future studies to explore relational aspects of the intervention.

This pilot study's limitations include the small sample size and lack of long-term follow-up. Furthermore, this pilot study only sought feedback from YP regarding the therapeutic alliance between themselves and facilitators. Lastly, young people were only asked whether they valued this component of the intervention but were not asked follow-up questions seeking to explore the nature and impact of these relationships.

2.3.9 Reflections on the literature review.

In reviewing the literature initially, the author was mindful of the limitations and biases that might arise from their personal, academic and professional stance. They chose to focus on the existing research on IPT-A and IPT-AST because these areas resonated most with their experiences and observations in the field given the relative recency of the intervention, first disseminated in 2016. The doctoral candidate saw the need to highlight the research to date and make a case for the gap in the literature that exists when exploring relational and group aspects of IPT-AST. However, the author acknowledges that this focus may have excluded other relevant perspectives and that it partially stemmed from a need to pivot from their initial research idea (see Appendix C for the original ethical approval and Appendix D for the amended version). This selective review, therefore, is intended to set the stage for the research design and analysis that follow, highlighting the theoretical and practical considerations that are most pertinent to the enquiry given the intervention's brief history. Transparency about these choices aims to assist the reader in understanding the scope, direction, and limitations of the thesis.

2.4 Chapter Summary

IPT-AST (Interpersonal Psychotherapy Adolescent Skills Training) has existed for 19 years, and many studies have been conducted to assess its effectiveness in preventing depression among adolescents. Its potential for helping other groups, such as adolescent girls prone to obesity and for YP from Asian American and immigrant families, has gained wider recognition. This section summarises the past ten years of research on IPT-AST and a glimpse into ongoing and upcoming developments.

There are empirical studies outlining the efficacy of IPT-A to treat adolescent depression and IPT-AST to prevent adolescent depression in clinics and secondary schools in the USA (Young *et al*., 2006, 2009, 2010, 2012, 2016, 2019, 2021; Horowitz *et al.,* 2007;

Kanine *et al*., 2021; Jones *et al.,* 2021). These studies are randomised control trials with large sample sizes, comparing IPT-AST efficacy to other commonly available preventative interventions available in US schools (e.g. group school counselling and CBT) as well as control groups that received no support for the duration of the trials (Young *et* al., 2021). One non-peer-reviewed study has also evaluated facilitators' experiences of training in and delivering the intervention and general barriers to implementing the intervention in schools (Mendel, 2016). The key findings from these American studies suggest that IPT-AST has a small to moderate significant effect on mental health outcomes post-intervention for adolescents (in short to medium term) compared to matched control groups with no significant difference when compared to established preventative interventions (Young *et al*., 2016). This suggests that IPT-AST could provide an alternative care option to support YP's SEMH on a universal or preventative level.

However, there are some limitations to these studies as they were all conducted by the creators of the intervention, which may have introduced researcher bias. IPT-AST has not been shown to provide significantly greater benefits to YP's SEMH needs when measured against comparable interventions, and little has been documented about other potential advantages of IPT-AST (e.g. cost-effectiveness, training access or digital versions). Moreover, there is a gap in the literature as these studies have yet to be replicated in the UK, yet to expand on SEMH measures (not only depression or low mood), and yet to explore facilitators' relationships with YP.

Chapter 3: Methodology

3.1 Chapter overview

In this chapter, a thorough explanation and description of the evolved grounded theory methodology used in this research will be provided. The study's ontology and epistemology will be described with reference to the grounded theory methodology; data collection and analysis techniques will be examined. In the last section of the chapter, the trustworthiness of the study will be discussed, as well as the ethical considerations.

3.2 Research focus

3.2.1 Research aims.

The present study aims to explore the relationships between YP and IPT-AST-trained school facilitators (including research assistants, School Counsellors and school-based Clinicians within the MHST). Specific aims were: a) To explore what type of relationships are built in the IPT-AST group and how facilitators experience these, b) To explore what sense facilitators make of their relationship with IPT-AST YP, and c) To explain what role this relationship plays in the intervention, as seen by facilitators. The study is embedded into a larger, five-year study led by UCL called the ReSET Project, but it is the only study to focus on the facilitators' views of the IPT-AST relationships (Viding *et al.,* 2024).

3.2.2 Research questions.

This thesis investigates "How facilitators understand their connections with young people in the IPT-AST group intervention." This overarching focus will be explored from the perspective of trained IPT-AST facilitators.

The three primary research questions are:

- What types of relationships are built between YP and facilitators in the IPT-AST group?
- How do facilitators make sense of their relationship with IPT-AST YP?

- What role do facilitators perceive these relationships to play in the intervention?

Two secondary research questions will be explored:

- What enables the relationship between the IPT-AST facilitator and the IPT-AST YP?
- What challenges the relationship between the IPT-AST facilitator and the IPT-AST YP?

The research questions were formulated, acknowledging that the word choice can convey differing connotations and viewpoints, thereby influencing the research's direction and objectives. For instance, *enables* was selected for the fourth question to indicate that both intra- and inter-personal influences could be examined, while *challenges* in the last question was preferred to terms like *blocks* or *damages* to recognise possible obstacles yet also to imply potential for overcoming hurdles that could be explored within the study.

At the preliminary phase of the research design, including the formulation of the research questions, the author deliberated over whether to assess the IPT-AST facilitator-YP connection from one or multiple perspectives. The researcher considered a case study method to procure varied viewpoints, interpretations, and negative cases for a more nuanced comprehension of the relationship (Corbin & Strauss, 2008). A case study could have encompassed feedback from IPT-AST facilitators, the YP, family members who might notice relational shifts at home, school counsellors, SENCOs, and other educational and support staff. The researcher particularly considered including both the IPT-AST facilitator and YP perspectives, understanding that the relationship consists of at least two individual viewpoints within a group.

Nevertheless, the study centres solely on the perspective of the IPT-AST facilitator. This decision was multi-faceted. Primarily, the research aim was to examine the IPT-AST facilitators' perceptions of the facilitator-YP relationship as this hadn’t been done before.

Secondly, the study was geared towards symbolic interactionism as outlined in evolved grounded theory, which zeroes in on the meanings ascribed to social interactions and experiences (Corbin & Strauss, 2008; Clarke, 2005). Additionally, opening recruitment to all facilitators in the ReSET project allowed for the inclusion of a range of IPT-AST groups, thereby enriching the diversity of insights gathered. Facilitators were also considered to have first-hand knowledge of the facilitator-YP dynamic, which would be relevant to answer the research questions. Moreover, those not directly involved in the IPT-AST relationships might not have in-depth insight into the facilitator-YP interactions. Hence, extending the research to include these external viewpoints might have diluted the core participant perspectives. Lastly, capturing the YP's standpoint could have been a more challenging process, as they are typically between 12-14 years old, which would require further ethical considerations and parental consent.

3.2.3 Research purpose.

The current research aims to investigate and clarify the characteristics of the IPT-AST facilitator-YP relationship, with the goal of identifying enablers and challenges to a successful relationship. For this research, the enablers and challenges that are being investigated are internal and external, they include the relational context of the group and the school. While there is a significant body of research supporting the effectiveness of IPT-AST, there has been limited investigation into the processes or factors within these groups that are more commonly studied in other forms of group psychotherapy (e.g. therapeutic alliances, group dynamics, and group cohesion). Some studies have suggested that the relationships between IPT-AST YP and facilitators could be crucial to achieving positive outcomes (Duffy *et al*., 2021; Sbrilli *et al.*, 2022). However, there is a gap in the literature regarding the factors involved in IPT-AST facilitator-YP relationships. This research aims to provide insight into how IPT-AST facilitators understand the therapeutic relationships with YP and the factors

that enable or challenge this. The findings will include characteristics of a successful therapeutic relationship when running groups with YP. This research will be useful for IPT-AST facilitators who work with the same age range of YP and follow the same structure and content as those described in this study, as providing IPT-AST will be increasing in the coming years as part of the plan to expand Mental Health in Schools provisions through the Recruit to Train Programme (BPS, 2019; DHSC & DfE, 2017).

3.3 Design

Critical realism, originating from Bhaskar's seminal work, provides the ontological and epistemological lens for this study's qualitative design (Bhaskar, 1975; Creswell, 2013).This research relies on qualitative data through gathering the perspectives, experiences, and understanding of IPT-AST facilitators. The nature of the research is twofold: it is exploratory as it delves into first-hand interpretations that facilitators ascribe to their relationship with YP, and it is explanatory as it seeks to delineate the contributing relational elements and their contexts. (i.e. factors that enable or challenge the relationship).

3.3.1 Ontology and epistemology.

Qualitative research designs are often underpinned by social constructionism or social constructivism; however, education and healthcare mixed methods research has increasingly used a critical realist orientation over the last decade (Maxwell & Mittapalli, 2010). This study will follow a critical realist ontology and epistemology. Critical realism posits that truths exist but are hard to uncover, however, the researcher can theorise about these truths by gathering observations and examining the underlying unobservable mechanisms, structures, and contexts that are often impacted by the theorists and scientists themselves (Bhaskar, 1975). This study will evaluate the relationships formed within a group intervention and the facilitators' perceptions on these relationships, hence the critical realist approach will allow

the researcher to examine the relationships whilst still considering the influence of the facilitators and researchers from a symbolic interactionist perspective.

Critical realism, evolving from the foundational work of Bhaskar in 1986 (referenced in Maxwell & Mittapalli, 2010 and Robson & McCartan, 2016), and expanded upon by Sayer in the subsequent years (1997, 2004), adopts a realist ontology that interrogates the separation between positivism and constructivism. This stance regards the divide as indistinct. As a critical realist researcher, the thesis author subscribes to the notion of an objective reality, acknowledges the limitations of the available understanding of this reality, and recognises that certain phenomena are discernible and quantifiable, whereas others remain hidden (Sayer, 2004). These hidden elements constitute the deep-seated mechanisms and contexts influencing individual's perceived reality. Critical realism, as developed by Bhaskar, acknowledges three distinct levels of reality—the empirical, the actual, and the real—each contributing to a comprehensive understanding of social events that extend beyond direct observation (Bhaskar, 1975; Fletcher, 2017).Bhaskar (1975) defines three levels of reality within critical realism: the empirical, encompassing direct experience; the actual, which includes events that may occur beyond direct observation; and the real, which refers to the underlying generative mechanisms and structures that give rise to these events.

Bhaskar, as mentioned in Maxwell & Mittapalli (2010), posits that social open systems are far more intricate than natural ones, hence complicating the establishment of causality. Therefore, critical realist inquiries should encompass not only individual agents but also the structures, contexts, and mechanisms within which they operate and the interplay amongst them, a sentiment echoed from Sayer (2004). Fletcher and colleagues (2017) have noted that even at the empirical or actual layer of reality, the understanding of objective reality is inevitably partial, affected by the researcher's or participant's theoretical frameworks, motives, and social narratives.

The use of critical realism in examining organisational dynamics, connections, and interventions has been expanding (examples include Kazi, 2003; Bonell *et al.*, 2011). Fox and colleagues (2007) argue this perspective accommodates the intricacies of organisational systems. This thesis not only examines the variations in IPT-AST usage in facilitator-YP relations but also the enabling or constraining conditions and the deeper contexts and mechanisms at play.

The research questions aim to explore and explain how IPT-AST facilitator-YP relationships from (questions 1 through 4), and the challenges that exist in these relationships (questions 5 and 6). The research questions align with Sayer's (2004) perspective on investigating realist interventions, positing that one should explore the 'what', 'how', and 'why' of an intervention's influence. Fletcher and colleagues (2017) suggest that a variety of participant viewpoints are needed to make sense of complex interactional realities, as each viewpoint will be informed by the individual's unique system positions, motives, and experiences of the invisible wider mechanisms at play.

3.3.2 Qualitative methodology.

Qualitative research prioritises the detailed collation of personal perspectives, sentiments, and lived experiences over seeking patterns in quantitative datasets (Creswell, 2013). Qualitative data is often used to explore behaviour, interactions, and wider systems by examining causality and rationale. Methods like interviews, focus groups, and observational studies are often used.

This thesis adopts a qualitative stance to delve into IPT-AST facilitators' views and experiences with YP in group settings and the influences on this dynamic. A mixed methods approach was first considered, as it would shed light on the outcomes YP experienced as part of the group as well as the qualitative accounts of the relationships that has been formed.

However, since the larger UCL study would be publishing the quantitative analysis, it was not suitable to collect this data and report on it before 2025.

3.3.3 Grounded theory.

For this research, the chosen methodological approach is grounded theory. This approach was originally conceived by sociologists Glaser and Strauss (1967), and later refined (Charmaz, 2006; Corbin & Strauss, 2008; Clarke, 2005). Grounded theory aims to marry theory with empirical observations by crafting an explanatory framework from raw data. Grounded theory employs an inductive approach to decipher the functioning of social processes in context (Charmaz, 2006). This study favoured evolved grounded theory for its alignment with the project's goals and critical realism, allowing for an exploration of social processes in wider contexts (Chun Tie *et al.,* 2019; Corbin & Strauss, 2008; Clarke, 2005). It offers insight into what meaning facilitators ascribe to the process of forming IPT-AST facilitator-YP relationships within group interventions.

While other qualitative methods were considered, such as interpretive phenomenological analysis (IPA) and thematic analysis, grounded theory was deemed more suitable to address this study's research questions (Creswell, 2013). Grounded theory examines factors influencing a process, fitting with the critical realist epistemology. The evolved grounded theory approach alongside symbolic interactionism was used to study how individuals interpret and construct their social roles and identities while critical realism was employed to acknowledge and analyse the broader structural and cultural mechanisms that shape those interactions (Chun Tie *et al.,* 2019; Creswell, 2013). Thus, evolved grounded theory was selected for its coherence with the research's purpose, questions, its rigorous data analysis framework, and its prior application in similar TEP research (e.g. Gibb, 2017). IPA and other hermeneutic methodologies, although considered, did not align with the critical realist approach of the researcher.

Grounded theory diverges from traditional deductive methods by prioritising the generation of theories through exploration and discovery (Charmaz, 2006). The objective is to build substantive theories reflecting the context, with the potential to evolve into broader, more general theories (Charmaz, 2006). This research adopts evolved grounded theory for its inductive approach, where concepts and theories are built as a storyline from data analysis, even though the possibility of entirely unbiased data interpretation is subject to debate. Glaser and Straus (1967) introduced theoretical sensitivity, which is the researcher's ability to identify the most relevant aspects of the data; prior knowledge should aid in identifying pertinent data without skewing the research findings. Evolved grounded theory requires a balance between existing knowledge and inductive analysis, guiding the interpretation of data within its context and other potential meanings.

The methodology is characterised by specific analytical tools, including data coding, theme development, theoretical sampling, concurrent data collection and analysis, constant comparative methods, core category identification, theoretical integration, and memo-writing. Evolved grounded theory is an iterative method where themes evolve and guide further inquiry until theoretical saturation is reached. Below, in Figure 1, is a depiction of the iterative process of evolved grounded theory as adapted from Chun Tie and colleagues (2019).

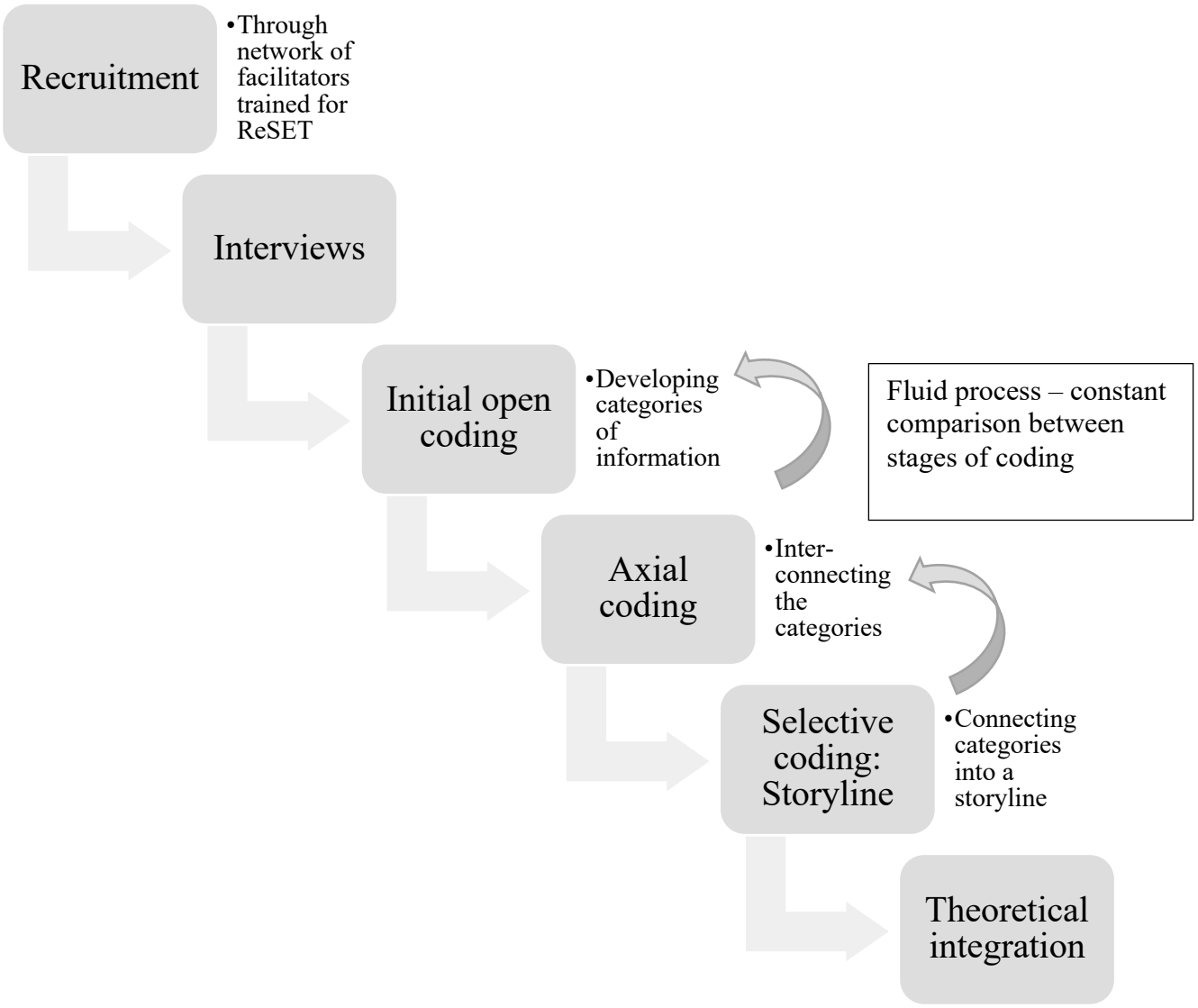


Figure 1. A flowchart to represent the grounded theory process including the stages of coding, adapted from Chun Tie and colleagues (2019).

3.4 Participants

3.4.1 Participant criteria.

The study included six school facilitators from five secondary schools in London, who attended a two-day training in IPT-AST (ReSET). The schools' inclusion criteria were followed from the ReSET project to ensure that schools were attended by students from diverse backgrounds regarding ethnicity and socioeconomic background, co-ed schools with >30% pupils eligible for Free School Meals (FSM) were included, which represents urban London Boroughs (ONS, 2021).

There were no demographic inclusion or exclusion criteria for the participants. Most of the participants identified as female and belonged to various racial and ethnic groups, which is similar to the London sample of school staff (ONS, 2021). The job role of the participants ranged from school counsellor, mental health lead, MHST clinician, and research assistant, and the majority held post-graduate degrees in counselling, mental health practice, or psychology. Ranging from five to ten years, the participants had diverse levels of experience working in mental health, as well as varying years of experience in their current organisations and roles, which ranged from two to ten years. There were no exclusion or inclusion criteria around professional background or years of experience as the purpose of the research is to explore IPT-AST relationships in all their varieties.

Given the small sample size of six participants, the omission of detailed demographic data is intended to protect the anonymity and confidentiality of the individuals involved. As stated in the BPS Code of Human Research Ethical Standards (2021), researchers are required to take special care in safeguarding participant identities, especially in cases where the sample size is small and demographic information could potentially lead to the identification of individuals. In this study, the participants were drawn from a very specific pool of schools delivering IPT-AST in the UK, making it more likely that detailed

demographic data could inadvertently reveal participants' identities. Therefore, to adhere to ethical guidelines and ensure the anonymity of participants, demographic information has been either limited or omitted. This decision was made to strike a balance between providing relevant contextual information and upholding the ethical responsibility to protect participant confidentiality. By prioritising anonymity, the study maintains its ethical integrity while acknowledging the potential limitations this may impose on the generalisability of the findings.

3.4.2 Recruitment and theoretical sampling.

Purposeful and theoretical sampling was employed within the population to match the iterative grounded theory methodology. To recruit participants, the researcher attended IPT-AST training sessions, provided information sheets, and answered questions from potential participants. Six facilitators consented to take part and formed the sample.

Theoretical sampling constitutes an important attribute of grounded theory, it involves ongoing data collection to enrich the theory being developed (Birks & Mills, 2011; Corbin & Strauss, 2008). This technique permits the researcher to adapt questions posed to participants throughout the interview process (Birks & Mills, 2011). In this study, the researcher applied theoretical sampling by revisiting the initial transcripts for the first couple of participants and pinpointing new questions to incorporate into subsequent interviews. Figure 2 depicts the theoretical sampling in this study. To build on the original questions, the researcher incorporated secondary questions in later interviews whenever a participant touched upon a new, relevant topic, all the while maintaining the original schedule of questions throughout the series of interviews.

Theoretical sampling process

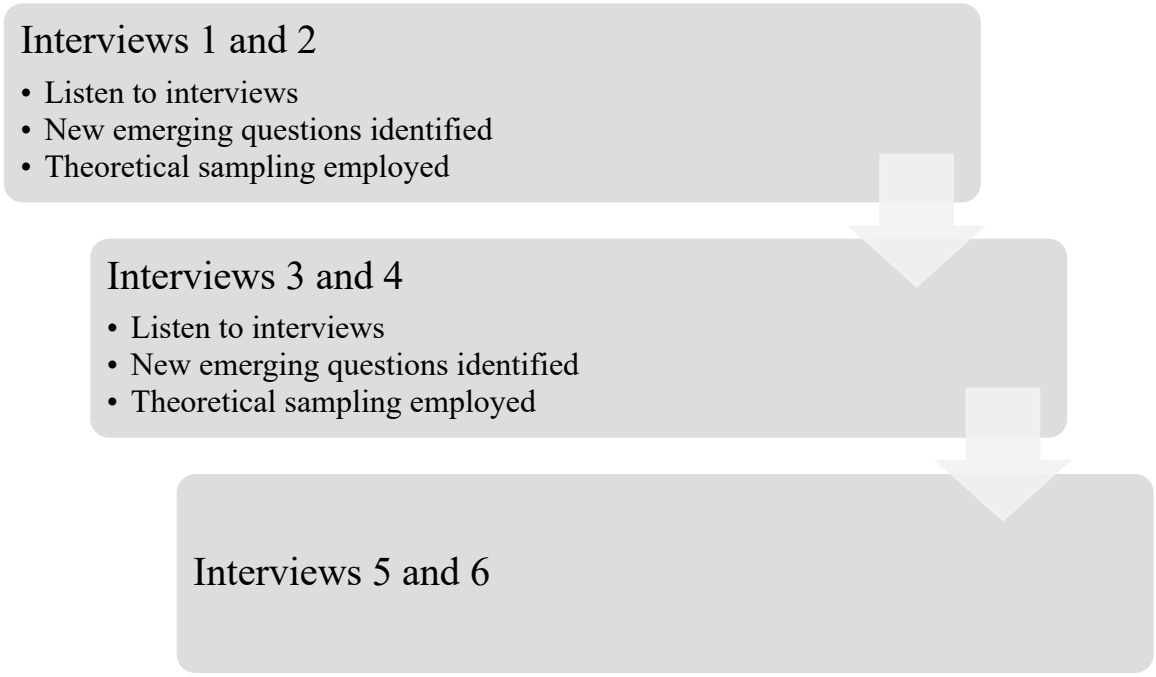


Figure 2. A flowchart to represent the theoretical sampling process including the stages of interviewing.

3.5 Procedure

3.5.1 Semi-structured interviews.

The data in this study was collected through semi-structured interviews, which is considered the most common data collection method in qualitative research in psychology, according to Willig (2021). Creswell (2013) suggests that interviews are suitable in various circumstances, such as examining individuals' interpretations of an experience within a system, which corresponds to the symbolic interactionism of this study. Semi-structured interviews are a combination of unstructured and structured interviews, they comprise predefined questions that can be tailored in situ during the interview. The interview questions for this research were crafted following Charmaz's (2013) approach to grounded theory interview schedules and DeJonckeree and Vaughn's (2019) typology of questions (refer to Table 5 below for the framework shaping the interview schedule). In keeping with the iterative nature of grounded theory, the interview schedule was refined to probe deeper into developing themes and to pose more incisive questions (see Appendix A for the full interview schedule). This study did not include a pilot interview, as the grounded theory method presupposes that the interview framework will evolve through the research journey.

Table 5. Questions and prompts in semi-structured interviewing (retrieved and adapted from DeJonckheree & Vaughn, 2019).

Type of question	Charmaz phase	Definition	Purpose
Grand tour	Initial	General question related to the content of the overall research	• Initiate the interview • Help participant to start talking about their experience
Core questions	Intermediate	Five to ten questions that directly relate to the information the researcher wants to know	• Answer the research question(s) • Help participant talk openly about the topic in an exploratory way • Typically asked of all participants
Planned follow-up questions	Intermediate	Specific questions that ask for more details about particular aspects of the core questions	• Answer particular aspects of the core interview questions • Obtain greater detail about responses • Asked depending on participant responses
Unplanned follow-up questions	Intermediate	Questions that arise during the interview based on participant responses	• Answer particular aspects of the participant response • Obtain greater detail about responses • Asked depending on participant responses
Summary questions	Ending	Questions that encourage the participant to reflect on their answers and fill any gaps that may have been missed.	• Check with the participants their views have been understood • Help orient participants to the end of the interview • Typically asked of all participants

Note. From "Semistructured interviewing in primary care research: a balance of relationship and rigour" by M. DeJonckheree and L.M. Vaughn, 2019, *Fam Med Com Health*, *7*(2), p. 5

3.5.2 Data sufficiency.

The grounded theory framework proposes a researcher should continue gathering more data until a state of data saturation is reached (Corbin & Strauss, 2008). According to Corbin and Strauss (2008), this state is achieved when further analysis reveals nothing new about a particular category of concept or theme. Because of time constraints, the goal of complete data saturation was not feasible in this study. Instead, the aim was to reach a point of data sufficiency, as suggested by Dey (1999, 2007). Since it is difficult to determine when data saturation is reached, the sample size was not established prior to beginning the research but was within a range of four to eight. Data collection was stopped once the emerging concepts were evident in previous interviews and there was enough data to develop the concepts into a storyline.

3.5.3 Audio recording and transcription.

To optimise the interview process and foster a better connection with the interviewee, audio recording was favoured (Creswell, 2013; DeJonckheree & Vaughn, 2019). The interviewer in this case informed the participants that audio recording would be used for data collection and that they could opt to withdraw at any time during the interview or to decline to answer any question. Verbatim transcription of the audio recording was chosen to ensure accuracy during the analysis. Different qualitative research software such as NVivo, ATLAS.ti, MAXQDA, and Dedoose was considered as they can all assist with data management and analysis. It was crucial to factor in the software's cost and the time required to learn how to use it. Therefore, the researcher considered their research budget and other factors when deciding to use MAXQDA for verbatim transcription.

3.5.4 Analysis.

Initial stages of coding.

Following transcription, the researcher read the interviews to familiarise themselves with the responses prior to data analysis as depicted in Figure 1. The analysis began with initial open coding, following the method described by Corbin and Strauss (2008). This involves examining the transcript and deconstructing it to discern the sense of words or expressions, known as "data incidents" (Glaser, 2002, p.23). At this stage, the pivotal question is "what does this data exemplify?" (Robson, 2015, p.489). The researcher may then use grounded theory frameworks to aid this process, with the interpretations emerging from the data termed "concepts" (Glaser, 2002, p.23). These concepts are analytical renditions of the data, not mere narratives, and they bolster the explanatory nature of grounded theory. To help describe and explain each concept, a coding label is assigned.

Corbin and Strauss (2008) propose a comprehensive schema of coding frameworks that include: posing diverse questions at various analytical stages, contrasting incidents and clusters, exploring the plural connotations of a word or phrase, drawing on personal experience to underpin findings, acknowledging biases and presuppositions, seeking in-vivo codes with participants, and dissecting the use of language, affect, and temporal markers. Analysts are also encouraged to search for metaphors and similes, as well as negative cases that challenge the emergent concepts. Moreover, evolved grounded theory researchers are advised to examine the data for context and process, wherein they contemplate the circumstances, interactions, feelings, and outcomes of everyday experience (Chun Tie *et al*., 2019). To understand the complexity of context and process, a conditional matrix is employed to gauge the interplay between micro and macro contextual elements.

While performing initial open coding with these analytic tools, the researcher identified several interlinked concepts within the data. In the evolved grounded theory literature, this stage is termed “axial coding”, which occurs simultaneously with the initial open coding as concepts continue to arise and evolve (Corbin & Strauss, 2008). This resonates with the iterative and reflexive, constant comparative approach of grounded theory, illustrated in Figure 1, the researcher cycles between axial coding and back to open coding. As the analysis progresses, connections, resemblances, or links between individual concepts are noted, culminating in the natural emergence of categories, sub-categories, and a storyline that synthesise the data. This cyclical process involved comparing codes and categories with each other and within their clusters of data. The below prompt sheet was used to aid with the data analysis process:

Guidance list for analysing data – adopted from Corbin and Strauss (2008):

- Interpret the participant's perspective (ask questions of the data):
    - Decipher the participant's responses.
    - Consider the implications.
    - Identify the central issue or concern.
- Make comparative analyses:
    - Contrast this with another central code.
    - Examine similarities and differences between codes.
- Delve into the semantics:
    - Explore potential opposites (antonyms) or contrasts for words or phrases (flip-flopping).
- Be aware of biases:
    - Acknowledge any biases from the participant and yourself.
- Examine language:

    - Pay attention to the words used.
- Make a note of emotional undertones:
    - Understand the emotional resonance and its potential meaning or significance.
- Interpret metaphors:
    - Uncover the underlying meanings of metaphors.
- Observe contextual references:
    - Analyse the temporal and situational context and its relevance.
- Seek contrasting evidence:
    - Identify divergent cases to understand alternative perspectives or interpretations.

In the below table some examples of initial coding have been provided regarding the analytical tools listed in the data analysis guidance list above.

Table 6. Examples of initial coding, including excerpts, memos, analytical tools, and open codes.

Excerpt	Memo	Analytical tool	Open code
Quote from interview	What the participant seems to suggest in the excerpt (interpretation)	E.g. flip flopping or asking questions of the data	(like a theme) E.g. being liked by the YP
But again, I didn't wanna be in that rule of like telling them all off or like telling them to stop speaking. I thought, you know, if they have something to say, if it's relevant to the group, that's good. If it's not, then I don't want to draw too much attention to it. So I can just let that happen.	The facilitator doesn't want to be seen as telling them off, but this can also be reversed as the facilitator wanting to be seen as engaging, fun, or likeable.	Flip-flopping	Attuned interactions
I think part of it is maybe [the boys]	The phrasing used here could indicate a	Notice potential biases	Beginning:

Excerpt	Memo	Analytical tool	Open code
are slightly different developmentally compared to the rest of the group. If you know what I mean, I think they they're probably not ready […] I guess you always see that a bit between boys and girls in that age, don't you, like there's a little bit of a gap in terms of emotional intelligence and that's why but I also don't want to generalise but I think that was maybe it, they were a little bit behind in that way.	potential bias and a potential assumption that the interviewee being a woman in mental health and in education could also hold this view.		Noticing similarities and differences (of identity)

Latter stages of coding and theory integration.

Selective coding is the last stage of coding. This refers to the coding conducted after identifying concepts and themes (through open and axial coding), where the analysis is brought together to form a coherent storyline or framework, as shown in Figure 1. The goal of theoretical integration is to develop a theory that captures and explains the research findings through data sufficiency. To achieve this, the researcher used axial coding techniques to identify directional links between codes, classifying a cluster of links into a category. This involved ensuring that all categories and themes were related to the central storyline, and that the resulting theory was induced from and consistent with the data. To further strengthen the emerging theory, Birks and Mills (2022) recommend drawing upon existing psychological theories and concepts. These will be further explored in the second literature review.

Memos and diagrams.

Throughout the analysis, memos were compiled post-interview and annotated with arising codes and categories. These memos facilitated the tracking of the analytical journey and bolstered researcher reflexivity, as highlighted by Birks and Mills (2022). The memos served to encapsulate the researcher's analyses of the data, articulating and clarifying each code and category as well as how these related on order to start forming a theory. The memos also documented any potential questions for future interviews. Table 6 above provides sample memos from different phases of the analysis.

For visual representation of the interconnected codes, diagrams were employed (see Figure 3). These diagrams served to map out potential links between concepts and assist in theoretical synthesis. Initial diagrams (see Figure 3) underwent continual revisions during the analysis until a detailed diagram was formulated with an early version of the theory.

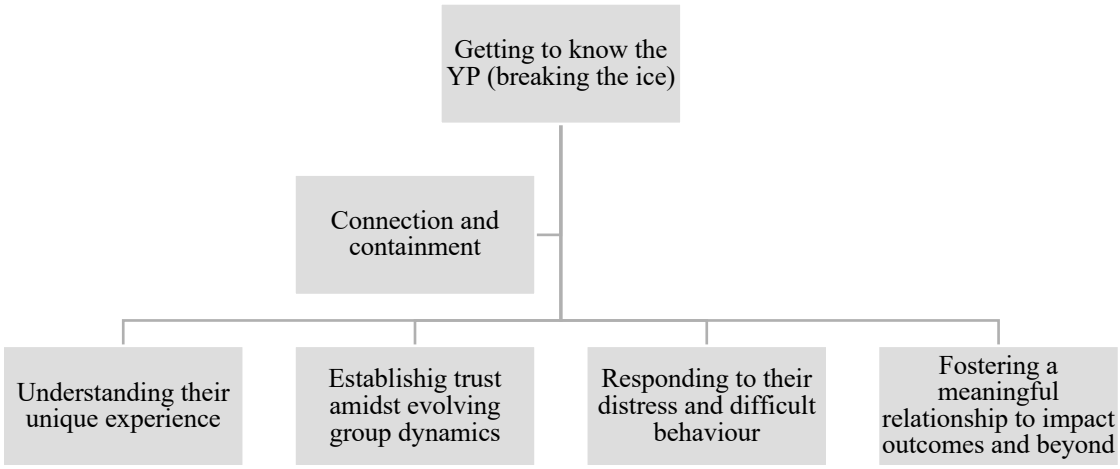


Figure 3. A diagram to represent the latter stage of coding and an example of visual representation of the open codes identified.

3.5.5 Trustworthiness.

The trustworthiness and transparency of the research was enhanced by following the relational coding process which is founded on the original steps of grounded theory and focuses on how this process can be achieved with modern online tools ensuring a transparent record is kept of every occurrence of each category and every possible meaning it could have been given (Rawhani, 2023). Furthermore, the study employed grounded theory's manualised protocols, alongside evolved grounded theory adaptations, to ensure a robust interpretation of the data the original manual places an emphasis on rigour and trustworthiness (Glaser & Strauss, 2017; Chun Tie *et al*., 2019).

Credibility.

According to Lincoln and Guba (1985), credibility pertains to the accuracy and legitimacy of interpretations and findings. To establish credibility, the researcher employed various reflexive approaches to ensure testimonial and reflexive credibility.

Testimonial credibility refers to the extent to which the qualitative data being gathered matches the participant's views of that same data. In this case, the participants were consulted when collecting their perceptions of the intervention. An example of this can be seen in Table 5 where summary questions are described as a tool to ensure the researcher has cross-referenced their understanding of participants' responses.

Reflexive credibility refers to the researcher's reflections on their own biases and views and uses this self-awareness to minimise researcher bias. In this study, the researcher was open with participants about their stance on SEMH work, preventative approaches and the value of this research whilst maintaining a critical realist approach when conducting the group intervention, interviews, and the data analysis. The researcher self-disclosed to all participants that they have a special interest in IPT-AST and that they have been delivering this intervention in schools for several years.

As per their critical realism, the investigator recognised that this study is subjective, reflecting the assertion that research is influenced by the researcher's experiences and surrounding structures and cannot be detached from them (Charmaz, 2013). The lead investigator is a White Mediterranean, foreign-born woman in her mid 20s with five years of experience as a mental health practitioner in urban settings in the UK. Her insights are shaped by her work facilitating groups across various educational levels. Other important facets are her background in traditional group work theory and adolescent mental health care, coupled with a deep commitment to elevating the often-overlooked perspectives and voices of frontline community practitioners in the mental health and education sectors.

Throughout the study, the researcher and her supervisor engaged in continuous reflexivity (Corbin & Strauss, 2008; Ponterotto, 2005). The researcher documented and reflected on her historical and present perceptions at all stages of the research, regularly consulting with her supervisor. Supervision played a critical role in challenging any interpretations of participant narratives that appeared to be based on mainstream or professional biases regarding adolescents, schooling, public services, the larger study, or group dynamics. The researcher examined and questioned any preconceptions that prioritised psychodynamic-centric views of group dynamics over the actual experiences of the practitioners. Initial interpretations were rigorously tested against the data, making necessary adjustments to ensure that the reflections represented the voices and experiences of the adolescent participants.

Transferability.

Transferability refers to the extent to which research findings apply to other contexts or time periods beyond the scope of the original research (Lincoln & Guba, 1985). The analysis of this study is directly relevant to KS3, ReSET-adapted IPT-AST groups, within London Boroughs, and caution should be exercised before applying the results to other

contexts, such as different age groups or different parts of the country. It is also important to note that most facilitators who participated in the study were female with a background in child mental health. Therefore, before generalising the findings to IPT-AST facilitator-YP relationships where the intervention is taken from the original manual or where the practitioner(s) are a different gender or have different professional backgrounds, caution should also be taken.

Dependability.

Dependability addresses the notions of consistency and replicability in qualitative research. Some scholars note that the time and place of studies could result in divergent findings, even with the application of identical and credible procedures in repeated trials (Creswell, 2013). Others stress the importance of transparent research processes to allow for the repeatability and examination of methods, independent of the replicability of findings (Creswell, 2013). The researcher outlined the methodology deployed in this thesis in the sections above with direct references to the literature and software used.

Confirmability.

Confirmability relates to the measures taken by the researcher to maintain objectivity and guarantee that the conclusions drawn are derived from the collected data rather than influenced by preconceptions (Corbin & Strauss, 2008). This includes reflexive validity, which measures the researcher's awareness of their own biases and the steps taken to avoid their undue influence on the data. In this study, the researcher had prior experience with IPT-AST as they had been trained in the intervention themselves and had run various groups as part of the ReSET project. The researcher's employment in the same sector and region as the studied facilitator's group activities and relations could also mean they hold biases on the topic being studied. To mitigate the influence of biases on data collection and analysis, the

researcher engaged in supervisory sessions to contemplate their impact (refer to the credibility section above for more insights on the supervisory relationship).

3.5.6 Ethical considerations.

The BPS Code of Human Research Ethics (2021) stipulates that "There are clear moral and societal imperatives for behaving ethically." (BPS, 2021, p. 4). These moral and societal imperatives are underpinned by the following considerations:

Respecting the autonomy, privacy, and dignity of individuals, groups, and communities.

The BPS Code of Human Research Ethics has an underlying principle for researchers to "respect individual, cultural and role differences, including those involving […] race (including colour, nationality, ethnic or national origin)" (BPS, 2021, p.7). This study will focus on issues of SEMH prevention in the UK, which disproportionately affect people of Global Majority Ethnicity and people affected by socioeconomic disadvantages (Yoshikawa et al., 2012; Lavis, 2014). Global Majority Ethnicity is a term that has been deployed in emancipatory research and in services promoting empowering language, this term will be used when describing demographic data in this study to support this shift towards more inclusive and accurate terminology (Afuape et al., 2022; Morris, 2021; Boyle, 2022). However, it is acknowledged that no single term will be helpful and relatable to everyone it pertains to; this research seeks to uphold the principle of avoiding harm to others (BPS, 2021).

The code of ethics also sets out a need for researchers to "respect the privacy of individuals and will normally ensure that individuals are not personally identifiable" (BPS, 2021, p.7). For this research, all special category data was pseudonymised at the data collection stage. Each participant was allocated a unique participant ID number. This was to ensure that any identifying or sensitive information could not be traced back to any individual participant other than by the researcher. Data was stored on secure servers and hardware

managed by UCL and Essex IT services and access to this data is controlled through UCL and Essex log-ins. Only team members with the correct approvals can access the drives where this data will be stored, this information was outlined in the information sheet and consent form. Below is more information on the de-identifying process that was followed (ICO, 2012):

- Removed identifiable data.
- Grouped or reduced data where small samples may accidentally be revealing identifiable data. E.g. replace or mask identifiable data.
- Generalised extracts of detailed text, e.g. by grouping together into categories and describing the categories only.

Scientific integrity.

In the Code of Human Research Ethics, scientific integrity is defined by ensuring high-quality research, which "relates primarily to the scientific design of the research and the consideration of potential risks of harm" (BPS, 2021, p.8). Following a scientific design includes being transparent about the aims and hypotheses from the outset to avoid biases in the findings presented. This study's methodology was submitted to the research ethics committee before conducting the research to maintain a high standard of transparency and integrity.

Social responsibility, maximising benefits, and minimising harm.

The Code of Ethics for psychological research aims to maximise the benefits of the research being carried out from inception to dissemination whilst being "alert to the possible consequences of unexpected as well as predicted outcomes of their work" (BPS, 2021, p.8). Being alert to possible harm includes being aware of any biases present when interpreting research findings. This study will take on a critical realist ontology and epistemology which aims to question the theories being used to understand the phenomena being researched.

Critical realism lends itself to a layer of meta-awareness that the way the observable world is being investigated is subject to bias because of the researcher's personal biases and the culture they operate within.

Furthermore, it is not expected that the ReSET intervention will cause any harm to young people. However, young people were asked to complete sensitive questionnaires as part of the larger ReSET project, including topics such as substance use and mental health. These questionnaires may have raised concern for participants and parents. YP were reminded that participation is voluntary and anonymous. They were also sign-posted to charities and support groups that can help. All ReSET facilitators are trained in risk assessment and are experienced in working with the age-group. They were also encouraged to monitor any signs of distress, and if concerned, take action (e.g. stopping the group session, allowing a break, and checking the young person is happy to continue).

3.5.7 Reflections on methodology.

The design of this thesis was heavily influenced by the trainee's professional background, academic environment and personal experiences. The unconventional structure of this thesis is in part attributable to the grounded theory methodology that allows for a more flexible approach including the use of an iterative data collection process and a theoretical literature review. However, it must be noted that the unconventional structure is also in part due to unforeseen circumstances by which the project was changed from a mixed methods design to a qualitative one as the data that the candidate initially planned to use was limited and the scope of the project was narrowed down. Once the research had been changed to a qualitative design, the choice to conduct a grounded theory enquiry was driven by a desire to align the research process with the author's experiential knowledge, preference for a flexible approach, and the time-limited scope of the study. By explicitly stating this, the author aims

to provide self-reflexive clarity on why this approach was chosen over others, the limitations this engenders, and how these decisions reflect their position as a researcher.

For example, some of the decisions made by the researcher also resulted in some of the study's most significant limitations. The author chose to interview facilitators only due to time-constraints, whereas the inclusion of YP's views could have offered valuable additional insight. The researcher also chose to reduce inconsistencies in IPT-AST group models by selecting a sample that had been trained in the same ReSet model at the same point in time, though this led to a small participant pool – one of the study's main limitations. A more rigorous approach to theoretical sampling and a larger sample size might have allowed for deeper exploration of the challenges in the facilitator-YP relationship and may have resulted in theoretical saturation which is deemed to be the gold standard for grounded theory (Chun Tie *et al.,* 2019).

3.5.8 Chapter summary.

The aim of this study is to investigate the facilitator-YP relationships formed in a series of IPT-AST groups in several London secondary school settings. To achieve this, a qualitative methodology and grounded theory technique were used. This approach aligns with the researcher's critical realist perspective. To ensure the research's reliability and transparency, suitable measures have been implemented, and precautions have been taken to prevent any potential harm caused by the study.

Chapter 4: Findings

4.1 Chapter overview

This chapter begins with a summary of the results yielded by the grounded theory analysis. First, the central storyline and emerging concepts are described, including how these concepts are interconnected. The chapter then showcases the coding structure, leading to a comprehensive depiction of the grounded theory: The Group factors, Relations, and Change (GfRC) model. Within the grounded theory, the contexts and mechanisms that influence the facilitator-YP relationship in IPT-AST groups, as well as elements that either promote or challenge their application in the group, are highlighted. To conclude, the chapter will address the research questions posed in the third chapter, and how the data speaks to the overarching aims of the study.

4.2 The findings: The Group factors, Relations, and Change (GfRC) model

The responses from the participants shed light on the diverse factors and stages that impact the relationships between IPT-AST facilitators and young people, and on the progression of these relationships within the context of a developing group. In this section, an overview of the themes will be provided and will delve into the results in more detail. Figure 4 presents a visual diagram of the emergent theory, known as the GfRC model, which depicts the relationship between the IPT-AST group facilitator and the young person throughout the sessions. Derived from the data analysis, this theory can be separated into the below key concepts:

Table 7. The key concepts in the GfRC model

Category	Relational enablers	Relational challenges
Group factors	• Content and structure • Physical space	• Group dynamics • Logistical challenges
Relations	• Breaking the ice • Attuned interactions • Building trust	• Behaviour perceived as challenging • Absence of connection

Category	Relational enablers	Relational challenges
Change	• Supporting the YP's progress • Achieving a meaningful relationship	• Emotional toll on facilitator • Difficulty facilitating change • No positive outcomes perceived
External factors	• Facilitator factors • Environmental and wider system factors • YP's actual personal and relational outcomes	

In the GfRC model, there are four distinct categories of factors that influence the facilitator-YP relationship: group factors, relations, change, and external factors. Within each category, the factors are divided into *relational enablers* and *relational challenges*. The model posits that the more *relational enablers*, relative to *relational challenges*, the more connected facilitators and YP are, and in turn, the better the personal and relational outcomes for the YP. Personal and relational outcomes, in this instance, are defined as facilitators' perception of YP progressing in their ReSET goals and understanding the communication and socio-emotional resilience strategies imparted in the group. Below, in Figure 4, the GfRC model is illustrated with the key concepts interacting with each other. The direction of the arrow symbolises the passing of time during the IPT-AST sessions, and the factors in the top half represent the *relational enablers*, whereas the factors in the bottom half represent the *relational challenges*.

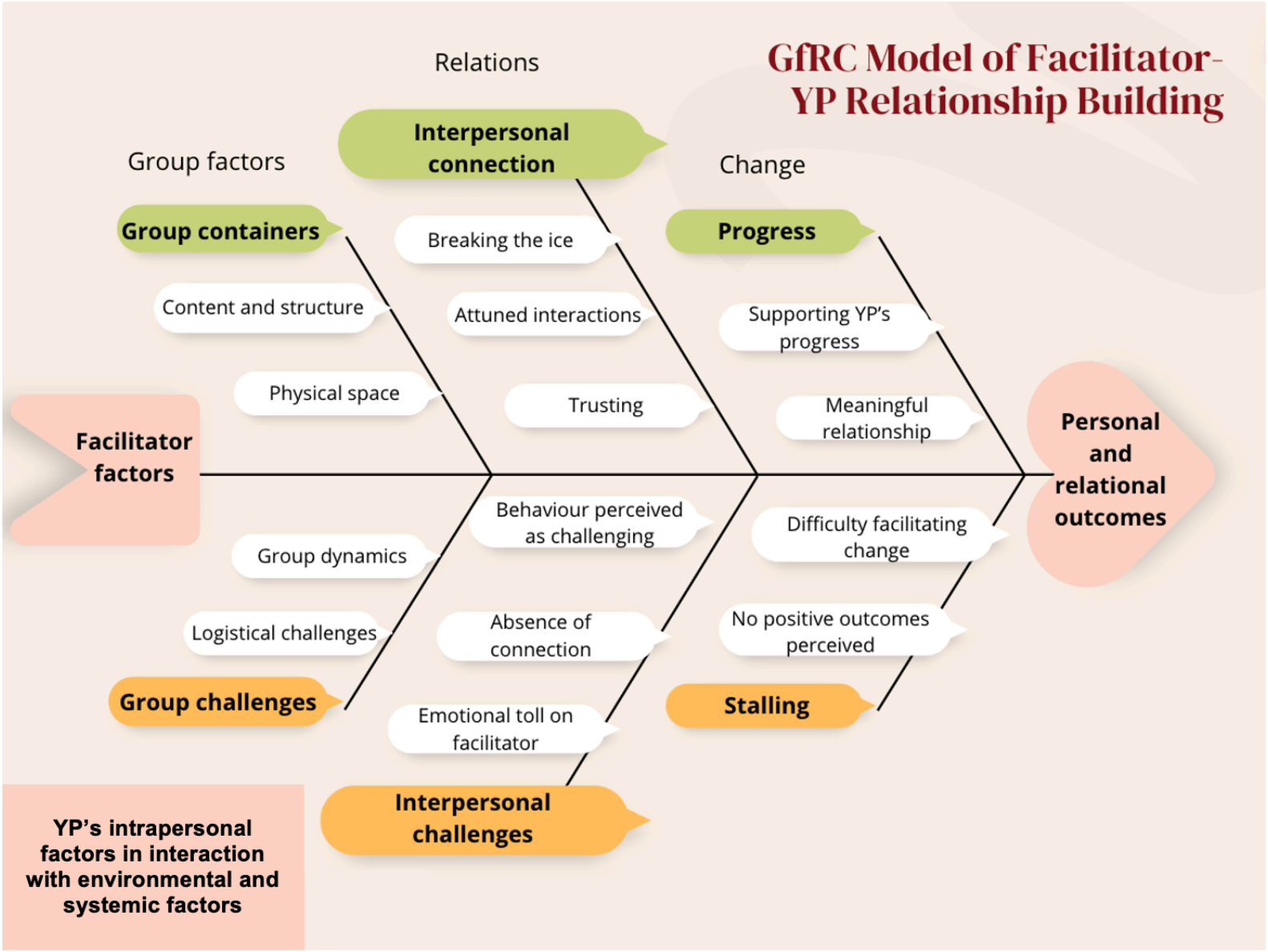
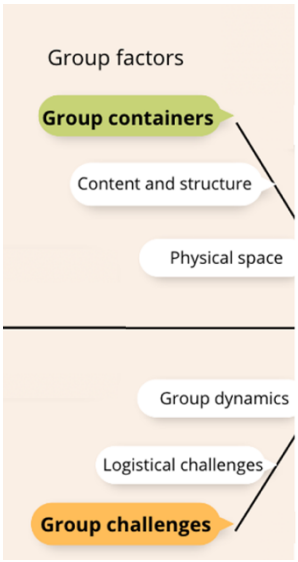
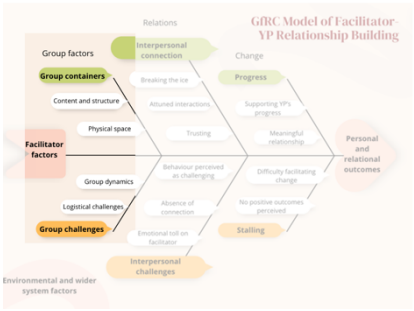


Figure 4. A detailed diagram to map the emergent theory: The Group factors, Relations, and Change Model (GfRC)

4.2.1 Group factors.

The foundation for understanding the facilitator-YP relationships within the IPT-AST group setting revolves around the group context and the therapeutic guiding principles that shape the group's interactions. The backdrop for the GfRC model (the environment in which the relationship evolves) pertains to the group dynamics, IPT-AST content and structure, and the wider school and community environment including the availability of containing adults. This context is defined by the following distinct code concepts:





This code relates to the group elements of the IPT-AST group, there are two sub-categories comprised in this code: *group containers* which promote connectedness and progress, and *group challenges* which may hinder those facets of the intervention.

Group containers

Structure, session content, and physical space

The IPT-AST group's setting is designed to be consistent with various practical elements which may influence the relationship between facilitators and YP. The groups' physical space is set up in a circle of chairs where participants are expected to sit throughout. Furthermore, the group is consistent and structured in its content, beginning with an

icebreaker activity and the Child Outcome Rating Scale (CORS). Although the activities vary from week to week, the sessions are outlined in the YP's toolkit. Furthermore, the content is presented with links to applications to the real world, or real-life interpersonal challenges that have been voluntarily brought by young people. For a more detailed overview of the IPT-AST group sessions, refer to Appendix B.

The group context was thought by some facilitators to promote a feeling of safety, ensuring that YP are at ease. The below quotes also highlight how the structure may have meant that YP take longer to open up to the facilitators.

> It's a little bit more structured in this group setting. Previously I've worked in more semi-structured, more open, sort of talking therapy groups; and in those circumstances, although they tend to be very structured in terms of boundaries of what not to talk about, what to talk about, anonymity, […] you tend to get to know people on more of an open level because it is about talking about experiences. Whereas [in the IPT-AST group], we don't really encourage young people to speak about experiences until Week 4, Week 5, which feels very safe. (Participant 1)

> There was more of a sort of classroom vibe […] than when you see clients one to one, if that makes sense. (Participant 3)

> I suppose we did things like, you know, we made sure we sat at different points in the circle, so it wasn't that we sat next to each other, and they were around us. We kind of, you know, sat within the group, if that makes sense. (Participant 4)

On the other hand, one facilitator's interviews revealed some drawbacks associated with the rigid structure of sitting in a circle and only having two adults for ten pupils, and how this may have been overwhelming for some of the YP.

> We had another girl who was quite disruptive, and I wonder if maybe the group felt quite challenging for her like maybe this felt quite confronting that they were all sitting in the

> circle […] given that some of them were friends with each other, but some of them at different points kind of made it clear that they didn't particularly like other members of the group. (Participant 6)

Group challenges

Logistical challenges

Challenges were raised by facilitators with regard to a mismatch occurring between the ideal group structure and the realities of the busy school setting.

> Some weeks we didn't have access to the to the room prior to the group starting. So, depending on the week, sometimes we could go in there and kind of start the room before the young people arrived. And then on some other days we had to all go into the room at once with the young people and then set up the room with them there so that was a bit of a challenge. (Participant 1)
>
> There's a big strain on school staff […] About sort of the timings we're gonna need, and the room availability. (Participant 3)
>
> Sometimes they [YP] forget, and we have to go and get one of the students to go and round them up. (Participant 5)
>
> It's been a bit tricky to book [rooms] because we can't book them 2 weeks in advance. And […] the same room isn't always free because of our timetable issues with the rooms. (Participant 2)

When it worked well, one facilitator highlighted how fortunate they felt. “We were fortunate to have the same room every week the whole 8 weeks so that was good, so we used to you know, get on very well with that class teacher.” (Participant 6)

Group dynamics

The group dynamics refer to the interactions between YP and facilitators with a backdrop of competing priorities and evolving roles. For example, the way the facilitators

position themselves or are positioned within the group as helpers, mentors, parents, or teachers can affect the way group members relate to each other and to the task at hand. In order to analyse and better understand the group dynamics themes emerging in the data, the next chapter will outline a second literature review with reference to group psychodynamic concepts and interpersonal theories that underpin group interactions. For this section, two psychodynamic concepts will be outlined to better describe group dynamics.

The first concept is the *group-as-a-whole*, which describes the group as a social entity and outlines how individuals both associate with and are influenced by the system while concurrently being part of it. The *group-as-a-whole* notion, as conceived by Wells (1980), underscores that groups function as organic systems. Members within these groups are interdependent, and various subsystems coalesce to present a complete, integrated picture. This concept suggests that individuals mirror and convey the group's gestalt, cohering into a symbiotic, implicit, and unconscious web of interactions, where collective imaginations and interplays both craft and epitomise the group's shared reality. Groups, as envisioned by Wells (1980), are perceived as living entities, with their interrelations crucial in moulding a unified group gestalt. Additionally, this section will touch upon the idea of valency, as introduced by Bion (1961). Valency can be likened to a tipping point or predisposition within a group, representing a limit beyond which individuals tend to react in a specific manner. For example, an experience unexpected emotion, can be discerned as a personal inclination to bear the group's emotions under particular circumstances.

Despite some references to the group dynamics, the emerging concept suggested that facilitators were not aware of their valency impacting on others, or of the group potentially functioning as a whole or a gestalt.

Okay, you can favour, or you can't favour [young people], right or you can internally think you know I can really relate to this person but that can't affect the dynamics of the group. (Participant 2)

No, I don't think my relationship with him impacted the group, definitely not. But I think there's lots of things going on in the in the whole kind of ReSET (IPT-AST) dynamic. Which was interesting. (Participant 1)

I'm very confident in my response in saying that I don't think it [my relationship with this YP] impacted on the group. (Participant 4)

Oh, I don't know that it could have impacted on the group dynamic. (Participant 3)

I don't think kind of one relationship [impacts the group], I think the relationships in general you have with the students definitely impacts the group. (Participant 5)

The concepts that related most to group dynamics were the facilitators' sense of how the young people related to each other.

By the end there were better social dynamics. And that [doesn't mean that] they're all good friends, I think that's a very unrealistic expectation. But it's pretty safe to say that [in] every group people have made [a] connection in one way or another. (Participant 2)

So, they felt like there was a lot to manage in terms of the group dynamic (Participant 1)

I think I think it's important to address also the relationships of young people with each other and how that can impact the group. (Participant 5)

There was quite a lot to kind of hold with all of that [group dynamics]. And I think [the other co-facilitator] and I had lots of questions about Okay, what our role [is] as facilitators, you know. (Participant 3)

But I think a lot of it is group dynamics as well. If you took a couple out of the last group. Mixed them, you would have had a different dynamic as well. (Participant 1)

Various accounts of the facilitators also highlighted group dynamics among peers regarding identity features, such as gender.

> We generally let them sit where they wanted […] their workbooks were out so they could see who's who and the iPads, we didn't let them take them we handed them out to them as and when they were needed. But the boys always sat next to each other, and it is creature of habit most people sat in the same seats throughout the whole program. (Participant 2)
>
> I think them being the only 2 boys in the group they were very much like sticking together and so I think it might have had an impact on, him. Kinda enabling him. (Participant 4)
>
> He clearly made friends with another boy. (Participant 2)
>
> Because we have 8 boys and 2 girls. The dynamic just didn't… It made it hard. (Participant 5)

Adults as enablers of helpful group dynamics

Facilitators within the IPT-AST group described the importance of being open in their demeanour, ensuring engaging interactions, and being "fun". This engagement, as viewed by facilitators, seems to provide YP with a sense of security, knowing they can expect the positive reactions and reciprocity from the facilitators.

> But I think being authentic, warm, and just a bit fun and playful. Really helps. They're key qualities. (Participant 2)
>
> You're trying to get them to engage. Trying to be open, it's all open. All very open and dialogue was great […] So I tend to sort of try and open it up a bit. And, you know, we both tried that. (Participant 6)
>
> I'd say to just be quite warm, to be authentic, to have fun. […] Yeah. That can help establish a relationship with young people and get to know them. (Participant 2)

> They […] felt we were approachable […] they enjoyed coming to the sessions. […] It's an important part of the project that you are kind of approachable and not losing your temper. (Participant 4)

Furthermore, facilitators highlighted the role of consistency, structure, and presence within their role in forming relationships with the YP.

> The relationships that I've been able to build in this [group] circumstance are really structured but also, it's hard because I don't want to say professional but [they are] professional. I think it's hopefully modelling [a] healthy relationship with an adult who is going to show up every week, who is going to run the group and listen to them. But also, you know they don't have to be that person who is at home, giving them a cuddle, 'cause that's not appropriate. But it's nice to be able to model that behaviour and I'd say the relationship is different because you are being boundaried but you are also showing up every week, providing consistency. (Participant 2)

> But I think because of what we were doing, we just stayed consistent and calm. I think they appreciated that. So, I think that helped the relationships to develop. (Participant 1)

The psychodynamic concept behind this comparison between the facilitator-YP relationship and a parent-child relationship is rooted in attachment theory, as introduced by Bowlby in 1958. Attachment refers to the enduring bond formed between two individuals, such as that between a child and their caregiver. This relationship is crucial as the adult's responsiveness and ability to meet the YP's needs shape the YP's self-perception and their interactions with others. Early attachment experiences during infancy or early childhood serve as a blueprint, influencing patterns and expectations in relationships later in life. This psychodynamic concept, along with others, will be delved into more depth regarding other research in the second literature review (see following chapter).

Some facilitators highlighted the difference between being a ReSET facilitator and a teacher, leader, or counsellor, instead of comparing the relationship to a parental one (as done above).

> I would say just don't try to be a teacher or I know obviously a lot of people. The facilitators are like they work in the school internally, so they already have an existing link in the school. And I think try to be in a different road if that makes sense. So don't be the same kinda like don't practice the same kind of authority or like yeah, it's a different dynamic basically is what I'm trying to say, and I think what really helped me is not to think of me as a teacher or as a counsellor just going into it with, with a different mindset. (Participant 1)

> I think that I think that was part of the dynamic as well that the young people were aware that we weren't teachers. We didn't work at the school […] but I think it was quite an interesting dynamic for us to, to work with. (Participant 2)

> At times I felt more like I was being a teacher than a therapist. Which I think is just also part of probably you know, the nature of this kind of thing. (Participant 5)

> We really tried to […] work with the power imbalance […] we were all valued members of the group. It wasn't that we [the facilitators] were particularly the leaders if that makes sense. I don't know if it actually worked. But that was very much my thinking. (Participant 1)

> As much as in another classroom setting you would have had to take a different approach. (Participant 4)

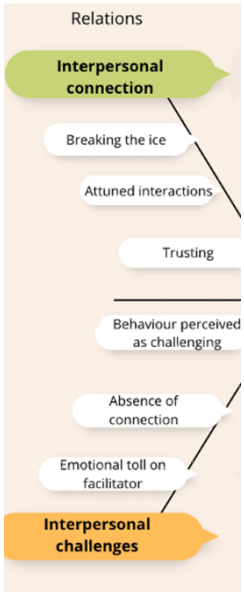
One facilitator highlighted the potential role of their gender in the group.

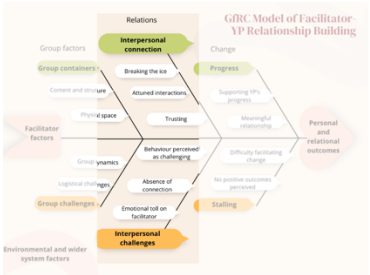
> I don't know whether [the boys engaged with me] because I'm a male I can't know. (Participant 6)

Lastly, one facilitator highlighted the importance of being skilful in building relationships with YP and how this could impact on the group dynamics. “You need to be aware of [YP’s responses]. So, you need to have a set of skills yourself. […] or there’ll be a lot of shrugging shoulders.” (Participant 6)

4.2.2 Relational factors.

Figure 4 depicts the six distinct sub-categories that comprise the relational factors of the GfRC model and the onset of interpersonal relationships forming. Factors that promote relationship-building are underpinned by the facilitators seeking connection with the young people amidst the groups’ competing priorities and needs. At a conscious level, the facilitators observed the ice breaking, whereas the groups’ conflicting priorities and needs, including the development of basic assumption mentality, were either unconscious or unspoken for the facilitators during these early stages (Bion, 1961). The sub-categories within the relational factors are depicted in the section of the diagram below.





Interpersonal connection

Breaking the ice

The initial relations category of the facilitator-YP relationship shapes their interactions going forward. This sub-category has three pivotal dimensions:

- 'Navigating unfamiliar terrain'
- 'Acclimatising the YP to the group'
- 'Sharing similarities and differences'
- 'Knowing one another'

Navigating unfamiliar terrain

The first dimension pertains to the initial feelings for both the facilitator and the YP, as they first encounter each other and are unaware of each other's similarities and differences. Initial interactions in the IPT-AST group were described as unique as each facilitator meets with half the young people (usually 4 or 5 students) on a one-to-one basis for an IPT-AST specific assessment.

The ReSET assessment is commonly referred to as the pre-group session in the IPT-AST manual and it encompasses questions about the YP's mood, relationships, goals, and their understanding of and motivation for the group. As with any appointment with an unfamiliar professional, the YP might display signs of anxiety, perhaps by being reserved or manifesting unsettled behaviour. Facilitators might relate with the apprehension, given the lack of acquaintance with the YP. The facilitators described that the YP they met with for the pre-groups seemed to build a stronger relationship with them, highlighting the significance of the very first contact.

> I think this is the thing I found most interesting about ReSET was all the different dynamics at play. And yeah, it was quite interesting even just the fact that you know how we split the pre group and mid group meetings up, you know, so as I said [my co-facilitator] saw 4, I saw 6 and so even just that dynamic in itself is interesting, isn't it?

> They would kind of, you know, think of you [the facilitator] as their ReSET person. (Participant 3)

Furthermore, some facilitators highlighted that the intervention was unfamiliar terrain for them too as it was their first time running an IPT-AST group.

> So, I met with the 5 that I got, and [co-facilitator] met with theirs. You know, and the young people had their, their targets. And we go through that structure of how it runs, although we've never done it before. So. we were just working off of the training and what we'd read. That's when we found out what works for us and then once we've done that then obviously we were able to communicate with each other and say right we're ready too, we're ready to give things the green light, we're ready now that we've got that [the pre-groups] sorted. (Participant 6)

> It was interesting to come away chatting about it [ReSET] but when we got to the point where we were delivering to the students. Then it all made a lot more sense. (Participant 2)

> I remember on the first session I got myself a bit mixed up. Just with explaining the [strategy] And I think once I had it solidified in my head, it was easy. And I think that [the strategy] is something they [YP] struggle with a little bit […] to get to grips with. (Participant 5)

Acclimatising the YP to the group

The second dimension emphasises the mechanisms and activities the facilitator employs to ensure the YP integrates into the IPT-AST group. This might involve letting the YP explore the surroundings, establishing ice-breaking activities to make the YP feel at home, and sometimes even arranging pre-assessment discussions, especially for YP who seemed nervous.

> It was really good actually because the initially the student was quite worried because she […] is […] a challenging student and […] when the school are contacting parents it's

> generally not on a positive nature. It's due to doing something wrong, challenging behaviour in school, detentions, and that sort of thing. So, she was really worried […] But what I what I did was I had a chat with a student explaining it […]and she said, 'Oh, I can feel relaxed now because I've been really worrying about it.' (Participant 6)
>
> Facilitators highlighted the importance of ice-breaking activities and engaging all YP.
>
> Maybe the icebreaking activities, and the kind of thing where we pass the bean bag, so everyone says something, perhaps you know, it kind of helped her at the start to feel part of the group. Even if she's just said you know what her favourite food is, it's beginning the session. (Participant 2)
>
> We tried different icebreakers, with the young people, at least, you know, definitely the first week. Probably to try and get them to be a bit more mobile […] get the students to explain to each other sort of reaffirm things rather than them getting bored with our voices. (Participant 5)
>
> [we should] implement more icebreakers, more activities to form the group. So that's what I would do differently. I'd start each session with an icebreaker. (Participant 2)

Sharing similarities and differences

Furthermore, with time, facilitators aid the YP's integration into the group through shared similarities and differences. Each young person comes with their unique experiences and backgrounds, the facilitator can connect with similarities and differences they may share. Recognising these commonalities and differences is essential, not only for the facilitator but for the young people to see themselves as part of a cohesive group where relationships can be formed despite differences. The ice breaker activities designed for the IPT-AST group were particularly highlighted to bolster this effect. Facilitators had been trained to hold in mind, reflect back, and triangulate YP's views, all the while skilfully disclosing things about

themselves that would provide a helpful backdrop to the facilitator-YP initial connection and therapeutic alliance.

> I think something that we noticed in our group was that […] they were maybe sort of not really bonding as a group necessarily at the beginning and they certainly, you know, were wanting to kind of share personal things. And it felt a bit, I guess, like we were kind of throwing information at them. And so, we decided to make sure we had a couple of like ice-breaker questions. Each week at the beginning of the session. And actually I think that made quite a difference, you know, silly questions that we just go around the circle with the bean bag, you know, just passing it around asking things like, you know, 'if you're an animal what animal would you be?' or, you know, questions about favourite foods or, I can't even think what else, what super powers you'd like, things like that. Because that seems to sort of bond the group a bit more and build relationships. (Participant 1)

In the domain of 'finding similarities and differences', some facilitators focused more on being able to relate to each other's difficulties early in the relationship-building, rather than on the more light-hearted ice breaker activities.

> We wanted to be able to support young people. With their real-life difficulties, not necessarily ones that are big, and being able to see the change in her attitude and just like the way she was feeling that made it a whole lot better and it kind of felt like a personal win too because I could see I could relate to some of her difficulties. (Participant 2)
>
> She displayed like a real vulnerability of things that were going on. For her in her personal life and again I think what can be quite difficult as we're not completely objective and we don't leave our bags at the door sort of thing, and I definitely felt that I could relate to some of the things she was saying. (Participant 5)

As the group begins to open up, visible and/or voiced facets of identity become apparent. These are significant opportunities for the facilitator to demonstrate sensitivity and

acknowledgment. In the IPT-AST intervention, understanding and embracing these facets of identity were described by facilitators as aiding in addressing interpersonal issues. Furthermore, avoiding assumptions and actively engaging in conversations about these identities helped to ensure that every participant felt valued. The below example highlights socioeconomic background as one of these shared facets of identity.

> I remember a young person saying to me […] 'it's been really nice to do this every week.' And I think for some young people especially the areas that we work in where, you know, the low socioeconomics it's really, really difficult for quite a lot of these young people. This [ReSET] might be something consistent that they haven't had and it's nice to be able to show them that […] adults can consistently show up […] you can do what you say you're gonna do and I think that that would have meant a lot to me when I was younger, so I think it definitely, I hope it means a lot to them as well. (Participant 5)

However, gender was still acknowledged by facilitators in a way that suggests a potential for biases:

> I think part of it is maybe they [the boys] are slightly different developmentally compared to the rest of the group, if you know what I mean, I think they they're probably not ready […] I guess you always see that a bit between boys and girls in that age, don't you, like there's a little bit of a gap in terms of emotional intelligence and that's why but I also don't want to generalise but I think that was maybe [the boys] were a little bit behind in that way compared to the rest of the group. (Participant 4)

> Obviously you don't want to kind of make too much of gender and I agree with all of that but they were very boisterous boys. They were quite similar in terms of maturity where I would say probably lower level of maturity on the whole, not all of them. Behaved quite young for their years. And so it just made straightaway that whole, the tactile behaviour, the silly physical behaviour at times and making silly comments to try and impress each

> other. And then also I think topics of the things they brought up for role play were quite narrow. It was always about sport. It's always some playground thing relating to sport. I felt like we couldn't really explore that. We couldn't explore on a wider level, some of the role plays that would be nice to explore because you have to go with what they brought up. Again, I think kind of having those group, those students in a different combination. Would have made a big difference. 'Cause I think they all individually were able to engage and benefit from it. (Participant 2)

Knowing one another

This final category under the *breaking the ice* code, refers to the facilitator and YP reaching a greater understanding of each other. This category can be broken down further into domains, each relating to separate viewpoints from facilitators, and what facilitators perceive YP to experience; it includes the facilitator's ability to hold in mind the YP's unique circumstance and context.

Facilitator has a greater understanding of YP

A key facet of this domain is that the facilitator gains a greater understanding of the individual YP, even if they are not paired together for their one-to-one pre-group session, the facilitator will eventually get to know the YP as an individual in the context of the group and some will particularly stick with the facilitator weeks later.

> I'd say I developed really good relationships with the young people in terms of quickly sort of getting to know a bit about them and also sharing when we were co-facilitating being able to share notes and […] take in the information that you've been learning in the pre group about them and about what they're comfortable [with] and what their boundaries are but also just that playful energy and I think that that has definitely helped with building a bit more of a trusting space for the young people. (Participant 2)

> There are definitely some young people who I probably had a bit of a soft spot for though I tried really hard not for it to come out and those dynamics are very sweet and it's the young people who come in and they'll call you miss even though you introduce yourself by your first name. And they'll tell you something that they wanted you to know from last week and yeah there's some that really do come in and we get stuck in […] yeah, there's probably one or 2 that I felt. Yeah, these. Young people are really sweet. (Participant 5)
>
> [it] is really sweet. She […] shared quite a lot from her own life and the things that she's going through and she was very … I think she's a very insightful young person and she's very sure of herself in the group. (Participant 3)
>
> Yeah, I think it's a combination of things, really, but I couldn't say it's one thing why I clicked with him too, I don't know. (Participant 2)
>
> Yeah, and I think we did build good relationships with them. (Participant 6)

YP has a greater understanding of the facilitator

From the point of view of the facilitator, the YP is curious about them too, although facilitators seemed to emphasise how the YP were more interested in their peers than in them. This idea goes against some group dynamics theories which have been framed through the lens of group therapy with adults. These theories of basic assumption mentality posit that the group may act in ways that go against leadership and authority or that undermine leaders' power, but from a subconscious perspective the group members are likely to notice people in spoken or unspoken positions of power.

> She thanked me for being a therapist […] She's been very supportive of me, having, like I said, at times when the group was getting a bit out of hand in terms of like you know, young people having high energy and maybe being a bit chatty. So, […] when I was losing their attention, she would kind of bring it back and just have everyone listen and be

> respectful, [she] reminded people of the group rules. Which is very sweet. So yeah, I think [I had] a really, really good relationship with her. (Participant 4)
>
> I think that I was […] trying to let her, [the YP], draw me in a bit more […] get to know me. (Participant 5)

Conversely, facilitators spoke about the challenges when the group structure and their role boundaries did not always allow them to share more with the YP.

> I could relate to some of the things she was saying. And although that isn't something that I personally would disclose that definitely made me think, oh, I'd really love for her to agree to be part of the group. (Participant 5)
>
> I mean, I don't know if, would it have been useful to have more one-to-one time with them and before the actual group started? I don't know, actually it's just part of the process that you [get to] know [them] as you meet each week for these sessions. (Participant 2)

Facilitator holds the YP's circumstance and context in mind

A key domain in the facilitator gaining greater understanding of the YP is by holding in mind their unique circumstance and context. This is what the relational model of consultation, in the literature, refers to as a question to clarify the context of the YP: "what is it like to be this person in this moment in time?" (referred to in Kennedy *et al.,* 2018). This question can be hard to answer with only one or no pre-group session to get to assess the YP in depth. Usually, the pre-group sessions last one hour and are specific to the intervention so do not comprise a thorough family and developmental history, nor do they comprise a risk assessment. The type of context factors that may be influencing YP's engagement with the group include familial factors, adverse experiences, and cultural differences. Nonetheless, this is a domain that facilitators highlighted as having a great impact on their relationship with the YP and on the group as a whole, as well as the strategies being imparted.

Some of the strategies like *put yourself in their shoes* can feel a real challenge because it's interpersonal relationships at home. They might think oh mum's feeling overwhelmed at the moment mum's got 2 jobs but we also I don't wanna add stress to the young person so I think that that one's a harder one. (Participant 5)

One facilitator even highlighted the challenges in keeping a balance between holding in mind the YP's views and those of the family.

There was a few that didn't want their parents involved so we would have a separate conversation with them. Some of those [reasons for not wanting parents involved] were cultural if you like because they, although we had parental consent, there's still, you know, it's not a positive opinion on what we were trying to achieve. So, we have a separate conversation with those students. And then we just go from there. We're pretty much, we were led by the students as to a point. Obviously, that's part of it is listening to them and not upsetting them, not totally ostracising both sides, you know, or taking one side whether it's us or students or even the family. So, trying to keep everyone happy, which is sometimes quite hard. (Participant 3)

I think parental engagement generally is a challenge for anything that we do. We find generally our parents are kind of trusting all that school you know that's fine you know they're not kind of they're not kind of parents to be kind of inquiring all the time. So I think, you know, a lot of our parents working. Shifts and things like that. So, they kinda just trust that everything is fine. It's not that they're, you know, not interested, but they just I think everything's fine so they don't feel the need to come. I think that that might be it. So I would never expect us to have a big response just because of the nature of the way our parental engagement is. I can see the benefit of the parents attending the meeting. (Participant 6)

The facilitators also highlighted the importance of holding in mind how mental health is viewed in the systems surrounding the YP, including the family system.

> When I explained what we do in the groups, they were quite unhappy with that, because I think [there's] maybe some stigma, […] around mental health in the family and they, [the parents], were quite defensive and they kept saying, you know, 'there's nothing wrong with [our] son, he's normal, he doesn't need this kind of thing.' And obviously that was quite challenging to manage, especially because [there] was a bit of a language barrier as well. So, one of the parents didn't speak English at all, and then the other parent spoke English but still, the communication wasn't [like it might be] with a native speaker. So that was tricky and so the young person was kind of translating between me and the parents, but they were quite upset and […] the young person dropped out of the group after that which was quite sad. (Participant 6)

Attuned interactions

Providing focused attention

In therapeutic group settings, providing focused attention is more than just a communication tactic, it's about creating an environment where YP feel heard and understood. When the facilitator actively listens and reflects the language of the YP, it bridges any perceived gaps and fosters a sense of belonging.

> We need to treat everyone equally, give everyone a chance to speak. This is a space for everyone. (Participant 2)

> There's nothing nicer than going into a room where someone knows your name […] someone's actively listened to things you've said previously. (Participant 5)

> We're pretty much led by the students as to a point. Obviously, that's part of it is listening to them. (Participant 3)

Everyone in the group feels kind of respected and listened to and not talked over. (Participant 1)

Furthermore, facilitators described how the YP's voice gets used in the mid-group sessions when summarising the group contents to parents.

We had a chat and it was I said look what do you want to talk about and what do you not want to talk about. So I was giving her ownership of where the conversation went […] And what I did, I got the student to show them resources […] I got her to explain to her mom and dad what [the strategy] was about. And she was happy. (Participant 6)

Another integral activity to this domain is referring back to the co-created ground rules.

Part of the rules of the group that they set was no interrupting, no jumping in if you know the answer just take your time and you know. (Participant 2)

Just have everyone listen and be respectful, remind people of the group rules. (Participant 1)

The facilitators highlighted the importance of noticing young people's interests and shared views, especially with adolescents who seemed to find it more challenging to participate verbally.

Honestly just building up a bit of a background about each other person […] Maybe before the group My biggest thing would be look over the sort of notes or the profiles you've made of these young people based on the one-to-one meetings. (Participant 3)

I just thought about this, haven't done it before, but I think I'm going to do it this time around. And see if I can identify any common themes of their interests if they've shared them. So, for example, I'm just being hypothetical here, but if three of the young people in the next group all say they love to do […] Love to play guitar. I'm gonna bring up at some point because I feel like that would just be golden because you've already got then a common thing and I've just thought about that so I'm actually gonna do that next time but I

> think that would be really helpful is to recap on any notes you've made of the young people so you can go in making them feel heard. (Participant 2)

Noting the YP's unique needs

This aspect of the relationship involves the YP feeling seen and included in the group for their strengths and needs. This seems to be particularly valuable for YP who are neurodiverse. Facilitators reflected that noticing YP's unique challenges could help them further adapt the group or decide whether the group would be beneficial to them.

> I also think that it makes us have a wider process of what we're going to do moving forward in terms of querying neurotypical versus neurodiverse young people within the group, […] is this group going to be helpful for someone who is neurodiverse […] we don't want to teach them to mask their behaviours. (Participant 5)

> It poses a question moving forward as to how appropriate the group is. I mean, we've discussed it in supervision that it's not a group for neurodiversity, it's just not made on those principles. And hopefully we can get to a point where we can accommodate that. But right now, it's something to be conscious of and again discuss if this group may be beneficial for them. (Participant 5)

> So, it's a focus on that one young person [who is restless] that would have been extremely challenging in this group situation. But it highlights the fact that not all young people are suitable for group interventions. (Participant 3)

One facilitator noticed their role in supporting a YP with unique needs with regards to their feelings towards their appearance:

> One day the students were kind of just chatting and about their heights and they weren't singling him out at all […] I just knew it was something that he had a complex about. So, I just kind of looked to him and just gave him assurance. I spoke to him after the session, I said 'I appreciate that might make you feel uncomfortable but then again, these are some

conversations that you might be exposed to and what's important is how you kind of know how to handle those in future.' (Participant 4)

Interpreting YP's behaviours and contributions

This concept of attuned interactions within the facilitator-YP relationship is crucial for connecting with and containing the YP's experiences. Drawing upon the group development stages; containment involves the facilitator fully understanding and empathising with the YP's emotional state, effectively holding and managing these emotions, and aiding the YP in making sense of them, particularly in the context of the group and the interpersonal skills being imparted. The facilitator is sensitive to the YP's feelings, including when this is expressed non-verbally.

When they are participating more, that's a good sign. When it's not just the same people participating. When there's some laughter, when there's some banter in the group. When you see them chatting to each other. And how they communicate. The body language. So, they're quite open. Some of them would just start looking down at the beginning. When they're actually sharing vulnerable information that That's when I feel like the group is formed. (Participant 6)

'Cause I think a couple of times they did get a bit fidgety. And we, you know, we were aware of that, but because we obviously had time constraints. (Participant 2)

It's about trying to actually recognise that body language, that if somebody is genuine, if you look at them […] you need to you need to be aware of that […] So, you know, there would be a certain amount of silence with anything if you ask someone a question and they're not a machine where they're going to respond straight away. (Participant 6)

Containment also involves the facilitator holding the YP's emotions, treating them with value, and working to alleviate and manage them. Through this process, the facilitator offers reassurance, ideas of strategies, and fosters a sense of safety and calm in the group, guiding

the YP to understand and navigate their emotions. Acknowledging the intensity and sometimes the overwhelming nature of these emotions, the facilitator acts as a shield, protecting the YP from the full brunt of these feelings. This ongoing process of containment gradually leads to the YP becoming more emotionally stable and secure over time.

> He was incredibly shy like he just didn't. You know didn't talk very much in the first few sessions and really, you know, he was very, very quiet. And I guess there was a kind of much noisier young people in the group. And yeah, he I remember [my co-facilitator] saying, oh, he did actually try and answer a question today, but he didn't just put his hand up, you know, having to put his finger up rather than, you know, putting his hand in the air. And so, after that, you know, after we were both aware of this, you know, we really tried to make sure that if he did look like he wants to answer a question that we made sure that we, you know asking him. And actually, he was, he showed really good understanding of the strategies but you know, the group dynamics were quite complex and quite a lot of quite noisy characters and if [it would] get a bit disruptive sometimes and I think he you know maybe got lost in that a little bit. But actually, then we have the mid-group meeting when Mum was there and he explained the strategies so well and they'd clearly, you know, resonated with him. (Participant 1)

> This one student who, cause I knew some of them already being in school, but none of them I did particularly well, some of them I just knew more than others. Just kind of seeing them around school but one student, he needs quite a lot of TLC, I felt, during the course and that's kind of his nature anyway. He needed quite a lot of attention and kind of reassurance and adult attention during the sessions. (Participant 6)

Trusting

In the GfRC model, trust emerged as a domain within the attuned interactions key category. Facilitators emphasised the significance of fostering trust, especially in smaller

groups, as it provides a conducive environment for both the YP and facilitator to understand each other better.

> She really didn't offer up in the beginning, and I would never force that, that's not part of the group, but I think I could see that as she was feeling more trusting within the group. (Participant 1)

> Maybe not [taking myself] too seriously as well. I think that really helped with getting to a point with the with the young people, but they were able to trust me and share things with me. (Participant 2)

> They felt safe because they knew that we weren't going to be shouting at them and giving them behaviour points. So, it was not in nice in that way the relationship stayed I think consistent. (Participant 5)

> I'd like to think they felt they felt comfortable just to be themselves. (Participant 1)

On the other hand, the absence of trust was described as making the group shaky, making meaningful interaction and progress nearly impossible. Some of the facilitators highlighted the difficulty with the sequence of the group, where some early activities required the young people to be vulnerable before the trust had been developed.

> I felt like some of the […] early sessions […] where we expect the young people to […] be vulnerable […] in the sense that they're sharing something real and giving a real-life example that they're struggling with, I don't think the group was formed at that point. For that process to happen I think they should be more focused on forming the group. […] Can't expect a young person where like they don't know each other as well. […] That was completely awkward for them. They didn't like it. They didn't feel comfortable with each other at that point […] I'd focus on forming the relationships and building that in the group itself. In order for them to be vulnerable and give examples and share things. So yeah, make it a little bit more fun and bit more real. (Participant 1)

> Yeah, I felt a little bit like he didn't […] trust me maybe and didn't trust the group and this is something that came up in the in the pre group session. He doesn't trust people and he has trust issues and I think that definitely came out in the group […] I think it would have taken a bit longer to get him to a point where he's more accepting and trusting. (Participant 2)

Relational challenges.

This relational factor within the GfRC model highlights the challenges navigated by the facilitator and the YP during their IPT-AST relational journey. Key sub-categories for the challenges include:

- 'The behaviour of the YP perceived to be challenging'
- 'Absence of a connection between the facilitator and the YP'
- 'Obstacles in driving change for the YP'

Challenges in the facilitator-YP relationship were not just verbalised but also displayed non-verbally by participants through sighs, tone variations, and pace of speech, indicating the gravity of these challenges. Readers should consider this when reviewing this category.

YP's behaviour is viewed as challenging

This category represents instances when the facilitator mentions behaviour that challenges. The memos highlight instances of pushing boundaries. Facilitators attempt to address this behaviour, offering space and patience for the YP to settle or make different choices. Some facilitators seemed to be expecting this type of behaviour and had skills or resilience to manage it.

> We often […] had conversations about […] how much we were there to […] sort of behaviour control, […] behaviour management, […] we're both counsellors, so for us […] it didn't feel appropriate […] for it to be a punitive space [where] we're telling people off but then you've also got to manage it. (Participant 1)

> We only had one week where the behaviour wasn't particularly good, but that was dealt with. We dealt with that. (Participant 6)
>
> Because it was just the 2 of us in this room, you know, so I don't know how much we were expected to manage behaviour. (Participant 2)
>
> I think there was a bit of kind of pushing the boundaries a bit, which, you know, I would expect. (Participant 3)
>
> So, it was constant behaviour management, but it wasn't, as I say, there was no rude or swearing behaviour or nothing like that. But because it needed that constant behaviour management. The relationships were important. I think we were able to maintain that balance of not having to get cross. (Participant 5)

Some instances of disruption or rule breaking were highlighted as challenging, with particular reference to how to manage these behaviours in a group.

> She was just so unsettled […] every few minutes she would be getting up, going across the group, throwing something like the bean bag. 5 minutes later, 'I'm just gonna go to the toilet. Miss, but I'm really desperate' and 'Let me, miss, my leg hurts.' And it was a constant […] need for attention in the group. […] [which became] really, really difficult because you got 9 other young people there. (Participant 1)
>
> [his behaviour] actually impacted the group. But it was impulsive, and he couldn't help it. And yeah, I think that definitely felt like a challenge. (Participant 2)
>
> We had another girl who was quite disruptive. Participant 4)
>
> It was really silly some of the behaviour, like literally kicking each other, jumping on top of each other, just very tactile. (Participant 1)

Absence of connection between facilitator and YP

This aspect reflects moments when the YP seems distant or resistant. Such scenarios are marked by the YP not engaging or communicating with the facilitator. It appears the way facilitators are aware of and respond to this lack of connection is important.

> Yes, I did feel there was one young person in the most recent group, and I wouldn't say I didn't click with them on their level I would have I'd argue it's more, me internally. I do feel that they wouldn't have known that I had some frustrations towards the behaviour in the way it affected the group dynamics. However, that was something for me internally and I was just feeling frustrated with the impact on everybody else rather than the relationship dynamic if that makes sense. I think it was it was actually more I think it's more just in my head to be honest because I know for a fact that that young person would have come up and told me about their day and everything. It was more for me. It was more that I'm getting and never mind I actually adored everyone in the group, but for me there was that […] if I had to pinpoint someone which I really don't want to, but if I had to that would be it would be because I was getting frustrated with the dynamics of the group and how this young person couldn't see the way that it was impacting everyone else and it was quite difficult to manage. (Participant 5)

> That's an interesting question, I'm not sure. Why didn't I click? […] Maybe because there was no relationship as such. I don't feel we developed a relationship. And perhaps if we did, her engagement in the group would have been more than what it was. Maybe she would have been more settled. And that would just make it benefit the group. Does that make sense? (Participant 2)

> She was definitely one of those that spent a lot of time in the group looking like ‘this is rubbish’ […] she gave off a real air of rebelliousness, you know, and […] maybe the group wasn’t quite right for her […] she actually liked the individual meetings. So, I think maybe, you know, the group experience wasn't ideal for her. (Participant 1)

We had quite a few girls who just looked utterly disengaged throughout. (Participant 3)

The relationship is emotionally draining for the facilitator

Supporting a YP in IPT-AST can be emotionally taxing for the facilitator. Being an emotional pillar or container can sometimes overwhelm the facilitator. They might also carry frustration about the YP's behaviour. This emotional involvement underscores the deep commitment facilitators have towards the running of the group.

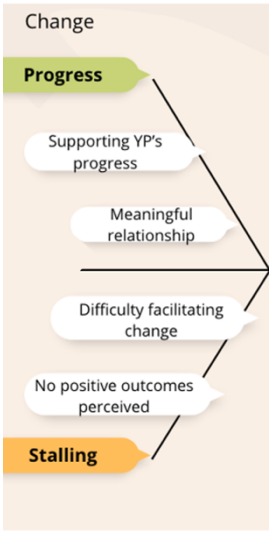
> I didn't see myself, you know, building a relationship with this young person who was causing me a lot of frustration and annoyance. So, but yeah, I developed the empathy and a connection with this young person, that's why it's stuck with me. (Participant 2)

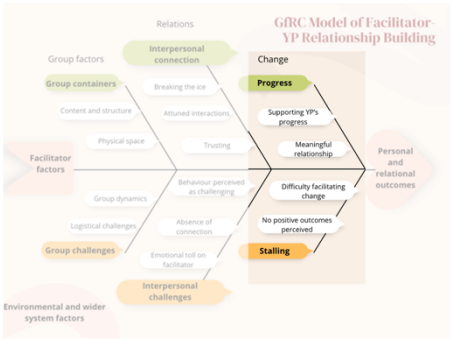
> Yeah, so I think I've probably found that dynamically challenging. Just felt like I wasn't quite getting her. I just felt like we were meeting, you know, I just, I wasn't quite sure what was going on with her, I think. I think it probably was just real shyness. But I just, yeah, I just, I couldn't quite reach her. I couldn't quite get there to really know. Yeah. And that's why it was a bit of a shame […] Yeah, well just, you know, maybe it felt too difficult for her to even kind of be able to. You know, give that, you know, maybe it just felt too challenging. (Participant 1)

> Yeah, it's funny. Actually, I would really like to do it again because I think there are things that because I think probably the first time you do it you know, I was all that like trying to make sure that we're hitting the things in the sessions we need to, including all the strategies, we're doing this, we're doing that, and actually I wonder if sometimes that feelings came at the detriment of kind of so really hearing the group. I don't know. I don't know. But so yeah, definitely if I was gonna run it again. I think I'd like to encourage a more kind of sort of nurturing space. I don't know how possible that would be, but I guess, you know, I'd like to think about the dynamics in the group a bit. (Participant 2)

4.2.4 Change factors.

In the final stages of the group, change factors can be evaluated, leading towards the young person's transition out of the group and potentially seeking support from external sources such as family, friends, school relationships, or further interventions. This category focuses on:





Progress.

Supporting YP's progress

The outcomes for the YP emerge as a product of the IPT-AST facilitator-YP relationship, and the facilitator is often best placed to summarise the young people's progress.

> But what surprised me is even the ones who were a bit more quiet or less engaged in the group, they […] came and said that it was really helpful and they took a lot out of it and that was just amazing to see that sometimes even those you wouldn't expect actually do take a lot out of it. (Participant 4)

And just throughout the sessions we were able to work through some difficulties […] I think I could see that as she was feeling more trusting within the group, and within the facilitators by session 6 she was offering up her example to work through and that was just I just felt like such a It almost felt like a pinnacle moment as a facilitator thinking this is what we wanted to get at. We wanted to be able to support young people with their real-life difficulties, not necessarily. And being able to see the change in her attitude and just like the way she was feeling that made it a whole lot better. (Participant 1)

The scores and rating scales […], Yeah. I think that's the main way we would know [about their progress] and I think the mid-meetings were helpful so that we could have that check in and they were all positive, so we knew that kind of we were going in the right direction. And the feedback just during the sessions as well about the strategies as we got later into the sessions, the feedback they were able to give about the strategies showed that they really did [engage] It was sticking and they were finding it useful. And then at the end when we gave them the cards, they were really excited about getting the strategy cards. I was quite surprised how excited they were, which was really sweet. I just thought, 'oh, actually, they're starting to really enjoy these strategies now and they'll use them.' They were always engaging. We would see that every week, like, as much as they were hard work, they were always engaged in what we were doing. So, when they were chatting, they were chatting about what we were discussing, they were just, you know, chatting over us sometimes; but it wasn't about completely random stuff, It was about the group and jokes that kind of kind of came from what they'd been discussing. So, they were always engaged and what we were doing. (Participant 5)

Some of the progress was specific to the YP's goals and needs:

One in particular, a young. Student called Liam (pseudonym) he came up with some scenarios that what a particular scenario had fallen out with somebody the day before. And

you know the previous day and he He has got anger issues and things and he said that I really one you to take it further. Which he would normally have done and he said, I just turn around and walked away. And he said, I was still angry. And he said, I'm still angry now. And we said to him you know what What outcomes do you want? What do you want? You know, what do you want to happen? And he said I'd like to sit down with him and have a chat and to explain to him how he made me feel. And we, took that onboard. We, opened it up to the group in the sense of not telling Liam what he should and shouldn't do. But right, okay, what would other people do? What could we use from what we've learned already? And with Liam, we asked him to stay behind and we suggested that we would get the, there's a pastoral manager for every year group. To speak to his pastoral manager and get the other student and them do a restorative meeting. Which is you know, what we do a lot of. He was, he was okay with that.

And we did say to him, you're not going to get into any trouble, you're not doing any detentions or anything like that, you didn't have to bring that up, you didn't have to, and we thank you for that. And he shared it with a group which was fantastic. And, yeah, I'm not saying they're best friends, but they've resolved it to a point where they can manage themselves in and around school. Which I think is especially teenagers is you know they can be very volatile. 1 min and totally calm the next. So yeah, it was, you know, he, surprised us actually. He really surprised us because every week he would even come out with the comments and the correct ones which was really good. And he shared it which was which was really really cool really. (Participant 6)

Facilitators highlighted that the YP gains the confidence to branch out from the security of the group, improving their interpersonal rapports outside of the group and possessing the skills to regulate their emotions and responses in diverse situations.

> Like he was kind of saying, oh yeah, yeah, I use that [strategy] all the time. And oh yeah, basically, and I kind of wish I was, was it *aim for good timing*? He said, yeah, that's basically my life. Like I just do that all the time. And, you know, and so we had a real conversation when I was like, well, I, you know, I think you've really got this, you know, I'm really impressed with, you know, the fact that you really understand these strategies and it seems like you're really learning them and you know using them in your in your in your life he told me a scenario with his and his young nephew or something at the weekend where he'd gosh, I forgot which one it is. And the, [other strategy] *cutting them some slack.* And so he told me the whole story was like, I cut my nephew some slack. And because you know we've had this pre group meeting and mom was saying oh you know it's going really well and I don't you know had this chance to say to him I think I'm doing brilliantly in the group. (Participant 2)
>
> I'm really impressed with how he linked it all up. His confidence for the final session after that big group meeting work was huge. You know, he was really, you can see, he was like a different person. He was very confident, he was answering questions. And actually, you know, very final session, you know, you have a bit of a celebration that we eat some cake and things. He, he was, he clearly made friends with another boy and they were kind of chatting about something and it just yeah it felt like it been quite transformative for him actually. (Participant 4)

Formation of meaningful relationship

The meaningful relationship evolves through attuned interactions, trust building, and navigating challenges, as seen in the preceding codes. Facilitators noticed the differences in their interactions when the relationships had developed:

> And it's quite easy to see if you're clicking with someone or engaging, it's positive and they're answering questions and you know, seem to be understanding and that's great,

> that's fantastic, but it's also very easy for the facilitator to just focus on that because you're thinking, my job's done. This is brilliant. I'm getting great response. You know, there's no silence. There's no shrugging other shoulders, there's none of that. (Participant 6)
>
> [at the end] there's no closedness and it's all open. All very open and dialogue was great. So, I tend to sort of try and open it up a bit. And, you know, we both tried that. And, I mean, sometimes you will focus on one particular person for certain aspects, of the sessions. But yeah, so I would say, yeah, I clicked really well with them in the end. (Participant 6)
>
> I was really touched by the last session and when they were all leaving a lot of them came and hugged me and said like, they thanked me and said like they're going to miss the sessions and it was just so like unexpected in a way because I could tell that there was a few of them who were very, very like in tune with the group and, you know, always had their hands up and very engaged and volunteer for everything. Like you can always just see it, there's always a few students who are very honoured. (Participant 4)
>
> And then even now I just see him in the playground. We have a chat. Yeah, just kind of giving him a little bit of extra attention without having to give too much. I just felt that he needs it and he benefits from that. (Participant 3)

In conclusion, the meaningful relationship that characterises the facilitator-YP relationship in an IPT-AST group setting seems noticeable in the final sessions as the group ends.

Stalling.

Difficulty in facilitating change for the YP

When the behaviour of the YP is perceived as challenging or when a connection is lacking, it becomes a hurdle for the facilitator to understand and aid the YP. Sometimes, the

YP doesn’t appear receptive to the facilitator's approach, leading to stagnation in their progress.

> He actually told me that he felt like we didn't address his goals in the group. Which I understand why he felt that way and I think again it's a learning for me. I think I could have made more [of an] effort to adjust [to] his goals. They were slightly different from other peers, and I think I could have made it more explicit when we were talking about a strategy, how that could relate to his goals. Because I think there's definitely things that he can use from the strategies that would be helpful for him, but I think I just haven't maybe made that connection clear enough for him to pick up on. And I think maybe he felt like the strategies won't help him progress […] for the situations that he has in his life. So, I think that was the, I think that was a bit of a resistance as well too, too the group, and to the strategies. But also, this is a student who's been going through. Some stuff. Recently he's the one that I couldn't have the mid- group session there because he was quite upset that day. So, I think he would agree it coincided with some events in his life that maybe made it a bit more difficult for him to progress to the same extent that he normally would have. (Participant 3)

> There was one particular girl who I think just really struggles with the setting of the group and was very quiet. […] There was a lot of kind of shrugging and ‘I don't know’, to almost every question I asked. So, it felt quite difficult to kind of understand what she needed and what the group could give her if that makes sense. And I'm not sure that she really got, you know, what she needed from the group necessarily. Or if she would even have been able to articulate what that could have been. If that makes sense. (Participant 2)

No positive outcomes perceived

The reports from facilitators regarding progress were nuanced, as exemplified in the below extract. There are features of the parental feedback that seem to be helpful, and the

mid-group session allows facilitators to observe YP using the strategies. However, there is also a sense that not all YP will experience positive outcomes from the group:

> So my experience when I've only ever had three parents attend over my groups and that has actually been very constructive I found it really helpful it's a way to see the young person in action with some of the skills that we have been developing, but it also gives feedback from the parents to the young person. And if they've noticed any changes because I did have one. Where this young person's mum came in and said I've noticed a huge difference in their behaviours and everything seems to be a lot more positive in outlook and I felt like that for me was just like the goal was just to see those those changes which Yes, they might seem small to their young person, but having that feedback from the parent made it so much more significant, I think. But also again to go through any difficulties. I had one young person who just wanted to spend more time on his Xbox and it was able to find like a way to communicate that but also find compromise and it felt at times like I was mediating I'll be honest but sometimes you have to try and sit back and. And yeah, let the young person use the skills that they're trying to develop and have those practice conversations. However, it's crucial to acknowledge that some YPs might not exhibit as many positive changes, especially if the relationship has been fraught with challenges or lacked a strong connection. (Participant 5)

> One facilitator highlighted the difficulty in truly knowing whether the young person had benefited from the intervention. “I'm not sure what she really got. You know, what she needed from the group necessarily.” (Participant 4)

4.2.5 External factors.

In the GfRC model, external factors comprise: environment and system around the YP, actual outcomes from the intervention, and facilitator factors. For this results section, the environment and system has been covered in the section *facilitator holds YP’s unique*

circumstance in mind as this research only encompasses facilitators' views on YP's context. The results on the actual outcomes YP experienced from this intervention are still being collected and will be published at the end of the ReSET project. Therefore, in this category, only the facilitator factors will be detailed with reference to the interviews.

Facilitator factors.

In previous sections, some facilitator factors have been outlined, such as facilitator's skills and dynamics within the group. Moreover, the facilitator's support network is a concept that acknowledges the emotionally taxing nature of the relationship between the facilitator and the young person. Recognising this, the IPT-AST group facilitator seeks and receives emotional support to cope with the significant emotional burden they shoulder on behalf of the young person. This notion is illustrated in this account of a facilitators' positive experiences of supervision where resources were shared and concerns were managed:

> The supervision was really helpful. So, if we hadn't had that, it would have been difficult I think just to kind of know that you're keeping on track really and that you're doing the right thing and there any challenges you've got someone to talk to about it. Yeah, so just, yeah, just those regular check-ins, I think. Were really needed. (Participant 6)
>
> [There's been a] couple of things that we've raised in a supervision which has been hopefully been taken on board. (Participant 2)
>
> With the supervision somebody suggested [printing the strategies] I don't know who suggested it but it was a good suggestion and the students quite like that as well. (Participant 3)
>
> The supervision, the weekly supervision. So that is something that is is trying to manage that within the school setting. Having supervision is fantastic, it's great. You know, you learn a lot from other people and how other groups are getting on. And any. You know, any any changes to the program, you know, […] And that's great. (Participant 6)

> Professionally we always have and so we would speak about things together. You know, if there was something we were concerned about. You know and you know we could We had the option of. You know, if there's something worrying us and it was a safeguard and did come up, which it never did in a group scenario. There were external factors that were things that were going on with one particular student with her family. So that was going along outside of school. And things like that, we, we would sometimes talk about and we'd just monitor that with the student. (Participant 4)

4.3 Linking GfRC to the Research Questions

The core focus of this research was to delve into the intricate relationships formed between Young People (YP) and IPT-AST-trained school facilitators, encompassing Research Assistants, School Counsellors, Learning Mentors, and School-based MHST or CAMHS Clinicians. Drawing from the insights and experiences of trained IPT-AST facilitators, the study aimed to decode the dynamics of these relationships. In this section, each of the research questions will be contextualised within the GfRC model laid out in the preceding results section.

Primary Research Questions:

1. What types of relationships are built between YP and facilitators in the IPT-AST group?

Analysis of the collected data suggests a range of relationship dynamics. Some facilitators reported establishing deep, trust-based connections, emphasising mutual respect and understanding. Others noted a more professional boundary, emphasising structure and behaviour management. The texture of these relationships appears to be significantly influenced by both the facilitator's approach and the unique needs and experiences of the YP, as well as the group dynamics present.

2. How do facilitators make sense of their relationship with IPT-AST YP?

Facilitators reflected on the multi-dimensional nature of their relationships. For many, understanding the relationship required introspection, considering not just the overt interactions but also the subtler, unspoken dynamics. It was often noted that these relationships transcended the professional realm, touching the personal, emotional, and sometimes even parent-like domains of interaction.

3. What role do facilitators perceive these relationships play in the intervention?

Across the board, facilitators underscored the centrality of the relationship in the therapeutic process. The bond between the facilitator and YP was often viewed as the bedrock upon which the efficacy of the IPT-AST intervention stood. Strong, positive relationships were seen as catalysts for genuine therapeutic progress, while strained relationships were seen to challenge progress.

Secondary Research Questions:

1. What enables the relationship between the IPT-AST facilitator and the IPT-AST YP?

Several factors emerged as enablers, including breaking the ice, attuned interactions, mutual understanding, and the establishment of a safe therapeutic space and trust. The facilitator's ability to adapt and respond to the YP's evolving needs and contain their emotions was also pivotal.

2. What challenges the relationship between the IPT-AST facilitator and the IPT-AST YP?

Challenges were multifaceted, ranging from external factors like school and logistical pressures to internal ones such as an absence of connection, personal biases, emotional toll, or perceived challenging behaviour.

In summary, the nature and dynamics of relationships between YP and IPT-AST facilitators play an important role in the therapeutic journey and in the YP’s IPT-AST

progress. These relationships, brimming with complexities, are both the foundation and the fuel propelling the IPT-AST intervention forward.

4.4 Reflections on the process of analysis and interpretation

The interpretations of the interview material were shaped by the researcher's professional, academic, and personal experiences. The positions the candidate takes in this thesis are informed by their understanding of the subject, their psychological positioning, and the interactions and feedback received during the research process. The analysis and interpretation presented in this chapter are also deeply influenced by the candidate's training at the Tavistock and Portman NHS Foundation Trust, particularly the application of psychodynamic group ideas, systemic ways of thinking, and interpersonal theories of depression. These ideas shape the lens through which the data is viewed and understood. Recognising this positioning is essential for the reader to grasp the rationale behind the methodological and interpretative choices made throughout this research.

Throughout the findings, for example, the candidate's interpretations were informed by psychodynamic principles, which emphasise the unconscious processes and interpersonal dynamics within groups. This perspective, while offering valuable insights, also requires a reflective stance to ensure that interpretations do not inadvertently come across as empirical or hierarchical to the variety of professionals working in schools who facilitate IPT-AST groups. The researcher acknowledges the potential for such perceptions and strives to present the findings in a manner that respects the expertise and experiences of the variety of professionals involved in IPT-AST.

In examining the data, themes related to group dynamics and interpersonal relationships were identified but they did not necessarily emerge this way. For example, the researcher noticed patterns of communication and interaction that align with psychodynamic theories of group behaviour such as facilitators describing their position as *leader, teacher*, *counsellor*,

and *parent*. These descriptions can be analysed through the lens of group psychodynamics, but they could have also been seen through a variety of other lenses. Therefore, it is crucial to articulate these findings with an awareness of the limitations inherent in applying a psychodynamic framework to a diverse professional context.

The author acknowledges the limitations of their analysis, particularly in relation to the potential bias introduced by their psychodynamic training. While these theories can offer a framework for understanding group dynamics and interpersonal relationships, they may not fully encapsulate the varied experiences of professionals working with YP in educational settings. Highlighting these limitations is crucial for a balanced interpretation and for considering how these findings might be disseminated in different contexts.

4.5 Chapter Summary

This section presents a summary of the findings from the grounded theory research, highlighting the development of the GfRC model, which outlines the relationship enablers and challenges between IPT-AST facilitators and YP. The GfRC storyline is depicted through a diagram illustrating the evolving connection between the facilitator and the YP. The evolving relationship culminates in *personal and relational outcomes*, the ultimate aim of the intervention. Lastly, the theory is examined in the context of the initial research questions.

5: Literature review part 2

5.1 Chapter overview

The first literature review, as detailed in Chapter 2, offered a preliminary examination of research concerning the outcomes of IPT-A(ST) and other group-based interventions provided in schools and in the community to prevent and treat adolescent depression. This initial exploration served to both justify and shape the direction of the present study. In contrast, this secondary literature review will delve into a review of research informed by the findings of this study.

Within this chapter, the focus is to analyse what the existing literature reveals about specific psychological concepts that align with the grounded theory posited in the previous chapter, especially in the context of the IPT-AST facilitator-YP relationship. This includes a detailed look at how interpersonal theories of depression and group formation and psychodynamics play a part in group-based interventions and facilitator-YP relationships. To aid reader comprehension, concise definitions of each concept will be provided below, reflecting the researchers' own understanding of these notions.

5.2 Literature review question.

The research aim of the second literature review is to explore and address the following question:

> What do existing research studies show about interpersonal theories of depression and group psychodynamics, particularly for school and community clinicians engaging with YP?

5.3 Clarification of group psychodynamic and interpersonal concepts

5.3.1 Group psychodynamic concepts in IPT-AST

Group psychodynamic concepts explore the dynamics that unfold within group settings, particularly relevant to IPT-AST, where interactions among adolescents play a crucial role:

1. **Group cohesion and belonging**: This refers to the sense of solidarity and belonging among group members (Chase & Kelly, 1993; Pingitore, 2016). In group interventions, developing strong group cohesion helps members feel more supported and less isolated in their experiences, facilitating a more open and therapeutic environment (Gray & Rubel, 2018; Yalom, 2005).
2. **Projection, transference, and containment**: Transference occurs when adolescents project feelings or attitudes from past relationships onto other group members or facilitators (Leader, 1991). Recognising and addressing these dynamics in group interventions can help in understanding underlying issues contributing to depression (Devi & Fenn, 2012). Projection can be seen as a defence mechanism to a YP's distress from being in the 'paranoid-schizoid position'. This term arised in the literature but will not be explored in detail (Arnold *et al.,* 2021; Devi & Fenn, 2012).
3. **Group defence mechanisms**: These are the collective strategies used by group members to avoid confronting painful emotions or truths (Bion, 1961). Identifying and working through defence mechanisms or basic assumptions can lead to a deeper understanding of shared emotional experiences and relational challenges (Reid & Kolvin, 1993; Yalom, 2005).
4. **Interpersonal learning**: This involves learning from the interpersonal interactions within the group. Adolescents gain insights into their relational patterns and

behaviours, which can be transformative for their emotional and psychological growth (Yalom, 2005).

5.3.2 Interpersonal theories of depression in adolescents

Interpersonal theories focus on the role of relationships in the onset and maintenance of depression, particularly pertinent to IPT-AST:

1. **Role disputes**: These occur when an adolescent has ongoing conflicts with significant others. Understanding and resolving these disputes in a group setting can help ease depressive symptoms (Mufson *et al*., 2004).
2. **Role transitions**: Adolescence is a time of significant life changes. IPT-AST addresses the stress and depression that can accompany transitions like changing schools, family dynamics, or social roles (Mufson *et al*., 2004).
3. **Interpersonal deficits**: This aspect looks at the difficulties some adolescents have in forming and maintaining healthy relationships (Young *et al.*, 2010). Facilitators aim to equip YP with the skills to build and sustain more positive interpersonal relationships.
4. **Grief and loss**: Addressing unresolved grief over loss (e.g., death, end of a relationship) is crucial in addressing adolescent depression. The group offers a supportive space to process these emotions (Mufson *et al*., 2004). However, this aspect of IPT is not as prominent in IPT-AST where grief and loss are not covered in the manual.

5.4 Literature search strategy

5.4.1 Population, Intervention, Comparison and Outcome (PICO) framework

Table 7 captures the PICO framework used in the second part of the literature review to organise search phrases and terms (Bettany-Saltikov, 2012).

Table 7. Pico framework for literature review part 2

Population(s)	Intervention	Comparison	Outcome
Adolescents receiving preventative mental health interventions (particularly IPT-A/AST) Professionals trained in and delivering IPT-A/AST to adolescents	Group interventions delivered in schools and communitires *or* interpersonal psychotherapy – adolescent skills training [IPT-A] *or* interpersonal psychotherapy – adolescent [IPT-AST]	Group psychodynamics *or* interpersonal theories of depression	The impact on group facilitator and adolescents' therapeutic relationships

5.4.2 Literature review part 2 search method

The below search terms were entered into PsycInfo and ERIC databases through the EBSCO host in December 2023. Following these searches, a systematic selection and appraisal process was followed (see Table 9).

Table 8. Search terms

Pico	Key phrases	Search terms	Boolean operators[a]
Population(s)	Mental health professionals (facilitators)	Facilitator* Educational psycholog* School psycholog* Counsellor* Practitioner* Psycholog* Therapist*	Or

	Adolescents	Clinician* Secondary school* High school* Student* Pupil* Learner* Teen* Adolescen* Young pe*	
Intervention	Group intervention in schools or community/IPT-A/AST	Group/school (program*/approach*/ Intervention*/counselling/ Therap*/session*/package) IPT-A* IPT-AST Interpersonal psychotherapy – adolescent skills training Interpersonal psychotherapy – adolescents with depression Interpersonal prevention	Or
Comparison	Theoretical lenses: group psychodynamics/ Interpersonal theories of depression	Group psychodynamic* Group dynamic* Group (psycho/)analy* Interpersonal theor*	Or
Outcome	Impact on the therapeutic relationship	Therapeutic (alliance*/relationship*/bond*)	Or

5.4.3 Text selection and appraisal

The results yielded were further screened and appraised by ensuring relevance, recency, and access to the full text online or in library. See Table 9 for the text selection and appraisal process and Table 10 for a summary of the journal articles.

Table 9. Text selection and appraisal process for IPT-A and IPT-AST

Selection or appraisal step	Number of results
Eric and PsycInfo search (EBSCO host)	105
Preliminary criteria applied:	
• Journal type (peer-reviewed),	74
• Availability (full-text only),	51
• Language (english),	50
• Year of publication (2003-2023)	42
• Empirical study	40
• References available	40
Duplicates excluded	36
Article title and abstract screened for relevance	19
Article full text screened for relevance	6
Additional texts selected[a]	2
Final number of studies included	8

[a]*The literature search was complemented using references from included papers via the snowballing process. Further searches were also conducted on Google Scholar, papers were selected using the same inclusion criteria as referenced above.*

Table 10. Literature Part 2 – search summary table

Author (year)	Intervention	Setting	Study design	Data analysis	Key findings
Gray & Rubel (2018)	Group schoool counselling	Secondary school	Qualitative: semi-structured interviews	Qualitative: grounded theory	The findings suggest YP's positive experience of the group could be attributed to group cohesion and favouring group-centred interactions over individual ones.
Arias-Pujol & Anguera (2017)	Group psychotherapy	Community clinic	Systematic observation	Mixed methods: quantitative and qualitative analysis of observation tool	The research highlighted the therapist's interpersonal skills as a key mediator of group dynamics with YP, highlighting the importance of encouraging participation, fostering interpersonal learning among peers, facilitating therapist-centered to group-centered interpersonal interactions, and the importance of repetition.
Weeks, Hill & Owen (2017)	Group cognitive behavioural therapy (CBT)	Secondary school	Mixed methods: questionnaires, focus groups and semi-structured interviews	Mixed methods	The results indicate that critical factors impacting the intervention's effectiveness are the selection of participating students; the criteria used to evaluate progress, group dynamics, and involving school staff. The research concludes that facilitators are pivotal in managing group selection and dynamics, as well as expanding the availability of psychological treatments in educational settings.
Moran, Pathak, Sharma (2009)	Personal construct therapy	Camhs	Case study	Descriptive	This case study outlined a CAMHS therapy group grounded in personal construct theory, which focuses on

Table 10. Literature Part 2 – search summary table

					managing symptoms and underlying self-concept issues. The findings highlighted that the group's structure, which alternated between group and individual sessions, limited strong interpersonal bonds among members, with relationship-building centred on the group's activities, and members holding strongest relationships with the co-therapists.
Shechtman & Gluk (2005)	Group psychoterhapy	School	Qualitative: semi-structured interview with YP	Text analysis	The findings revealed that the children most commonly identified the group's relational atmosphere as a beneficial therapeutic factor, while the identification and modification of problems and goals were least valued. Notable distinctions emerged between the experiences of boys versus girls and between all-female groups compared to mixed-gender groups.
Maliphant & Horner (2016)	School therapy	Inner-city mainstream school	Case study	Case study	This article outlines the establishment and evolution of a therapeutic service in an inner-city mainstream school over a

Table 10. Literature Part 2 – search summary table

					decade. It examines a model designed to enhance emotional well-being and its role as a protective factor for children, staff, and parents. Using case studies, the authors detail their experience within a multidisciplinary team, with a particular emphasis on Bion's concept of container-contained. the authors emphasise the necessity for therapeutic efforts to be embedded within the school's comprehensive and thoughtful grasp of the therapeutic process. They also discuss the influence of therapeutic activities on the well-being of the children, particularly in relation to their experiences both within the school environment and the wider community.
Pingitore (2016)	Group interpersonal psychotherapy	Adolescent Clinic	Qualitative: semi-structured interview	Manifest content analysis	YP were asked to describe their experiences of the group process. Many themes were found to be in common with Yalom's theoretical framework of group interpersonal psychotherapy. This included themes of group cohesion, universality of experiences, and the importance of the physical space.

Table 10. Literature Part 2 – search summary table

Devi & Fenn (2012)	Group psychotherapy	CAMHS	Qualitative: semi-structured interview	Systematic thematic analysis	Interviews with children participating in group psychotherapy provided the following initial themes: • *" The setting and its shifting symbolic significance;* • *Finding a secure place in the group;* • *Communicating through drawings;* • *Processing and sharing painful experiences;* • *Denying versus acknowledging the need for parents."* (p.5)

5.5 Group psychodynamics and interpersonal concepts

Psychodynamic theory, posits that part of human experiences are attributable to an uncoscious portion of the mind and that this hidden part is shaped by early experiences and interactions (Arnold *et al.,* 2021; Youell, 2006).

Group psychoanalysts such as Wilfred Bion (1961) and Sigmund Henry Foulkes (1964) have highlighted the significance of subconscious processes in groups, which are echoed in group therapy relationships such as the IPT-AST facilitator-YP interactions. The creators of IPT-AST outline the importance of interpersonal theories of depression in understanding the underpinnings of the intervention and the group's therapeutic relationships (Young *et al.,* 2016). Applying group psychodynamic concepts and interpersonal theories of depression in IPT-AST is pivotal for understanding the facilitator-YP relationship and dynamic.

Yalom's (2005) framework of group psychotherapy was used to better understand how these theories apply to group interventions for adolescents. The framework integrates both group psychodynamics and interpersonal theories. Yalom (2005) has contributed to understanding the therapeutic advantages arising from adolescent involvement in interpersonal group psychotherapy. He points out that adolescents seek to form connections within peer groups and suggests that group therapy offers a valuable setting for them to engage with one another ("group cohesion"), gaining insight into their social dynamics ("projection and transference"), and learning from their peers ("interpersonal learning") (Reid & Kolvin, 1993; Yalom, 2005). Yalom (2005) postulates that transformative experiences can occur as adolescents interact within the group's immediate context.

While Cognitive-Behavioral group therapy has been extensively researched, studies focusing on process-oriented group psychotherapy, especially among adolescents, are less common (Arias-Pujol & Anguera, 2017; Pollock & Kymissis, 2001; Shechtman, 2007). The

paucity of research on adolescents taking part in interpersonal psychotherapy groups is attributed to the inherent difficulties in quantifying the nuances of interpersonal relationships and therapeutic outcomes (Pollock & Kymissis, 2001; Shechtman, 2007).

Despite the challenges in studying adolescent interpersonal group psychotherapy, studies into adults' experiences of group psychotherapy is more widespread and findings suggest that therapists' understanding of group dynamics and interpersonal theories can have signgificantly positive effects on participants' group experiences and overall mental health outcomes (Arias-Pujol & Anguera, 2017). Findings in adult research suggest that increased engagement and investigation into this mode of therapy with adolescents, may shed more light into the potential similarities and differences of group processes for clinicians working with young people (Arias-Pujol & Anguera, 2017).

The literature on group psychodynamics and interpersonal concepts in group therapy for children and young people is limited. Four studies explored these concepts within a school setting (Gray & Rubel, 2018; Weeks *et al.,* 2017; Shechtman & Gluk*.,* 2005; Maliphant & Horner (2016) and a further four explored these elements of adolescent group therapy in clinical contexts (Pingitore, 2016; Moran *et al.,* 2009; Arias-Pujol & Anguera, 2017; Devi & Fenn, 2012). All articles referenced either interpersonal elements or group psychodynamics, or a mixture of both lenses.

School based adult-YP interactions.

In their research, Maliphant and Horner (2016) provided reflective spaces for school staff and helped establish group and universal interventions within schools to offer containment support for children. The researchers trained select staff members as listening mentors and established 'listening posts' throughout the school where children could have brief conversations with a mentor. Small lunchtime groups were created for children who found the playground too challenging. The authors provide case examples showing the

SEMH benefits these structures had on children, suggesting that these interventions offered a sense of containment and interpersonal rapport to the children. The study suggests that more comprehensive evidence from staff and children involved could have provided a deeper understanding of the effectiveness of these containment strategies.

Weeks and colleagues' (2017) study provides insight on how external professionals can facilitate groups. Their research in secondary schools examines the elements influencing the success of a CBT group. Using a mixed methods approach with questionnaires and interviews, they identified key factors that influence the process of setting up group interventions in schools: student selection, evaluation criteria, and group dynamics.

Their findings emphasise the facilitator's role in group selection and adapting clinical methods to the educational environment. In their study, they take a wider view of the facilitators' role in understanding group dynamics by looking into their role as commissioner and collaborator with the schools. They posit that facilitators should have an insight and say into the potential group dynamics from the moment of referrals and student selection. This research is limited to investigating group dynamics from the earlier stages of group selection and formation (i.e. Exploring what friendships or conflicts may already exist in the group selected), therefore it doesn't have a direct link to facilitators' understanding and management of group dynamics in real-time.

In contrast, Gray and Rubel's (2018) research aimed to construct a grounded theory describing adolescents' perceptions of the group dynamics and cohesion process within school counselling groups. The study involved a series of interviews with 7 participants. Through data analysis, the core concept of the cohesion process emerged. Key attributes defining this cohesion process from the adolescents' viewpoint included: a sense of belonging, positive emotions, open social exchanges, and enduring relationships. In the context of school counselling, the study provides a qualitative, descriptive insight into

adolescents' experiences of group cohesion. Moreover, the examination also considers the implications for counselling practice and directions for future research.

The central category found in this study's grounded theory was 'sticking together' as the pivotal theme in participants' perceptions of group cohesion, encapsulating a sense of a strong, close-knit bond. This experience of cohesion manifested in two distinct ways: first, through a sense of proximity to the group, marked by feelings of belonging and positive emotions; and second, in forming friendships, characterised by interpersonal processes and enduring ties with both group members and leaders. These dynamics unfolded within the framework of the group's structure and its processes.

Gray and Rubel's (2018) study addresses a notable gap in existing literature by capturing adolescent perspectives about group dynamics and their experiences of school-based group interventions — a move that challenges the traditional marginalisation of young voices in this field, as noted by Shechtman and Gluk (2005). It also contributes to research in adolescent group interventions more generally, particularly in the context of school settings, responding to calls for more inclusive research in these areas highlighted by Faulconbridge and colleagues (2015), as noted in the first segment of the literature review (Chapter 2). However, some limitations of the study include a lack of demographic diversity of participants and researcher power dynamics when collecting young people's views as the design of the study did not involve participatory research.

Shechtman and Gluk's (2005) study in schools also focuses on young people's views. Qualitative semi-structured interviews were used to investigate therapeutic elements in children's group therapy sessions. The findings suggest that the 'relational atmosphere' is a key beneficial factor, with notable differences in experiences based on gender and group composition. In the study, 64 students between the ages of ten and 11 were interviewed after receiving short-term group psychotherapy in school. The tools used in these interviews

included the Critical Incident Questionnaire (Kivlighan *et al.,* 1996), in which young people were asked to describe the most memorable moment in the group; and the Group Counseling Helpful Impacts Scale to rank the critical incidents against 28-items of group dynamic relational factors as published by Yalom (1995).

The results revealed young people are most likely to rank relational events with peers and adults as most important, followed by the facilitators' emotional awareness, and the least ranking theme was problem identification and change (i.e. Interactions that supported young people with their goals). The study suggests that young people are most likely to value interactions that build on the groups' interpersonal relations and foster positive group dynamics. However, the study is limited by lack of demographic diversity, which could limit the generalisability of results to metropolitan inner cities such as London.

Clinic-based adult-YP interactions

Arias-Pujol & Anguera's (2017) study in community clinics explores group psychotherapy through systematic observation and mixed methods. The primary aim of this study was to examine how dialogue turn-taking transpired among a two co-facilitators and six adolescents across 24 therapy sessions segmented into four periods over eight months. Observations showed a shift from therapist-centred linear communication to more group-centred circular interactions at mid-therapy. Repetition emerged as a significant conversational aid.

Additionally, the study highlighted the therapist's role in heterogeneously facilitating interventions, encouraging quieter group members to take part, stimulating conversation from the therapy's outset, and in the latter stages promoting interpersonal learning and mentalisation. Mentalisation is the ability to understand and interpret one's own and others' mental states, such as beliefs, desires, and emotions.However, the study is also limited to

systematic observations such that little is known about how these interpersonal skills are experienced by adolescents or how they influence their mental health outcomes.

In contrast, Pingitore's (2016) research explored how adolescents experience group processes. His findings further support the effectiveness of interpersonal group therapy by conducting a quantitative analysis of audio recordings from ten YP participating in a three-month process-oriented psychotherapy group. Pingitore found common themes of group structure, composition, interaction and cohesion as being important to the YP when describing the group. The study also had its limitations, including a lack of demographic diversity and a high level of drop out leaving only the most motivated participants to provide feedback. This study provides a foundational view of the interpersonal elements that make group adolescent therapy a positive experience for participants.

In contrast to the interpersonal lens deployed by Pingitore, Devi And Fenn's (2012) study used a psychodynamic lens. Their work presented a systematic thematic analysis of group therapy with six- to 12-year-olds. Their findings, derived from clinical observations, indicated a transition in the children from "paranoid-schizoid' to "depressive" modes of functioning throughout the intervention. They deduced that psychotherapy is advantageous for primary-aged children, as it facilitates their understanding and interaction with others' behaviours, fostering a safer environment for initiating contact, offering, and receiving support. The therapeutic experience enhances children's capability to identify and understand mental states in themselves and others, cultivating empathy.

Moran and colleague's (2009) work in a CAMHS setting focuses on a different theoretical lens: personal construct therapy. Through a case study approach, they describe a therapy group tailored to the individual mental health histories and goals of a group of adolescent girls. The findings of the case study emphasise the high attendance and attribute the open, unstructured format and personal accountability as the main factors for such high

attendance. The researchers describe that this approach to lax boundaries fosters self-understanding and attachment to adults, but it limits interpersonal bond development among group members. Over the intervention period, Moran and colleagues observed improvements in the young people's symptoms and reduced harmful behaviour to self, arguing that the intervention provided a safe and trusting space through flexible boundaries and the consistent presence of empathetic adults. However, the study lacks detailed information about the structure and content of the group sessions as these were non-directive, which would have been useful to understand the nature of the group dynamics described where young people are described as forming stronger attachments to the facilitators than among the group as peers.

5.6 Reflections on the theoretical literature review

This chapter serves as the theoretical literature review, conducted after the initial data collection and analysis. This literature review ensures that the emerging theory remains firmly rooted in the data collected, rather than being preemptively influenced by existing literature. This chapter reflects on how the data and initial findings compare with and expand upon existing ideas surrounding psychodynamic and interpersonal theories within the field which are approaches commonly supported when training Psychologists at the Tavistock and Portman NHS Foundation Trust.

The unconventional structure of this thesis, is in part a choice to align with the grounded theory methodology. This structure allows for a dynamic interplay between the data and existing literature, fostering a more authentic development of theory. By explicitly positioning themselves within the research, the candidate aims to provide transparency regarding their perspective and its influence on the study. This transparency is crucial for the reader to understand the rationale behind their methodological choices and interpretive stances. However, it must also be noted, that the decision to include a theoretical literature review was in part due to the researcher's journey that resulted in them pivoting away form

an initial idea to conduct a mixed methods study on the outcomes of IPT-AST, which would have aligned more closely with the sole use of the initial literature review. It is important to be candid about this for the reader to understand the rationale behind two disparate literature reviews.

5.7 Chapter summary

The literature review question in this section was, *What do existing research studies indicate about interpersonal theories of depression and group psychodynamics, particularly for school and community clinicians engaging with YP?*

Research into group dynamics has centred predominantly on adult populations, yet it's critical to examine these processes within adolescent groups, who are distinct in their cognitive and socio-emotional developmental stage (Delucia-Waack, 2000; Shechtman, 2004). Researchers have pointed out a gap in the understanding of how adolescents perceive and experience key therapeutic factors like group cohesion and group dynamics (Chase & Kelly, 1993; Diamond *et al*., 1999). To bridge this gap in the literature, some scholars advocate for the use of qualitative research methods to capture young people's views (Rubel & Okech, 2017; Shechtman & Gluk, 2005).

Existing research studies on interpersonal theories of depression and group psychodynamics, particularly in school and community clinicians engaging with YP, provide valuable insights into how these concepts are applied and the nature of facilitator-YP relationships. The studies in this literature review highlight the significance of group psychodynamic concepts and interpersonal theories in addressing the intricate interaction between individual emotions and group dynamics, which form the foundation of the IPT-AST facilitator-YP relationship.

One of the limitations of the research on this topic is the scarcity of studies and the absence of empirical evidence on adolescent group dynamics. The group intervention and the

professional backgrounds of facilitators also vary across studies, making it difficult to generalise. Lastly, much of the research is based on case studies or small sample qualitative research, which reduces the wider generalisability of results.

6: Discussion

6.1 Chapter overview

This section will begin with a comprehensive summary and discussion of the GfRC model concerning the relationship between IPT-AST facilitators and young people, contextualising these findings with pertinent psychological theories, particularly psychodynamic and interpersonal theories. It will also make links between the study's findings and the scope of literature reviewed in chapters two and five. The various aspects of the GfRC model will be examined, followed by a thorough response to the research questions.

The chapter will explore the implications of this research for IPT-AST practitioners, Local Authority (LA) stakeholders, and the broader mental health and research community, considering how these findings might apply in other clinical contexts. The potential consequences and applications for Child and Educational Psychology (EP) practice will be outlined. A critical reflection on the credibility and limitations of the study will be presented, leading to a discussion on potential future research directions and a description of the research dissemination.

6.2 Discussion of findings

The current study aimed to investigate and describe IPT-AST facilitator-YP relationships by examining how facilitators perceive and interpret their interactions with adolescents. The investigation focused on identifying the elements that contribute to or enhance this relationship, delineating the characteristics of a meaningful relationship, and understanding the developmental trajectory of such relationships in a group. Insights were drawn from the experiences of six IPT-AST facilitators working across various schools, adhering to an adapted version of the IPT-AST manual that also included elements of socio-emotional and resilience training called ReSET (Fearon & Viding, 2023; Young *et al*., 2016).

The research was guided by three primary questions:

- What types of relationships are built between YP and facilitators in the IPT-AST group?
- How do facilitators make sense of their relationship with IPT-AST YP?
- What role do facilitators perceive these relationships to play in the intervention?

Two secondary research questions were explored:

- What enables the relationship between the IPT-AST facilitator and the IPT-AST YP?
- What challenges the relationship between the IPT-AST facilitator and the IPT-AST YP?

Employing an evolved grounded theory approach (Corbin & Strauss, 2008; Clarke, 2005), a comprehensive framework was formulated, depicting the journey of the facilitator-YP relationship: the GfRC model. This model unfolds through three factors that shape facilitator-YP relationships: Group factors, Relations, and Change. For each factor, there are enablers that promote relationship development and there are challenges which can hinder this process. The more enablers present, relative to challenges, the more the relationship development process is promoted.

6.2.1 Group factors.

The group context refers to the environment that provides a backdrop to the facilitator-YP relationship. In the GfRC model, this central code is divided into the following sub-categories:

- 'Group enablers':
    - 'Structure and session content'
    - 'Physical space'
- 'Group challenges':

- 'Group dynamics'
- 'Logistical challenges'

Group enablers

The facilitators refer to the unique structure, content, and physical space that surrounds the IPT-AST sessions. To summarise, below are some of the key elements defining the unique IPT-AST group factors:

- Consistency of two facilitators to eight to ten young people.
- Predictable weekly routine and physical space provided.
- 90-minute sessions adhered to.
- Designated moments for questionnaires, emotion regulation training on the same device each week, and role-play activities.
- A blend of collective and individual activities.
- Well-defined, co-created rules ensuring stability.

These group factors are thought by facilitators to provide safety for group members to share social challenges they are facing at home or through their friendships. However, the accounts are nuanced, and facilitators also highlight that the highly structured environment may provide some level of rigidity or professionalism to the relationship. Others highlight that the pressure on YP to share personal experiences came too early in the content of the session. Finally, facilitators referred to the physical structure of sitting in a circle facing each other as this is hypothesised to be overwhelming for some YP.

Facilitators noted that structure gave the sessions a more "classroom vibe" as compared to one-on-one client interactions, suggesting that group dynamics differ from individual therapy settings. The strategic seating of facilitators within the group, rather than together, aims to integrate facilitators into the group, promoting inclusivity. However, there are challenges highlighted in the structure and content of the session. The rigidity of the

structure, including the circle seating arrangement and having only two adults for a larger number of pupils, was described as potentially overwhelming and confrontational for some YP, especially if pre-existing relationships among YP were thought to be strained. Additionally, practical issues such as room availability and setup times have been described as a challenge because of the constraints of the busy school environment. Facilitators expressed difficulty in securing the room before sessions, impacting the consistency of the group setting.

Despite these challenges, when the group structure aligns with the resources, such as having the same room, facilitators feel fortunate and perceive the setting to work well. This emphasises the importance of a stable and predictable environment in group therapeutic settings and the importance of planning in unpredictable school environments. The implications of these findings suggest while structure and consistency are beneficial, flexibility and sensitivity to the needs and dynamics of YP and schools are crucial for the efficacy of the IPT-AST group sessions.

Group challenges

Regarding group dynamics, the grounded theory describes the complex interplay within the context of interactions between young people (YP) and facilitators, amidst varying priorities and evolving roles. Facilitators position themselves differently within the group - as helpers, mentors, parents, or teachers - which significantly influences the interactions and the overall task achievement.

One key psychodynamic concept explored is Bion's (1961) "basic assumption mentality," where a group's primary task is hindered by underlying anxieties and defence mechanisms. This results in task failure and a lack of insight into the group's internal processes, with members attributing failures to external rather than internal factors. On the

other hand, a "work group" mentality enables the group to focus on tasks creatively and productively.

The "group-as-a-whole" concept, introduced by Wells (1980), views the group as an organic system with interdependent members. This perspective emphasises that groups are more than the sum of their parts, and the interactions within these groups form a collective consciousness. Individual members often act as channels for expressing the group's overall mood or sentiment. Valency, another concept by Bion, describes an individual's predisposition to react in specific ways within a group, affecting the overall group dynamics. Recognising and managing one's valency can lead to varied dynamics and increased self-awareness within the group.

In this study, facilitators' unawareness of their impact on group dynamics was noted. There appeared to be an unawareness that they may have favoured certain YP or that individual relationships in the group may have affected the group functioning as a whole. Nonetheless, facilitators highlighted that the relationships among YP, and how they relate to each other, were significant in shaping the group dynamics. Gender dynamics also played a role, with facilitators noting how seating arrangements and gender composition influenced interactions. Facilitators stressed the importance of being open, engaging, and consistent in their interactions, providing YP with a sense of security. The facilitator-YP relationship was compared to a parent-child dynamic, when analysed through an attachment theory lens, this reference suggests that these parent-like relationships shape YP's self-perception and interactions with others. The need for a different mindset and approach to effectively manage power imbalances was also emphasised, highlighting the distinction between the roles of a facilitator and other roles such as teacher or counsellor. The facilitators' gender was also considered a factor influencing engagement with YP, one facilitator mentioned that this may have been the reason for the strong relationship they had built.

In summary, this group challenges underlines the importance of understanding and managing group dynamics, the roles and perceptions of facilitators, and the psychodynamic factors influencing group interactions. These insights contribute to a deeper understanding of group dynamics and adult roles within the context of the IPT-AST facilitator-YP relationship.

6.2.2 Relational factors.

Relational enablers

Relational enablers make up the interpersonal aspects of the facilitator-YP relationship, marking the commencement of their journey together. This stage involves the YP transitioning into the IPT-AST group and both the facilitator and young person getting to know each other. This stage is also marked by the facilitators' interpersonal characteristics and skills:

- Interpersonal connection
    - 'Attuned interactions'
        - 'Greater understanding'
            - 'Facilitator has a greater understanding of YP'
            - 'YP has a greater understanding of facilitator'
        - 'YP's circumstances and context held in mind'
    - 'Breaking the ice'
        - 'Navigating unfamiliar terrain'
        - 'Acclimatising the YP to the group'
        - 'Sharing similarities and differences'
    - 'Trusting'

As YP enter the IPT-AST group, it's common for both them and the facilitators to experience anxiety and uncertainty, a phenomenon noted by Youell (2006) as inherent to all new beginnings. This anxiety is parallel to the stage in group development theory coined

'Group Formation' (Tuckman, 1965). The unfamiliarity of the IPT-AST group setting for the YP, coupled with mutual unfamiliarity between the facilitator and YP, sets the stage for these feelings. The grounded theory results suggest that creating a consistent environment with predictable boundaries and adults helps mitigate these initial anxieties, making YP feel more secure during the transition.

Attuned interactions: This part of the relationship journey focuses on the facilitator providing essential support to foster the YP's development regarding the intervention, their well-being, and their connectedness to the group. It involves meeting the YP's various needs, ensuring the YP feels acknowledged and safe in the space, and effectively managing the YP's emotional experiences.

As facilitators 'connect and contain', they give focused attention to the young people, a factor previously identified as valuable in all adolescent psychotherapy and mental health intervention groups (Pingitore, 2016; Gray & Rubel, 2018). This attention facilitates the adult's interpretation of the young person's behaviour, needs, and inner world.

The insights gleaned through observation, attention, and reflection on both verbal and non-verbal communications allow facilitators to attune to the YP's needs and emotional experiences. Attunement aligns with the psychodynamic concept of reverie, which refers to the adult's sensitivity to the young person's emotional states and communications (Pingitore, 2016; Gray & Rubel, 2018). It's through this sensitivity that facilitators can gain deeper insights into the YP, including their self-perception and triggers for discomfort or distress. More explicitly, some ways facilitators described they could provide attunement and reverie was through: *finding similarities and differences, providing focused attention, and catering to YP's specific needs*. In this section of the grounded theory, facilitators referred to feeling pulled into a parental, teacher, or leader role. In the quotes, facilitators grapple with how much of their facilitator role entails aspects of these other containing adult figure roles.

The above example illustrates how facilitators' perception of their focused attention leads to a deepened understanding of the YP and their needs within the backdrop of complex group development stages, such as storming and norming, and how this understanding informs the ways they support the YP (Tuckman, 1965; Yalom, 2005). It emphasises the importance not just of getting to know the YP, but of developing a profound comprehension of them, marking the depth of insight facilitators gain about the YP in their groups. This nuanced understanding and responsiveness to the YP's needs, including non-verbal cues, are what set the foundation for a meaningful relationship journey in the IPT-AST setting.

Greater Understanding: This sub-category evolves as facilitators and YP enhance their understanding of each other. Facilitators learn more about the YP, forming connections that extend beyond the structured activities. Despite the facilitators viewing the YP's initial interest as more peer-focused, the group's dynamics shift to include the facilitator, who becomes a figure of interest and influence.

Holding the YP's unique circumstance and context in mind: Facilitators are tasked with holding the YP's unique circumstances and context in mind—a relational model that requires keen insight into the individual's life and challenges, which can be difficult to grasp in limited pre-group sessions. Facilitators recognise the importance of understanding how mental health is perceived in the YP's family and cultural systems, which can significantly impact the YP's engagement and the group's dynamics.

Breaking the Ice: Facilitators embark on "navigating unfamiliar terrain" by meeting half the group for one-to-one pre-group sessions, creating a vital first contact that often leads to stronger subsequent relationships. The ice-breaking process is deliberate for facilitators, aiming to acclimatise YP to the group through activities and personal interactions. These help YP feel part of the group, easing anxieties and establishing a sense of belonging. Sharing similarities and differences through ice-breaking activities allows facilitators and YP to find

common ground while acknowledging individual backgrounds, fostering group cohesion and a therapeutic alliance.

Trusting: The third relational enabler identified is 'trusting'. Through the process of containment, a YP cultivates feelings of trust and security towards the facilitators. Containment and connection contribute to the YP feeling understood and safe, which fosters self-esteem and a sense of achievement. Within the context of 'supporting the YP's progress', as outlined in the theory of the IPT-AST facilitator-YP relationship, when a YP's needs are met, they feel 'connection and containment', leading to developing 'trust' within the relationship where 'supporting the YP's progress' becomes more available to the facilitator.

The 'trusting' category is crucial for evolving the relationship between the IPT-AST group facilitator and YP. Trust develops gradually, embodying the YP's growing comfort and sense of safety with the facilitator. As trust builds, the YP becomes more willing to share and be open, recognising the facilitator's consistent support. This sense of safety allows the YP to learn and share more about their interpersonal experiences and challenges. The concept of 'trust' suggests that the YP acknowledges the facilitator's understanding and ability to ease their anxieties.

In the light of this research, as the YP reveals more about themselves, the facilitator gains a deeper insight into the YP, further strengthening the relationship. Past studies on adolescent therapy groups corroborate the emergence of trust within these relationships (Pintigore, 2016; Shechtman *et al.,*2004). Research by Pintigore (2016) highlighted trust as a central theme in relationships among young people and between facilitators and youths. Shechtman and colleagues' work noted the gradual development of 'trust' between facilitators and YP, emphasising how a trusted environment encourages YP to express their vulnerabilities. This study aligns with these findings, underscoring trust as a fundamental component of the facilitator-YP relationship, facilitating a deeper, more personal connection.

This trust is not only a marker of relationship progress but also an enabler for further emotional and developmental growth, and eventually progress towards their goals and reduction in symptoms of low mood, anxiety, and interpersonal challenges.

Contributions to the literature on relational group factors

Overall, the relational enablers of the facilitator-YP relationship in the IPT-AST group are marked by efforts to establish a connection and understanding amid the group's formation. This process is influenced by practical activities, facilitator skills, and a deep consideration of the YP's background, which all contribute to the group's trajectory and effectiveness.

An important aspect of this phase is that the categories are linked: 'attuned interactions' and 'trust' are aided through 'breaking the ice' and vice versa. Facilitators recognise and manage the often intense and frightening emotions of the YP, providing a psychological 'holding' space before assisting the YP in understanding these emotions and relational challenges. This approach is akin to the psychodynamic concept of containment, where an individual helps another manage difficult emotions, reducing pain and distress. Through emotional attunement and containment, facilitators can understand, tolerate, and respond to the YP’s emotional experiences, providing a secure and containing response.

The research underscores the significance of having predictable interactions with adults can foster trust. This category also highlights the importance of co-creating and implementing ground rules, learning about each other’s boundaries, values, and culture. The presence of such adults and rules in the YP’s group reinforces the ability of facilitators to provide a stable, supportive environment. This study, therefore, contributes to the body of literature by emphasising the critical role of facilitators’ availability and consistency in facilitating effective nurturing and containment, aiding in the comprehensive interpersonal development of the YP.

Previous research shows that meeting the YP's needs through the facilitator relationship is central to adolescent psychotherapy groups, albeit with limited detail on the factors contributing to this relationship (Pingitore, 2016; Gray & Rubel, 2018). The current study expands on these findings, suggesting that facilitators foster YP's development by introducing new opportunities and experiences, allowing the adolescents to express themselves, and listening actively to foster autonomy and voice. Feeling acknowledged and heard is a vital component of 'attuned interactions'. When YP feel facilitators remember and care about what they say, it significantly contributes to their sense of worth and development. This aspect of the relationship-building process ensures YP understand their voices are valued and important.

Relational challenges

Relational challenges can disrupt and complicate the relationship, leading both the facilitator and YP down difficult paths. Figure 4 illustrates these challenges as a journey. As the journey progresses, the facilitator can experience the emotional toll of supporting the YP, often leading to a search for external support, such as supervision. Relational challenges arise in two forms: difficulties in forming a connection with the YP or managing the YP's challenging behaviour. Some YP may resist forming a bond with the facilitator, emotionally withdrawing and making it difficult to establish a connection. Others may exhibit behaviours such as inattention, disruption, or involvement in conflicts, contributing to a sense of unpredictability and distrust in the relationship.

Relational challenges between the facilitator and YP can often be interpreted through the lenses of interpersonal and psychodynamic theories, which posit that early relationships shape a YP's worldview and self-concept, influencing their subsequent relationships. YP's behaviours and their ways of relating to facilitators can reflect their interpersonal styles, with certain styles leading to avoidance or resistance towards forming connections.

When facilitators encounter difficulties in connecting with the YP or managing challenging behaviours, it affects their ability to provide containment, connection, trust, and support towards the YP's progress. This can lead to feelings of frustration when managing behaviour that is perceived as challenging, this frustration may not just be the facilitators but may also represent the YP's projected feelings. Recognising these projections is crucial, as it can help facilitators understand and manage the emotional dynamics at play. This research emphasises that while challenges in the facilitator-YP relationship can lead to frustration in the face of behaviour that is perceived as challenging, they also prompt deeper reflection and understanding of the YP. Facilitators often consider what the YP may communicate through their behaviour, leading to better strategies for support and containment.

The emotional toll of these challenges may be significant. The weight of managing challenging behaviour adds to the facilitator's emotional demands. Using a psychodynamic lens, the emotional demands could reflect the YP's or system's projected feelings, with the facilitator acting as a container for these difficult emotions. Moreover, the research introduces the concept of 'facilitators' support network,' highlighting the need for facilitators themselves to receive support, supervision and containment. Facilitators seek support from their co-facilitators, supervisors, and the IPT-AST research network to manage the emotional load and continue supporting the YP effectively. This support is crucial for facilitators to feel contained and secure, enabling them to provide emotional security to the YP.

This detailed exploration of the emotional experiences and challenges faced by IPT-AST facilitators adds depth to the understanding of the facilitator-YP relationship. It underscores the importance of support and containment, not just for the YP but also for the facilitator, to maintain an effective and therapeutic environment.

6.2.4 Change.

The enabling change factors of the IPT-AST group facilitator-YP relationship theory are: the 'meaningful relationship' that evolves between the facilitator and YP, signifying the culmination of the relational journey; and 'supporting YP's progress'. The challenging change factors include 'difficulty facilitating change' and 'no positive outcomes perceived'.

Progress

Formation of meaningful relationship: In the GfRC model, the meaningful relationships formed become clear, characterised by open dialogue and emotional connections. Facilitators observe positive engagements and an increase in YP's openness, which they consider markers of a successful relationship. The final sessions often reveal the true impact of the group, with YP expressing gratitude and a sense of loss at the group's ending, highlighting the meaningful connections made.

Facilitators often describe this bond using terms such as engaged, good, and close, reflecting a unique, shared journey that is distinct for each relationship. This study underlines the individuality of each facilitator-YP relationship, which may differ from other relationships between an adult and YP. The IPT-AST relationship is characterised by a greater depth of interpersonal understanding and containment but less responsibility for ongoing boundaries throughout the day, such as the ones parents and teachers have.

This code within the GfRC model further highlights the significance of the facilitator-YP relationship in achieving successful outcomes at the end of the group. The meaningful connections that form are instrumental in YP's transition beyond the group, with facilitators playing a critical role in guiding this process. The facilitator's support network proves to be an essential component for the sustainability of their role and the overall health of the group dynamic.

As with any significant relationship, the inevitable end to the IPT-AST group is marked by mixed emotions of growth, development, and loss. The ending is often a poignant moment for both facilitator and YP, evoking strong feelings and reflecting the depth of the bond formed throughout their journey. Despite the relationship's ending, the emotional impact and the developmental progress made by the YP may endure, illustrating the profound and lasting influence of the therapeutic relationship between the facilitator and YP. This research emphasises the emotional intensity and significance of the close relationship developed in the IPT-AST group setting, highlighting the critical role of the facilitator in fostering the YP's interpersonal development and well-being.

Supporting YP's progress: The facilitators are in a unique position to reflect on the YP's progress, noting improvements even in those who may have appeared less engaged. In the findings, they recount specific instances where YP applied learned strategies to manage conflicts and emotions effectively, showing tangible benefits from the group. Facilitators witness YP's growing independence, their ability to form relationships outside the group, and applying new skills in real-life situations, underscoring the transformative potential of the group experience. However, it's also recognised that not all YP may have positive outcomes, especially when the facilitator-YP relationship has faced challenges or lacked trust.

Stalling

The findings reveal a complexity in the process of change, with certain cases highlighting a phenomenon termed 'stalling' – a stagnation in progress because of various challenges encountered by facilitators and YP.

Stalling in progress: Stalling appears to emerge from a mismatch between the YP's expectations and the goals of the group. Facilitators reported instances where the YP felt their personal goals were not being addressed, suggesting a need for facilitators to tailor their approach more closely to individual needs. This was evident when strategies discussed within

the group did not align with the YP's perceived requirements for progress in their personal situations. The resistance to group strategies, as reported by facilitators, was not merely rejecting the intervention but seemed to coincide with personal adversities faced by the YP, thus affecting their engagement and progress.

Difficulty in facilitating change: Facilitators expressed difficulties in connecting with some YP, particularly when the behaviour of the YP was perceived as problematic or when there was a lack of connection. For instance, a YP's non-responsive behaviour, such as being quiet or giving non-committal responses, posed significant challenges for facilitators in understanding and meeting their needs. These cases underscore the importance of developing a strong rapport and understanding individual YP's contexts to provide effective support.

Perception of outcomes: The perception of positive outcomes from the intervention was nuanced. While some facilitators reported constructive parental involvement and noticeable improvements in YP's goals, others were less certain about the benefits of the group for certain individuals. Positive feedback from parents was highlighted as a significant factor in perceiving successful outcomes. However, it is critical to acknowledge that not all YP may experience these positive changes, particularly when the relationship between the facilitator and YP has been fraught with challenges or has lacked a strong connection.

These findings suggest that a one-size-fits-all approach in group interventions may not be sufficient. There is a clear need for facilitators to adapt strategies to the unique goals and life situations of each YP. Additionally, creating a space for individualised attention within group settings may help address the disconnect some YP experience. Furthermore, involving parents constructively in the process can provide a more holistic view of the YP's progress and may reinforce the changes sought through the intervention.

This study is limited by its reliance on facilitator reports, which may be subjective and influenced by their perspective. Future research should incorporate multiple viewpoints,

including direct feedback from YP and their parents, to provide a more comprehensive understanding of the intervention's efficacy. Moreover, longitudinal studies could shed light on the long-term impact of group interventions on YP's behavioural and emotional development.

6.2.5 External factors.

Facilitator's Support Network: External factors, including those related to the facilitator, the environment, and the wider system factors, were found to play a significant role. Facilitator factors such as skill level, support network, and the use of supervision were particularly emphasised. The facilitator's support network and supervision were not merely beneficial, but seemed necessary for managing the emotional weight of the work. Positive experiences of supervision where resources were shared and challenges managed illustrate the importance of such support structures. Supervision was not only helpful for facilitators to remain on track and address concerns, but also served as a forum for continuous learning and adaptation of the program.

The findings from this study emphasise the need for a nuanced understanding of the relational dynamics within interventions. Future research should continue to explore these dynamics and develop strategies to strengthen relational enablers while mitigating challenges. For facilitators, there is a clear sign that supervision and support networks are invaluable, and such resources should be integral to the intervention framework.

The complexities of facilitating interventions for YP are multi-dimensional, influenced by relational dynamics, group factors, and external influences. While external enablers are critical to progress, challenges must be navigated with sensitivity and support. The study's insights into the intricate nature of these interventions serve as a guide for refining practices and enhancing outcomes for YP.

6.3 Addressing the research questions

6.3.1 Primary research questions.

This section will outline how the GfRC theory addressed the following primary questions:

- What types of relationships are built between YP and facilitators in the IPT-AST group?
- How do facilitators make sense of their relationship with IPT-AST YP?
- What role do facilitators perceive these relationships to play in the intervention?

In understanding the facilitator-YP relationship within IPT-AST groups, facilitators perceive this relationship as a 'meaningful relationship', raising feelings and interpersonal connections similar to those experienced with other close people in their lives. This is of particular significance, as the IPT-AST approach supports young people with interpersonal challenges that they are experiencing in meaningful relationships outside of the group.

Furthermore, facilitators recognise their role in providing safety, trust, and understanding, feeling a protective and proud feeling towards the YP's progress. This unique, personal relationship is viewed as a shared journey, evolving into a meaningful relationship that can impact the YP's progress. The relationship is understood through the lens of group dynamics and interpersonal theories, where the facilitator's consistent role and containing support allows the YP to internalise a sense of emotional security and independence in order to role play and practise their interpersonal challenges. Developing this close relationship is facilitated by the facilitator's attuned response to the YP's needs and the containment and connection provided against the YP's interpersonal anxieties and experiences of low mood, fostering trust. However, facilitators also acknowledge existing challenges within these relationships, reflecting the young people's dynamics in the groups, behaviour that was

perceived as challenging, and pre-existing patterns of interpersonal conflict, which can be emotionally demanding for the facilitator.

6.3.2 Secondary research questions.

Two secondary research questions were explored within this grounded theory study:

- What enables the relationship between the IPT-AST facilitator and the IPT-AST YP?
- What challenges the relationship between the IPT-AST facilitator and the IPT-AST YP?

Factors enabling and challenging the relationship between the IPT-AST group facilitator and YP are interrelated and thus discussed together. Developing a close relationship is influenced by several key factors and stages within the facilitator-YP relationship theory. The facilitator and YP invest time in understanding each other, with the facilitator tuning into the YP's communications, needs, and internal world, reflecting interpersonal skills and socio-emotional resilience training which form part of the content and structure of the group. This deep understanding allows the facilitator to support the YP's development of interpersonal skills and progression towards goals effectively, particularly through containment. Trust emerges from this process, enhancing safety and understanding, and paving the way for a meaningful relationship.

However, the journey isn't without its challenges. Difficulties in connecting or managing challenging behaviours indicate how the YP is perceived and can lead to feelings of inadequacy and frustration in the facilitator, potentially reflecting the YP's projected feelings (as seen through a psychodynamic lens). These challenges, alongside the demanding task of whole group facilitation, can lead to frustration for the facilitator. To manage and overcome these hurdles, facilitators seek support and supervision from peers and professionals, reflecting on the YP's behaviour to gain a deeper understanding and continue

providing sensitive support. This reflective practice and external support are crucial in enabling the facilitator to maintain emotional resilience, develop more complex formulations, and foster a close, nurturing relationship with the YP.

Both enabling and challenging factors are inherent to all facilitator-YP relationships within therapeutic groups. Challenges, while demanding, prompt further understanding and adaptation from the facilitator, contributing to the evolving quality of care and support provided. However, it becomes essential for the facilitator to balance these challenges to prevent them from becoming overwhelming and hindering the therapeutic and interpersonal skills journey. Both the enabling and challenging aspects help to cultivate the close, supportive relationship that characterises successful facilitator-YP relationships in IPT-AST groups.

6.4 Implications of research

This section examines the implications of this study for IPT-AST group facilitators, mental health services in school and the community, the research domain, and Child and Educational Psychology (EP) practice. Focusing on the generalisability of results is necessary considering the qualitative nature and limited sample of this research. One limitation is that the applicability of the findings is limited to contexts similar to those studied, rather than being broadly transferable across clinical practice. The findings are especially applicable to adolescent IPT-AST groups conducted in secondary schools in the UK.

6.4.1 Implications for IPT-AST delivery.

The study's findings contribute to the existing knowledge on IPT-AST groups and other adolescent group therapy, particularly around the facilitator-YP relationship. It expands on previous research, offering a deeper understanding and descriptive and explanatory insights into these relationships. For facilitators, this implies recognising factors that cultivate strong relationships, like time spent together, meeting YP’s needs, and building trust within a

consistent, therapeutic environment. The research points out challenges in these relationships and proposes supportive strategies, supervisory spaces, and training that can support facilitators.

Emotionally, the study underscores the challenges facilitators bear in managing YP's interpersonal challenges, wellbeing, and behaviours, advocating for support structures that help them manage emotional challenges. This includes creating reflective spaces for facilitators to understand and process their experiences, emotions, and role in group dynamics better, improving their support for the YP. The research suggests enhancing current LA policies and practices with clear supervisory structures and accessible support systems, fortifying the overall efficacy of IPT-AST groups in various settings. These recommendations are aimed to bolster the capacity of IPT-AST groups to create positive, stable environments for YP and to support the professionals who work within them.

6.4.2 Implications for EPs.

Child and Educational Psychologists (EPs) have been recognised as key influencers in the delivery of mental health support in schools, contributing to areas such as training, supervision, strategic development, and evaluation of mental health offer, policies and practices. In this study's Local Authority (LA) area, EPs play a pivotal role in providing regular mental health training and support to Mental Health Support Teams (MHSTs) in schools, which are often composed of professionals trained in IPT-AST and group mental health delivery.

Furthermore, related to adolescent groups, EPs are well-equipped to impart training on group psychodynamic theories, particularly in understanding and fostering strong relationships between adults and YP within complex organisations like schools. Concepts like projection, containment, and basic assumption mentality, as mentioned, are essential for

facilitators to comprehend the deeper, often unconscious, dynamics in their group relationships with YP.

Moreover, EPs can leverage their psychological expertise to refine and enhance IPT-AST group policies and practices in schools and to liaise with professionals trained in this intervention, both within specific settings and across different LAs. This study underscores the need for support structures, such as reflective and supervisory spaces, to aid IPT-AST group facilitators in addressing their professional challenges. EPs can advise on the creation and implementation of these structures, including Work Discussion Groups (WDGs) and their frequency. They can also facilitate these reflective spaces, applying psychological principles and evidence-based practices to assist facilitators in understanding and responding to the needs and behaviours of the YP they facilitate group work with.

Pintigore (2016) and Hulusi and Maggs (2015) have both noted the importance of providing supervision to adolescent psychotherapy group facilitators, a role that EPs are well-suited to fulfil. This supervision can help facilitators navigate the relational, emotional, and practical aspects of their work. Given these insights, it's crucial for EPs to collaborate with their settings to establish supervision for pastoral and wellbeing staff, thereby supporting IPT-AST group facilitators and other mental health group intervention facilitators effectively.

6.5 Research limitations.

6.5.1 Methodology and sampling.

The research aim was to explore and explain the IPT-AST facilitators-YP relationship. Using a qualitative, grounded theory approach allowed for a rich, in-depth exploration, unattainable through quantitative methods like those used in previous studies delving into the efficacy of IPT-AST. Grounded theory facilitated developing a nuanced understanding of the facilitator-YP relationship, making it an apt methodology for this research area.

Participants, all trained IPT-AST facilitators, provided valuable insights into the facilitator-YP relationship. This study's symbolic interactionist lens and critical realist ontology recognised the facilitator-YP relationship as meaningful within its social context, making the selected facilitators an ideal sample for the study. However, it's acknowledged that only capturing the facilitators' perspective limits the understanding of the dual-sided relationship.

One challenge addressed was the inconsistency in the adolescent psychotherapy group models used in existing research investigating facilitator-YP relationships. To mitigate this, a specific, consistent IPT-AST group model was selected for the study. This approach minimised variability but limited the participant pool and resulted in a smaller sample size. Future research might benefit from a broader participant sample to enhance the depth and breadth of the findings.

Theoretical sampling was used, focusing on emerging themes in subsequent interviews while keeping the interview structure constant. A more dynamic approach to sampling, adapting interview questions based on emerging data, might have provided more focused insights. Additionally, reaching theoretical saturation—a stage where no new information is found—might have been more achievable with a larger sample size or a second round of interviews, allowing for a more comprehensive understanding of the challenges in the facilitator-YP relationship, particularly from the YP's perspective.

6.5.2 Ensuring research integrity.

In order to maintain the integrity of the research, the author adhered to Lincoln and Guba's (1985) criteria for evaluating qualitative research, which include credibility, transferability, dependability, and confirmability. The researcher's prior knowledge and experience with IPT-AST groups and specific participants were acknowledged to mitigate potential biases and maintain the study's credibility. The researcher also employed analytical

strategies recommended by Corbin and Strauss (2008), alongside maintaining a research diary to document reflections and biases, to ground their interpretations in the data.

During interviews, the researcher used a non-leading style of questioning, which probed deeply to understand participants' experiences while minimising the influence of their own preconceptions. This approach, coupled with a commitment to accurately capturing participants' responses, aimed at upholding the credibility of the interview process. Acknowledging instances where the interviewer reframed responses was part of this effort to avoid bias and ensure a truthful representation of participants' perspectives.

6.5.3 Consideration of participant emotions.

Reflecting on the interviews and the data analysis, the researcher became sensitive to and aware of the emotional intensity and challenges expressed by the participants. Despite their experience in the field, the emotional depth revealed through the research highlighted the substantial emotional load carried by IPT-AST group facilitators. Encountering the raw emotions of participants deepened the researcher's understanding of the emotional landscape in which these facilitators operate. This experience emphasised the importance of sensitivity and empathy in interviewing and in all interactions with IPT-AST group facilitators and similar professionals, acknowledging the profound emotional aspects of mental health work with young people.

6.6 Recommendations for future research

Further research is crucial to validate and expand upon this study's findings on the IPT-AST group facilitator-YP relationship, as well as expanding broader research into group therapists' relationships with YP. Testing the developed theory with a broader range of facilitators could help affirm its applicability and reliability, through focus groups or semi-structured interviews. Capturing the YP's perspective would provide a more holistic understanding of the relationship, addressing the limitations of prior studies and enriching the

research with diverse viewpoints. Further research could also compare facilitators' views between groups offered varying levels of training in group psychodynamics.

Investigating the perspectives of other stakeholders, such as head teachers, parents, and external researchers involved with IPT-AST groups, could provide further insights into the systemic factors impacting these relationships. This approach would help triangulate the data and offer a more comprehensive view of the IPT-AST group environment.

Exploring variations in the facilitator-YP relationship across different therapeutic group models or age groups, such as primary-aged children, could reveal the extent of differences and similarities in relationships across various contexts. This line of research could contribute to a broader understanding of the dynamics at play in different settings and developmental stages.

Additionally, delving deeper into the theoretical underpinnings of IPT-AST groups, particularly through a psychodynamic lens, could enhance the conceptual framework of these relationships. Such exploration would complement the existing focus on interpersonal theory, providing a richer theoretical backdrop for understanding the facilitator-YP dynamics.

Future studies might also focus on the direct impact of the facilitator-YP relationship on adolescents' outcomes, identifying key relationship aspects that contribute to positive developments, using tools like the existing Routine Outcome Measures (ROMs) used across EPS, CAMHS, and MHSTs.

6.7 Disseminating research findings.

To effectively disseminate the research findings, the researcher plans to present the results through a storybook depicting the IPT-AST group facilitator-YP journey, making the insights accessible and engaging. This storybook, along with a written summary of the research, will be shared with participants, their schools' leadership, and mental health leads involved in setting up IPT-AST groups through their MHSTs or community CAMHS teams.

Additionally, the author intends to present the findings to the broader Educational Psychology community and IPT-AST group facilitators through training and network events. This will facilitate discussions about the role of Educational Psychologists in supporting IPT-AST groups and provide an opportunity for wider reflection on the facilitator-YP relationship.

Engaging with the mental health leads network will also be a priority, ensuring the findings reach a wider audience and contribute to ongoing conversations and developments within the field. Through these efforts, the research will not only add to the academic understanding of IPT-AST groups, but also inform and inspire those involved in these important adult-YP relationships in schools.

6.8 Reflections on the discussion.

The discussion of the findings is framed by the candidate's training at the Tavistock and Portman NHS Foundation Trust, where psychodynamic group ideas and interpersonal theories of depression play a significant role. Their academic background has inevitably influenced the interpretation of the data. Acknowledging this influence is important for the reader to understand the interpretive choices made and the perspective from which the findings are analysed.

Throughout the discussion, the author draws on psychodynamic principles to explore the unconscious processes and interpersonal dynamics observed within the groups. This theoretical lens aims to provide a deep understanding of the patterns and behaviours identified in the data. However, it is essential to approach these interpretations with a cautious and reflective stance to avoid presenting them in a hierarchical manner, particularly when discussing the work of professionals from diverse backgrounds in educational settings.

The integration of psychodynamic theories has illuminated several key themes, such as the influence of group dynamics on individual behaviours and the impact of interpersonal

relationships on YP's progress in IPT-AST groups. For instance, the candidate observed that facilitators highlighted the importance of trust and understanding in the relationship, which the candidate interpreted through the psychodynamic concepts of containment, attachment and reciprocity. However, this lens is not the only means by which the data could have been interpreted. By clearly articulating the codes and the theoretical underpinnings used in the research, the candidate aims to provide a nuanced analysis that acknowledges the expertise of the participating professionals.

Reflecting on the limitations of this approach is also crucial. The candidate recognises that their psychodynamic training may have introduced a specific bias, potentially overshadowing other relevant perspectives. This acknowledgment is vital for ensuring a balanced discussion and for highlighting areas where further research could explore alternative theoretical frameworks.

7: Conclusion

The aim of this research was to delve into and clarify relationship development between IPT-AST group facilitators and YP within a range of secondary schools across London. Contributing to the sparse research in this area, the GfRC model provides an in-depth look at the elements contributing to and challenging a successful facilitator-YP relationship in a mental health intervention group, IPT-AST. It is the first study to explore the facilitator-YP IPT-AST relationship.

Data was collected through semi-structured interviews with six facilitators from four IPT-AST groups adhering to the ReSET model. Grounded theory was the chosen methodology. The resulting GfRC model conceptualises the facilitator-YP relationship as a journey unfolding over time, marked by enablers and challenges to the relationship. The more enablers relative to challenges, the more chances for a helpful relationship to develop and a positive outcome to be achieved by YP. This journey is framed within the context of both group psychodynamic and interpersonal theories.

The concept of enablers and challenges, as identified in the GfRC model, reflect the complexities inherent in connecting with and facilitating change in YP within group interventions. While some positive outcomes are reported, they are not uniform across cases, emphasising the need for tailored approaches and the importance of a strong facilitator-YP connection. These insights contribute to the ongoing discourse on effective strategies in youth interventions and underscore the necessity for adaptability and rapport-building in promoting meaningful change.

Furthermore, the emotional demands placed on facilitators are acknowledged, and the importance of a support network is emphasised. Facilitators benefit from supervision where they can share resources, manage concerns, and learn from each other's experiences. This support is vital for maintaining their well-being and continuing the effective facilitation of the

group. The GfRC model illuminates the emotional intensity and challenges inherent in these relationships. It underscores the importance of providing adolescent group facilitators with robust support structures, such as reflective spaces and supervision, to help them manage the emotional demands of their work. Child and Educational Psychologists, with their understanding of psychodynamics and interpersonal theories, are highlighted as being suited to contributing to the training, policy, and practice surrounding IPT-AST groups, enhancing the support system for schools, facilitators, and YP.

In conclusion, this thesis presents a journey of professional and personal development, intertwined with a research process. The unconventional structure is in part due to unforeseen challenges at the beginning of the research process and a thoughtful choice to use grounded theory methodology as an iterative and flexible approach. By clearly articulating the decision-making processes and limitations encountered at each step, the author aims to guide the reader through the complexities and implications of their research. This transparency is important for understanding the decisions made and for considering how this work can be taken forward, whether in further research, practical applications, or in different forms of dissemination.

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Appendix A - Semi-structured interview schedule

Topic	Guiding Questions	Possible Follow-Up Questions
General IPT-AST	Tell me about how your IPT-AST(ReSET) groups have been so far.	What has been challenging? What has stuck with you?
Relationships during IPT-AST	I am curious about what type of relationships you formed with the YP during the groups. Tell me about a relationship that's stuck with you. What are your thoughts about why it's stuck with you.	What happened in that group? Do you think the relationship impacted the group? If so, how?
Connected relationships during IPT-AST	Were there any young people you really clicked with?	What happened when you clicked? Why do you think you clicked? Do you think this relationship impacted the group? If so, how?
Challenging relationships during IPT-AST	Were there any young people you didn't click with?	What happened when you didn't click? Why do you think you didn't click? Do you think this relationship impacted the group? If so, how?
Relationship Development	We want to know what might help other facilitators when building relationships with YP in this group intervention. What would have helped you before or during the group to build helpful relationships with IPT-AST YP?	What relationship-building advice would you give to someone who is about to train in this intervention?
Summary	Reflecting on the relationships developed as an IPT-AST facilitator, what do you feel has been different about these relationships compared to other relationships you've built with YP? Thank you for taking the time to tell me a little bit about your IPT-AST (ReSET) group experiences. Is there anything else you think I should know?	

Appendix B - IPT-AST group Sessions (Young *et al*., 2016, p. 177 - 186)

Session Type	Key Activities	Materials Needed
Pre-Group Session 1	1. Introduce concept of prevention and IPT-AST rationale. 2. Orient to group program, session details and parent involvement. 3. Assess depression symptoms. 4. Mood rating, link mood to events. 5. Complete closeness circle. 6. Begin interpersonal inventory. 7. Summarize and prepare for next session.	1. Depression checklist. 2. Closeness circle. 3. Questions for interpersonal inventory.
Pre-Group Session 2	1. Assess depression symptoms and complete mood rating. 2. Complete interpersonal inventory, focus on impactful relationships. 3. Summary, feedback on inventory. 4. Set specific goals for interpersonal issues. 5. Introduce group as interpersonal lab. 6. Address concerns about participation.	1. List of depression symptoms. 2. Closeness circle from session 1. 3. Interpersonal inventory questions. 4. Written group schedule (optional).
Group Session 1	1. Distribute materials, depression checklists. 2. Mood rating, introductions, icebreaker. 3. Establish group rules. 4. Communication strategies discussion. 5. Discuss depression signs and interpersonal issues. 6. Summarize and encourage attendance.	1. Binders and pens. 2. Materials for icebreaker. 3. Depression vignettes.
Group Session 2	1. Continue mood rating and depression checklist. 2. Review printed rules. 3. Link mood and interactions, role plays. 4. Communication analysis	1. Binders and pens. 2. Group rules. 3. Communication and scenario notecards.

	and discussion. 5. Encourage linking relationships and mood.	
Group Session 3	1. Role play interpersonal scenarios. 2. Teach communication strategies. 3. Practice strategies with role plays. 4. Discuss transition to middle phase sessions. 5. Mid-group session overview.	1. Binders and pens. 2. Scenario notecards. 3. Strategy cue cards.
Group Session 4	1. Mood ratings, link changes to interpersonal events. 2. Discuss interpersonal situations. 3. Communication analysis, decision analysis. 4. Script detailed conversation plans. 5. Role play and revise plans. 6. Prepare for interpersonal work at home.	1. Binders and pens. 2. Strategy cue cards.
Group Session 5	1. Mood ratings, discuss mid-group sessions. 2. Review home assignments. 3. Identify and analyze interpersonal situations. 4. Discuss and script conversations. 5. Role play and debrief.	1. Binders and pens. 2. Strategy cue cards.
Group Session 6	1. Complete mood ratings, reflect on strategies. 2. Review interpersonal work. 3. Analyse and decide on interpersonal issues. 4. Role play, discuss effective strategies. 5. Assign work at home, discuss next sessions.	1. Binders and pens. 2. Strategy cue cards.

Note. From “Preventing adolescent depression: Interpersonal psychotherapy-adolescent skills training” by Young, J. F., Mufson, L., & Schueler, C. M., 2016, Oxford, UK: Oxford University Press, p. 177

Appendix C - Ethics Proposal

The Tavistock and Portman NHS
NHS Foundation Trust

Tavistock and Portman Trust Research Ethics Committee (TREC)

APPLICATION FOR ETHICAL REVIEW OF STUDENT RESEARCH PROJECTS

This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact Paru Jeram (academicquality@tavi-port.nhs.uk)

FOR ALL APPLICANTS

If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters. You need only complete sections of the TREC form which are NOT covered in your existing approval

Is your project considered as 'research' according to the HRA tool? (http://www.hra-decisiontools.org.uk/research/index.html)	**Yes**
Will your project involve participants who are under 18 or who are classed as vulnerable? (see section 7)	**Yes**
Will your project include data collection outside of the UK?	**No**

section a: Project Details

Project title	**The impact of using Interpersonal Psychotherapy – Adolescent Skills Training (IPT-AST) in a secondary provision as a preventative group intervention for adolescent mental health**		
Proposed project start date	**01.03.2023**	**Anticipated project end date**	**30.05.2024**
Principle Investigator (normally your Research Supervisor): Dr. C. Arnold			
Please note: TREC approval will only be given for the length of the project as stated above up to a maximum of 6 years. Projects exceeding these timeframes will need additional ethical approval			
Has NHS or other approval been sought for this	**YES (NRES approval)** ☐ ☐		

research including through submission via Research Application System (IRAS) or to the Health Research Authority (HRA)?	**YES (HRA approval)** ☒ **Other** ☐ **NO**
If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters.	

section b: Applicant Details

Name of Researcher	**Ana Gallego-Martin**
Programme of Study and Target Award	**Doctorate in Educational, Community, and Child Psychology (M4)**
Email address	**Agallego-martin@tavi-port.nhs.uk**
Contact telephone number	**07507916701**

section c: CONFLICTS OF INTEREST

Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research? **YES ☐ NO ☒** **If YES, please detail below:**
Is there any further possibility for conflict of interest? YES ☐ NO ☒
Are you proposing to conduct this work in a location where you work or have a placement? **YES ☒ NO ☐** **If YES, please detail below outline how you will avoid issues arising around colleagues being involved in this project:**
The project has been approved by the leadership (PEPs) in the local authority (EPS) and the team have agreed to raise any concerns with them.

Is your project being commissioned by and/or carried out on behalf of a body external to the Trust? (for example; commissioned by a local authority, school, care home, other NHS Trust or other organisation).	**YES ☒ NO ☐**

***Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust)**	
If YES, please add details here: **This study sits under one of seven projects funded by the UKRI Medical Research Council as part of a £24million investment to improve the mental health and wellbeing of adolescents in the UK. The study itself will collect data from a smaller sample than the project it belongs to and it will have a slightly different focus – collecting the perspective of the facilitators. See the ethics approval from UCL attached (for the larger project). Furthermore, [redacted] Borough EPS (my placement) will be facilitating this study by providing facilitators (Educational Psychologists trained by UCL in IPT-AST) and providing links to secondary schools.**	
Will you be required to get further ethical approval after receiving TREC approval? **If YES, please supply details of the ethical approval bodies below AND include any letters of approval from the ethical approval bodies (letters received after receiving TREC approval should be submitted to complete your record):**	**YES ☒ NO ☐**
Ethical approval has been submitted within [redacted] Borough EPS (this result in an email confirming approval). See [redacted] Borough Ethics Form attached.	

If your project is being undertaken with one or more clinical services or organisations external to the Trust, please provide details of these:	
If you still need to agree these arrangements or if you can only approach organisations after you have ethical approval, please identify the types of organisations (eg. schools or clinical services) you wish to approach:	
Once I have approval, I will be approaching secondary schools in [redacted] Borough to gauge their interest in allowing [redacted] Borough EPS facilitators (EPs trained in IPT-AST) to run the group interventions.	
Do you have approval from the organisations detailed above? (this includes R&D approval where relevant) **Please attach approval letters to this application. Any approval letters received after TREC approval has been granted MUST be submitted to be appended to your record**	**YES ☒ NO ☐ NA ☐**

SECTION D: SIGNATURES AND DECLARATIONS

APPLICANT DECLARATION

I confirm that:

- **The information contained in this application is, to the best of my knowledge, correct and up to date.**
- **I have attempted to identify all risks related to the research.**
- **I acknowledge my obligations and commitment to upholding ethical principles and to keep my supervisor updated with the progress of my research**
- **I am aware that for cases of proven misconduct, it may result in formal disciplinary proceedings and/or the cancellation of the proposed research.**
- **I understand that if my project design, methodology or method of data collection changes I must seek an amendment to my ethical approvals as failure to do so, may result in a report of academic and/or research misconduct.**

Applicant (print name)	**Ana Gallego-Martin**
Signed	
Date	**01.01.2023**

FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY

Name of Supervisor/Principal Investigator	**Dr. Christopher Arnold (Supervisor)**

Supervisor –

- **Does the student have the necessary skills to carry out the research?**

  YES x☐ NO ☐

- **Is the participant information sheet, consent form and any other documentation appropriate?**

  YES x☐ NO ☐

- **Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient?**

  YESx ☐ NO ☐

- **Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance?**

  YESx ☐ NO ☐

Signed	
Date	**17.1.23**

COURSE LEAD/RESEARCH LEAD

Does the proposed research as detailed herein have your support to proceed? YES ☒ NO ☐	
Signed	
Date	**17.03.2023**

SECTION E: Details of the proposed research

1. Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)
This is an evaluative piece of research to measure the impact of a group intervention that has been adapted by clinical researchers at UCL alongside young people (as part of the pilot phase of the study). Educational Psychologists in [redacted] Borough will be opportunistically trained in the intervention (interest will be gauged by the Principal Psychologists in the service). These trained Educational Psychologists will then deliver the intervention in secondary schools that will be opportunistically recruited (see flyers attached that will be circulated to all secondary schools in [redacted] Borough). The adolescents will be between the age of 12 and 18.

2. Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)
Significance of the Research: **The focus of this research stems from an international and national concern over the increasing demand for adolescent mental health support at a universal and preventative level (Kessler *et al*., 2005; DHSC & DfE, 2017). Within the Local Authority (LA) Educational Psychology Service (EPS) in which this research is set, and in psychology services across the world, there has been an increased awareness of the need to improve young people's (YP) access to mental health support (Keeley, 2021). Half of all mental health problems emerge before the age of 14, and there is a need for effective mental health interventions that can be implemented at an early stage to help prevent or reduce mental health problems in adolescence and later life (DHSC & DfE, 2017). In the recent Green Paper outlining the strategy to transform children's mental health care, it was concluded that public services should focus on tacking "many of the underlying issues which affect poor mental health, intervene early and prevent mental health problems arising in the first place" (DHSC & DfE, 2017, p.6).**

In the aforementioned Green Paper, an extensive strategy was outlined on how to improve collaborative practice between Child and Adolescent Mental Health Services (CAMHS) and schools; however, this strategy did not seek to guide Educational Psychologists (EPs) in their role to prevent mental health challenges in adolescents. Nonetheless, there has been a general strategic boost to support the social, emotional and mental health wellbeing of children through the work of EPs. This can be seen in the government's "Mental health and behaviour in schools" document issued in 2018 where Educational Psychologists are called upon to, both directly and indirectly, support children's 'emerging mental health needs' (DfE, 2018a). Moreover, the Department for Education published a list of Areas of Research Interest in 2018 which makes specific reference to its commitment to researching preventative interventions for school-aged YP through one of their top 10 research questions: "How can schools best identify children's mild to moderate mental health needs, and what role can early intervention play in preventing escalation?" (DfE, 2018b, p.5).

The DfE is interested in preventing the escalation of mental health needs in school-aged children, however this study will focus only on adolescence. Adolescence is a developmental stage characterised by significant changes where teenagers experience shifts in complex social landscapes and learn to navigate secondary school friendships (Music, 2016). Successfully overcoming these social complexities is essential for continued emotional wellbeing (Von Tetzchner, 2018). During adolescence, young people develop emotion processing and social skills and there is

substantial evidence that these skills are significantly predictive of resilience and risk to mental health challenges in adult life (Mitic *et al*., 2021; Penton-Voak *et al*., 2017).

However, little work has explored how both emotion processing and social skills can be boosted in adolescents through preventative group interventions in schools (Young *et al*., 2016). Therefore, this study will focus on and testing a school-based intervention: Interpersonal Psychotherapy – Adolescent Skills Training (IPT-AST) to simultaneously train social and emotional skills in adolescents identified at-risk of developing poor mental health. Often, research studies into preventative interventions focus only on targeting one skill for a single mental health need (e.g. the role of social skills in anxiety) (Horowitz *et al*., 2007). However, this study will take on a 'transdiagnostic approach'; that is, one that examines multiple mechanisms across several disorders; this is crucial to help us understand more about how we can prevent the development of mental health difficulties.

The Research Aims:

- **School: To explore the impact of the intervention and the potential for similar preventative therapeutic work delivered by EPs in the future.**
- **Local Authority: To explore EPs' perceptions of the impact of the intervention and the potential for more EPs to be trained in the future.**
- **Researcher: To explore the impact of IPT-AST on YP SEMH in the UK as delivered by EPs in schools.**

The Research Questions:

Overarching question:

- **What is the impact of an 8-week IPT-AST group preventative intervention on young people in mainstream secondary schools in a [redacted] LA?**

Quantitative research questions:

- **What is the self-reported impact of IPT-AST on adolescents' SEMH wellbeing (see Appendix 3 for a full list of measures)?**

Qualitative research questions:

- **What are young people's and parents' perception of the impact of IPT-AST?**
- **What are EPs' perceptions of the impact of IPT-AST on their practice?**
- **What are EPs' perceptions of the impact of IPT-AST on the adolescents who attended the groups?**
- **What are EPs' perceptions of the wider impact of IPT-AST practice in the school?**

3. **Provide an outline of the methodology for the proposed research, including proposed method of data collection, tasks assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research**

makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words)

Methodology:

This study will use a mixed methods sequential evaluative design (Creswell, 2013). This type of design uses both quantitative and qualitative data to evaluate the impact of an intervention. In an evaluative and exploratory design, there is a stronger focus on the quantitative data which is used to inform the qualitative design (i.e. quantitative pre- and post- measures are analysed and these inform the questions asked to professionals in the interview phase). The qualitative data on facilitators' perceptions of the intervention will be thematically analysed to inform the overall picture.

Data collection and analysis:

1. ***Quantitative data:***

Quantitative data will be gathered pre- and post- intervention from YP participating in the IPT-AST groups. The complete list of questionnaires can be found below*, this list includes the Strengths and Difficulties Questionnaire (SDQ); the Me and My Feelings Questionnaire (M&MF); and the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) (Goodman, 1997; Deighton *et al.,* 2013; Tennant *et al.,* 2007). All questionnaires in the list are normative measures routinely used to monitor and evaluate SEMH needs in adolescents; facilitators will be trained in these questionnaires as part of the intervention training and will be familiar with

administering these for the purpose of research (NHS Digital, 2011). The quantitative data will be collected pre- and post-intervention and therefore follows a within-subject, repeated measures design. In order to measure the difference in SEMH scores, the pre- and post- measures will be compared by analysing the effect size dependent on whether the sample size accounts for sufficient power to do so.

1. ***Qualitative data:***

Qualitative data will be collected via semi-structured interviews with IPT-AST trained and non-trained EPs. The participants will be asked questions relating to their perceptions of the intervention, the impact they think it can have on YP's SEMH needs, and their views on potential future use for the intervention to be rolled out in more schools. The quantitative portion of the study will inform the interview questions (e.g. if a particular SEMH composite has shown particular improvement, this will be visited in the interview). The explorative nature of this portion of the study will mean an inductive approach will be applied to the thematic analysis with no pre-existing theme codes being applied.

1. **Strengths and Difficulties Questionnaire (SDQ); Goodman (1997)**
2. **Me and my feelings questionnaire (M&MF); Deighton et al (2013)**
3. **Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS), Stuart-Brown et al (2009)**
4. **Childhood Outcomes Rating Scale (CORS); Scott et al (2003)**
5. **Group Sessions Rating Scale (GSRS); Scott et al (2007)**

SECTION F: Participant details

4. Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why these criteria are in place. (Do not exceed 500 words)
Participant identification: **Mainstream secondary schools in [redacted] Borough that fit study criteria will be identified by J.Smith (co-I) and North London Borough EPS team (namely the PEPs and I). Ethnic and economic diversity (i.e. those with 30% or more children qualifying for free school meals) information is readily available to the general public in each school's OFSTED report. All potential schools will come from the 'Schools in Mind Network'; a free network developed by collaborators at the Anna Freud National Centre for Children and Families for professionals that share expertise regarding mental health and wellbeing issues in schools. All children in Years 8 and 9 at these schools will be invited to participate in the study.** **How participants will be approached:** **Potential participants will be invited either via email and/or letter home to their families. In the first instance, permission to work with a school will be sought from the Headteacher, with agreement from the school's link EP to be involved in the facilitation and delivery of the intervention in school.** **Participant recruitment:**

All young people in Year 8/9 will be invited to take part in the initial screening phase of the project. Families will be provided with detailed information sheets explaining the screening process and the aim of the screen. Families will be given at least two-weeks to opt-out if they so wish.

Participants identified as eligible for the main study from the screen will be notified via letter/email to their parent guardian. Caregivers will be asked to provide informed opt-in consent for their child to participate in the intervention phase of the study and three study assessments.

All young people whose caregivers have consented to participation will be given the opportunity to participate in our study assessments (pre and post intervention). Young people will be given age-appropriate information sheets and consent forms and a researcher will be present whilst they read in the information sheet and complete their consent form should they require any assistance or have any questions about participation. Participants will be reminded that they are able to ask questions or withdraw at any time without reason.

5. **Please state the location(s) of the proposed research including the location of any interviews. Please provide a Risk Assessment if required. Consideration should be given to lone working, visiting private residences, conducting research outside working hours or any other non-standard arrangements.**

If any data collection is to be done online, please identify the platforms to be used.

Research with YP will take place in secondary schools in [redacted] Borough (pupils will stay in the schools they attend and researchers/faciitators will be attending schools within their EPS local authority). Research with facilitators will be conducted in the Local Authority where they work and where research approval has been granted. Please find Risk Assessment attached (Appendix 4 of UCL Research Ethics).

6. Will the participants be from any of the following groups?*(Tick as appropriate)*

☒ **Students or Staff of the Trust or Partner delivering your programme.**

☐ **Adults (over the age of 18 years with mental capacity to give consent to participate in the research).**

☒ **Children or legal minors (anyone under the age of 16 years)[1]**

☐ **Adults who are unconscious, severely ill or have a terminal illness.**

☐ **Adults who may lose mental capacity to consent during the course of the research.**

☐ **Adults in emergency situations.**

☐ **Adults[2] with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).**

☐ **Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).**

☐ **Prisoners, where ethical approval may be required from the National Offender Management Service (NOMS).**

☐ **Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).**

☐ **Healthy volunteers (in high risk intervention studies).**

☐ **Participants who may be considered to have a pre-existing and potentially dependent[3] relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).**

☐ **Other vulnerable groups (see Question 6).**

☐ **Adults who are in custody, custodial care, or for whom a court has assumed responsibility.**

☐ **Participants who are members of the Armed Forces.**

[1]If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability[3], any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.

[2] 'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)

[3] Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.

7. Will the study involve participants who are vulnerable? YES ☒ NO ☐

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population. Vulnerability may arise from:

- **the participant's personal characteristics (e.g. mental or physical impairment)**
- **their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness).**
- **where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable**
- **children are automatically presumed to be vulnerable.**

7.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?

Our study population may include young people with social, emotional and mental health needs. Each of the training sessions is run by Educational Psychologists all of whom have been trained extensively in working with young people with mental health difficulties and in administering both individual and group interventions to young people. EPs will be instructed to observe for any signs of distress amongst the group (as is typical in their job role) and will act accordingly. As is standard in all our studies with young people, we will have a safeguarding protocol and training provided to all research staff, as well as the EPs.

At the beginning of each group intervention session, young people will be asked to complete a short wellbeing questionnaire The Child Outcomes Rating Scale (CORS; Scott et al, 2022) that gives an indication of wellbeing across several domains (personal, interpersonal, social & overall) .The

wellbeing scale used in this questionnaire closely align with domains covered in the ReSET intervention including 'me' (personal) strategies and 'we' (interpersonal) strategies.

The group facilitators will use the CORS scale to monitor how the young person is doing weekly. Prolonged low scores across the domains (scoring <25/40) for 2 weeks or more will initiate a triage-based approach (as previously stated in 'B6-v: safeguarding / disclosure of harm') to assess additional needs, which is the standard cut-off used for this questionnaire in clinical work to identify lower levels of functioning. The essence of this approach would be that low-level concern is monitored over the course of the programme for any escalation, and very urgent concerns are reported immediately to a clinically qualified member of the team (e.g. co-PI Fearon or co-I Law), who can advise about the appropriate action and consult with the School safeguarding lead. The EP will act in accordance with school safeguarding procedures and clinical management guidelines, and will liaise closely with the relevant school mental health lead or SENCO.

If YES, a Disclosure and Barring Service (DBS) check within the last three years is required.

Please provide details of the "clear disclosure":

Date of disclosure: 20/10/2021
Type of disclosure: Fully Enhanced
Organisation that requested disclosure: The Tavistock and Portman NHS Trust
DBS certificate number: 001744890171

(NOTE: information concerning activities which require DBS checks can be found via https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance). Please do not include a copy of your DBS certificate with your application

8. Do you propose to make any form of payment or incentive available to participants of the research? YES ☒ NO ☐

If YES, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent. Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

Young people will be remunerated £7.50 per hour (voucher) up to a maximum of 2 hours for each assessment they participate in (max. per session £15).

The maximum number of sessions = 3. Therefore, maximum 3 x £15 = £45 (in vouchers)

Schools will be given a £330 honorarium per intervention completion (8-10 week programme), to account for school admin support throughout the delivery of the project. Some schools may deliver multiple intervention blocks across different terms (dependent on number of participants recruited at each school) and will receive this amount per training-block completed. Schools will also be provided with research tablets to deliver the intervention which will be gifted to the school once the project is complete, to assist with ongoing delivery of the intervention (if proved successful) and/or further learning.

Incentive justification:

As young people are taking part in the evaluation of an intervention as part of this study it is not ethical to provide remuneration to those who are taking part in the intervention itself. The

intervention will be delivered in a school setting, during normal learning hours with their classmates and we do not anticipate that these children will be inconvenienced by participating. **Young people, nonetheless, will be invited to take part in our research assessments (pre and post intervention). All children who take part in an assessment will receive remuneration for volunteering their time.**
9. What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)
A proportion of participants will be between 12 and 18 years old. Therefore, it is appropriate to make special arrangements for these participants. Two information sheets will be distributed, one for the parent/carer of the young person and one with child-friendly language for the young person.

SECTION F: RISK ASSESSMENT AND RISK MANAGEMENT

10. Does the proposed research involve any of the following? *(Tick as appropriate)*

☒ **use of a questionnaire, self-completion survey or data-collection instrument (attach copy)**

☐ **use of emails or the internet as a means of data collection**

☐ **use of written or computerised tests**

☒ **interviews (attach interview questions)**

☐ **diaries (attach diary record form)**

☐ **participant observation**

☐ **participant observation (in a non-public place) without their knowledge / covert research**

☒ **audio-recording interviewees or events**

☐ **video-recording interviewees or events**

☒ **access to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the participant's informed consent for use of these data for research purposes**

☒ **administration of any questions, tasks, investigations, procedures or stimuli which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process**

☐ **performance of any acts which might diminish the self-esteem of participants or cause them to experience discomfiture, regret or any other adverse emotional or psychological reaction**

☐ **Themes around extremism or radicalisation**

☐ **investigation of participants involved in illegal or illicit activities (e.g. use of illegal drugs)**

☐ **procedures that involve the deception of participants**

☐ **administration of any substance or agent**

☐ **use of non-treatment of placebo control conditions**

☐ **participation in a clinical trial**

☒ **research undertaken at an off-campus location (risk assessment attached)**

☐ **research overseas (please ensure Section G is complete)**

11. Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life?

YES ☒ NO ☐

If YES, please describe below including details of precautionary measures.

It is not anticipated that the intervention or assessments will cause any harm to participants. However, Young people will be asked to complete sensitive questionnaires that they may find uncomfortable or embarrassing including topics such as pubertal status, substance use and mental health & wellbeing. These questionnaires may also raise concern for participants and parents. Participants will

be reminded that participation is entirely voluntary and anonymous. Where participants are able to complete questionnaires without assistance, the researcher will aim to be positioned so that the child is able to complete the questionnaires without being observed to remove any associated embarrassment or anxiety. They will also be sign-posted to charities and support groups who are able to help should they have any concerns. All facilitators are trained in risk assessment and are experienced in working with the age-group. They will be encouraged to monitor any signs of distress, and if concerned, take appropriate action (e.g. stopping the assessment, allowing a break, and checking the young person is happy to continue). The full assessment battery is approximately 2 hours, so it will be broken down into two or more sessions to avoid fatigue. At the beginning of each assessment, the researcher will be guided to build rapport with the YP to reduce any anxiety surrounding taking part in the study and being with an unfamiliar person.

Our study also asks participants to discuss friendship networks which may differ from young-person to young-person in terms of number and strength of relationships. We will aim to reduce any distress/upset by using minimal prompting in the task; i.e. if a child only lists a couple of friends at school, we will not encourage them to list more. Previous research involving this task has shown that young people were not hurt or upset by research that used these measures, they did not feel that their peers treated them differently following the procedures and most young people enjoyed taking part in studies that used these measures. It is also clear that they understood their rights in relation to the research. In an initial consultation with a young person regarding this issue, he indicated that it might be a good idea to space out collecting this measure so that if more than one class at school is taking part, not everyone is doing the measure at the same time. We will of course work with our

Young People advisors and co-I to ensure that any aspect of data collection is done sensitively. If a child confides anything of concern during this task, it will be addressed as a safeguarding issue (see B6-v) for safeguarding procedures.
12. Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.
All facilitators are trained in risk assessment and are experienced in working with the age-group and mental health topic (either clinically or in research contexts as part of their doctoral thesis as a minimum).
13. Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words) **NOTE: Where the proposed research involves students , they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.**
The purpose of this study is to evaluate the effects of a newly adapted transdiagnostic training programme for adolescents (IPT-AST adapted for the prevention of general SEMH needs). As this is a newly adapted intervention, we do

not know if participants in the intervention arm will see benefits. However, it is possible that they will see benefits to emotion processing skills, social relationships and wellbeing.

14. Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)

I will ensure that all adverse or unforeseen problems arising from the research project are reported in a timely fashion to the Tavistock and UCL Research Ethics Committees. See answer to question 12 for safeguarding measures in place.

15. Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants.

i) Safeguarding / disclosure of harm

The questionnaires used in our study do not directly ask young people to disclose information about home-life or concerns for their wellbeing. The participant information sheet clearly explains that all the information that the young people share with us is strictly confidential and private unless they disclose anything of concern, in which case we will need to act on this.

Our safeguarding/disclosure procedures are as follows;

a) **We will stop the young person and explain that we are concerned about what they are telling us and we will need to raise this with someone who is able to help at their school.**
b) **The researcher will listen to the young person's disclosure and ensure that they record as much information as they can.**
c) **Researchers will not offer any advice to the young person involved but will take a sympathetic and understanding stance.**
d) **The school safeguarding lead will be informed of the disclosure; the disclosure will be recorded both at school and in project records.**
e) **School safeguarding leads will be expected to take appropriate action.**

All researchers working with young people are fully DBS checked, and trained in risk assessment when they join the team.

ii) Sensitive topics – debriefing signposting to support services

The questionnaires and intervention contain some sensitive topics such as ratings of current mental health and questions regarding substance use, the responses from which could reveal concerns for the young person involved. Questionnaires will be completed unsupervised by researchers where the young person is able to respond without support as this will encourage honest responses from the young person. However, in the case that a participant discloses that they, or others are at risk of harm, this will be addressed as in point 'v' (above).

In the debrief stage, researchers will ensure that participants are aware that support for any sensitive issues covered in the study questionnaires is available if needed and will direct them towards these resources. The resources include helplines

to contact when a participant needs more urgent or personalised advice and support, alongside signposting to online resources for more generalised advice on a topic. We will provide easy routes to the support through website hyperlinks and helpline phone numbers. This information will also be available on our study website.

16. Please provide the names and nature of any external support or counselling organisations that will be suggested to participants if participation in the research has potential to raise specific issues for participants.

The following signposting information will be included and relayed in the debrief to participants:

Helplines and support

1 in 4 people will experience difficulties with their mental health or wellbeing at some point during their life. Sometimes we may need a little help or support to help us through more difficult times.

Below are the contact details of some places where you can find information and support should you feel you need some help.

For immediate support please contact one of the following 24 hour services:

SAMARITANS: 116 123 / www.samaritans.org

CHILDLINE: 0800 1111 / www.childline.org.uk

To find services local to you, visit:

https://www.annafreud.org/on-my-mind/youth-wellbeing/find-a-service-near-you/

There are also other ways that you can try to help yourself using self-help strategies.

This could include things like:

- **noticing your triggers**

• **doing things that you enjoy** • **using self-help apps on your phone** • **spending time with friends** • **reading a book** **Please note, these things are not a substitute to seeking professional help but may help you to feel more in control of your wellbeing.** **For more information visit: https://www.annafreud.org/on-my-mind/self-care/**
17. Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant's performance and/or the results of the research. (Do not exceed 500 words)
N/A

For Research undertaken outside the uk

18. Does the proposed research involve travel outside of the UK?

☐ **YES** ☒ **NO**

If YES, please confirm:

☐ **I have consulted the Foreign and Commonwealth Office website for guidance/travel advice? http://www.fco.gov.uk/en/travel-and-living-abroad/**

☐ **I have completed ta RISK Assessment covering all aspects of the project including consideration of the location of the data collection and risks to participants.**

All overseas project data collection will need approval from the Deputy Director of Education and Training or their nominee. Normally this will be done based on the information provided in this form. All projects approved through the TREC process will be indemnified by the Trust against claims made by third parties.

If you have any queries regarding research outside the UK, please contact academicquality@tavi-port.nhs.uk:

Students are required to arrange their own travel and medical insurance to cover project work outside of the UK. Please indicate what insurance cover you have or will have in place.

19. Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place. Please also clarify how the requirements will be met:

SECTION G: PARTICIPANT CONSENT AND WITHDRAWAL

20. Have you attached a copy of your participant xf (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials. **YES ☒ NO ☐** **If NO, please indicate what alternative arrangements are in place below:**

21. Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials. **YES ☒ NO ☐** **If NO, please indicate what alternative arrangements are in place below:**

22. The following is a <u>participant information sheet</u> checklist covering the various points that should be included in this document. **☒ Clear identification of the Trust as the sponsor for the research, the project title, the Researcher and Principal Investigator (your Research Supervisor) and other researchers along with relevant contact details.** **☒ Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved.** **☒ A statement confirming that the research has received formal approval from TREC or other ethics body.** **☒ If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity.** **☒ A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support.** **☒ Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.** **☒ Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations.**

☒ A statement that the data generated in the course of the research will be retained in accordance with the Trusts 's Data Protection and handling Policies.: https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/

☒ Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk)

☒ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

23. The following is a consent form checklist covering the various points that should be included in this document.

☒ Trust letterhead or logo.

☒ Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.

☒ Confirmation that the research project is part of a degree

☒ Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.

☒ Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.

☒ If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.

☒ **The proposed method of publication or dissemination of the research findings.**

☒ **Details of any external contractors or partner institutions involved in the research.**

☒ **Details of any funding bodies or research councils supporting the research.**

☒ **Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.**

SECTION H: CONFIDENTIALITY AND ANONYMITY

24. Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.

☐ **Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?**

☐ **The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with no record retained of how the code relates to the identifiers).**

☐ **The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers are able**

to link the code to the original identifiers and isolate the participant to whom the sample or data relates).

☐ **Participants have the option of being identified in a publication that will arise from the research.**

☒ **Participants will be pseudo-anonymised in a publication that will arise from the research. (I.e. the researcher will endeavour to remove or alter details that would identify the participant.)**

☒ **The proposed research will make use of personal sensitive data.**

☐ **Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.**

25. Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.

YES ☒ **NO** ☐

If NO, please indicate why this is the case below:

NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.

SECTION I: DATA ACCESS, SECURITY AND MANAGEMENT

26. Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES ☒ NO ☐

If NO, please indicate what alternative arrangements are in place below:

27. In line with the 5th principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.

☐ 1-2 years ☐ 3-5 years ☒ 6-10 years ☐ 10> years

NOTE: In line with Research Councils UK (RCUK) guidance, doctoral project data should normally be stored for 10 years and Masters level data for up to 2 years

28. Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.

☐ **Research data, codes and all identifying information to be kept in separate locked filing cabinets.**

☒ **Research data will only be stored in the University of Essex OneDrive system and no other cloud storage location.**

☐ **Access to computer files to be available to research team by password only.**

☐ **Access to computer files to be available to individuals outside the research team by password only (See 23.1).**

☐ **Research data will be encrypted and transferred electronically within the UK.**

☐ **Research data will be encrypted and transferred electronically outside of the UK.**

NOTE: Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories

deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).

Essex students also have access the 'Box' service for file transfer: https://www.essex.ac.uk/student/it-services/box

☐ **Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.**

☒ **Collection and storage of personal sensitive data (e.g. racial or ethnic origin, political or religious beliefs or physical or mental health or condition).**

☒ **Use of personal data in the form of audio or video recordings.**

☐ **Primary data gathered on encrypted mobile devices (i.e. laptops).**

NOTE: This should be transferred to secure University of Essex OneDrive at the first opportunity.

☒ **All electronic data will undergo secure disposal.**

NOTE: For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.

☒ **All hardcopy data will undergo <u>secure disposal</u>.**

<u>NOTE:</u> For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm.

29. Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.

For the purpose of this research, all special category data will be pseudonymised at the data collection stage. Each participant will be allocated a unique participant ID number. This is to ensure that any personally identifying or sensitive information cannot be traced back to any individual participant other than by the researcher. Data will be stored on secure servers and hardware managed by Essex IT services and access to this data is strictly controlled through Essex log-ins. Only team members with the correct approvals are able to access the drives where this data will be stored.

The pseudonymisation process involves:

• Removing name and DOB **• Removing any associations between individuals and their school** **• Aggregating or reducing the precision of information or a variable, e.g. replacing date of birth by age group** **• Grouping data where small group numbers may inadvertently causing identifiable information.** **• Generalising the meaning of detailed text, e.g. by replacing with categorical and dimensional data.**
30. Please provide details on the regions and territories where research data will be electronically transferred that are external to the UK:

SECTION J: Publication and dissemination of research FINDINGS

30. How will the results of the research be reported and disseminated? ***(Select all that apply)***
☒ **Peer reviewed journal**
☒ **Non-peer reviewed journal**
☒ **Peer reviewed books**

☒ **Publication in media, social media or website (including Podcasts and online videos)** ☐ **Conference presentation** ☒ **Internal report** ☐ **Promotional report and materials** ☐ **Reports compiled for or on behalf of external organisations** ☒ **Dissertation/Thesis** ☐ **Other publication** ☒ **Written feedback to research participants** ☒ **Presentation to participants or relevant community groups** ☐ **Other (Please specify below)**

SECTION K: Other ethical issues

31. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?
In the UCL Ethics Form there are marked differences to this study, this is because my doctoral research will only be focused on a small part of the overarching 4-year study and also because I will be focusing on facilitators' views more in-depth.

SECTION L: CHECKLIST FOR ATTACHED DOCUMENTS

32. Please check that the following documents are attached to your application.

☒ **Letters of approval from any external ethical approval bodies (where relevant)**

☒ **Recruitment advertisement**

☒ **Participant information sheets (including easy-read where relevant)**

☒ **Consent forms (including easy-read where relevant)**

☐ **Assent form for children (where relevant)**

☐ **Letters of approval from locations for data collection**

☐ **Questionnaire**

☐ **Interview Schedule or topic guide**

☒ **Risk Assessment (where applicable)**

☐ **Overseas travel approval (where applicable)**

34. Where it is not possible to attach the above materials, please provide an explanation below.

Due to the sequential nature of this study, an interview schedule will be informed by the first phase of the research and therefore cannot yet be written – the interview will aim to gather facilitators' perceptions on the intervention. The interview will last up to one-hour and topics covered will likely be:

- **What aspects of the intervention worked well?**
- **How do you think participants benefited from the intervention?**
- **What do you think could be changed to improve the intervention?**
- **How do you think the intervention worked as part of the school ethos/wider wellbeing approach?**

Appendix D - Ethics Amendment

Notification of Amendment to Approved Ethics Application

To apply for an amendment to an existing study please complete the form, attach all appendices (track changes where appropriate) and send application including all appendices to academicquality@tavi-port.nhs.uk – ensuring that your supervisor is copied into the email.

1. Details of Researcher/Principal Investigator and Supervisor

Student name	Ana Gallego-Martin
Doctoral Programme	Doctorate in Educational, Community, and Child Psychology (M4)
Supervisor(s)	Dr. Christopher Arnold

2. Details of Research Project

Project Title:	(Change of project title) Exploring Relationships: Facilitators' views on delivering Interpersonal Psychotherapy – Adolescent Skills Training (IPT-AST) in a secondary provision as a preventative group intervention for adolescent mental health
Original Date of Approval:	12th June 2023
Date Project Commenced (if applicable):	N/A

3. Details of Amendments (*Please delete as appropriate)*

Does the amendment involve changes to information supplied in the original ethical application to TREC? (*If yes, please detail the changes in Section 4 below)*	**Yes**	**No**
	X	

Does the information involve changes to the consent form, information sheet or other supporting materials for the study? (*If yes, please ensure all amended materials are appended to this application)*	**Yes**		**No**
			X
If your project has the approval/consent of external/commissioning organisations 'external organisations', please confirm that they have been consulted/consent to the changes	**Yes**	**No**	**NA**
	X		

4. **Summary of Amendments -** Please state clearly and simply the proposed changes to your project (methods of data gathering, changes to design etc)

Please explain the reason for the change(s) and their implications for the study. *If the amendment substantially changes the research design, methodology, data gathering or may otherwise affect the value of the study, please indicate if additional and appropriate critique has been obtained.*
The quantitative portion of the study has been cut resulting in a qualitative-only study. The project will focus on interviewing facilitators to capture their views and analyse these using grounded theory. Please find the new research aims and research questions below: **Research focus** **Research aims.** The present study aims to explore the relationships developed between YP and IPT-AST-trained school facilitators (including educational psychologists, school counsellors and school-based clinicians within the MHST). Specific aims were as follows: a) To explore what type of relationships are built in the IPT-AST group and how facilitators experience these, b) To explore what sense facilitators make of their relationship with IPT-AST YP,

and c) To explain what role this relationship plays in the intervention, as seen by facilitators.

Research questions.

The overall research focus of this thesis is study "How do facilitators make sense of their relationships with YP in the IPT-AST group intervention?" This overarching focus will be explored from the perspective of recently trained IPT-AST facilitators.

Three primary research questions will be explored to this end:

- What types of relationships are built between YP and facilitators in the IPT-AST group?
- How do facilitators make sense of their relationship with IPT-AST YP?
- What role do facilitators perceive these relationships play in the intervention?

Three secondary research questions will additionally be explored:

- How do IPT-AST facilitators make sense of the relationship between the IPT-AST facilitator and IPT-AST YP?
- What enables the relationship between the IPT-AST facilitator and the IPT-AST YP?
- What challenges the relationship between the IPT-AST facilitator and the IPT-AST YP?

Reason for Research Focus Change.

The primary reason is a practical one, as the time-frame of my dissertation no longer aligns with the wider project and therefore the quantitative data will not be available in time. With the help of my research supervisor, Chris Arnold, I have decided to focus on the qualitative portion and to expand the analysis to a grounded theory approach as this is more in line with my epistemology and ontology and it allows for an appropriate scope for an M4 thesis.

5. Additional Information

Applicants may indicate any specific ethical issues relating to the proposed changes, on which the opinion of TREC is sought.

The changes do not affect the ethical considerations already outlined in the original TREC.

6. List of enclosed documents

Document	*Date*

7. Declaration

- I confirm that the information in this form is accurate to the best of my knowledge and I take full responsibility for the details herein.
- It is my belief that it would be practical for the proposed amendment to be implemented.
- I have discussed the changes with my supervisor(s) and I can confirm that they are in agreement with my changes and have approved my changes (please copy your supervisor into the email request)

Signature of Student: 

Print name: Ana Gallego-Martin

Date of submission: 12th June 2023

Please return this form as directed by your supervisor or course lead to academicquality@tavi-port.nhs.uk

You **must** ensure any changes are also approved by the ethical approval body before you start work