



## The development of expertise in children’s mental health therapists and teachers: changes in perspective and approach

Gillian King, Jacqueline Specht, Patricia Petersen, Michelle Servais, Shannon Stewart, Gabrielle Young & Heather Brown

To cite this article: Gillian King, Jacqueline Specht, Patricia Petersen, Michelle Servais, Shannon Stewart, Gabrielle Young & Heather Brown (2014) The development of expertise in children’s mental health therapists and teachers: changes in perspective and approach, Educational Research, 56:3, 277-294, DOI: [10.1080/00131881.2014.934553](https://doi.org/10.1080/00131881.2014.934553)

To link to this article: <http://dx.doi.org/10.1080/00131881.2014.934553>



Published online: 10 Sep 2014.



Submit your article to this journal [↗](#)



Article views: 243



View related articles [↗](#)



View Crossmark data [↗](#)

## The development of expertise in children's mental health therapists and teachers: changes in perspective and approach

Gillian King<sup>a,b\*</sup>, Jacqueline Specht<sup>c</sup>, Patricia Petersen<sup>d</sup>, Michelle Servais<sup>c</sup>, Shannon Stewart<sup>e</sup>, Gabrielle Young<sup>f</sup> and Heather Brown<sup>c</sup>

<sup>a</sup>Bloorview Research Institute, Toronto, Ontario, Canada; <sup>b</sup>Department of Occupational Science and Occupational Therapy, University of Toronto, Toronto, Ontario, Canada; <sup>c</sup>Faculty of Education, Western University, Canada; <sup>d</sup>Child and Parent Resource Institute, Canada; <sup>e</sup>Research Program, Child and Parent Resource Institute, Canada; <sup>f</sup>Faculty of Education, Memorial University of Newfoundland

(Received 4 October 2013; final version received 26 April 2014)

*Background:* There is growing interest in identifying changes in ways of practice associated with the growth of professional expertise. Research on highly experienced or expert teachers and therapists (i.e. occupational, physical and behavioural therapists) can provide insights into how they approach practice, providing guidance for new practitioners.

*Purpose:* The objective was to compare and contrast children's mental health therapists' and elementary/secondary schoolteachers' perceptions of changes in perspectives and approaches related to the development of expertise.

*Sample:* Nine children's mental health therapists and five teachers/principals took part.

*Design and methods:* Using a nested sampling design, therapists and teachers/principals were selected based on years of experience and peer reputation, and participated in two separate focus groups. Similarities and differences between the practice groups were examined qualitatively, using cross-group analysis.

*Results:* Common reported changes in perspective included the development of open, broad, flexible and relational perspectives. Changes in approach included a focus on children's needs/desires, psychosocial issues/outcomes and realistic goals.

*Conclusions:* The findings indicated how expert practitioners viewed their practice as changing over time, contributing to a better understanding of the nature and development of expertise in children's service practitioners. The findings suggest the importance of paying attention to children's needs/desires, cultivating awareness of their motivation and psychosocial issues, and setting realistic goals. Practitioners linked these changes in perspective and approach to more positive life and learning outcomes for children, which may have implications for guiding the practice of more novice teachers and therapists.

**Keywords:** approaches; expertise development; perspectives; professional growth; teacher; therapist

### Introduction

There is growing interest in the factors and processes that underlie the effectiveness of clinical interventions for children with mental health difficulties (Karver et al. 2005), as well as teachers' educational practices (Pressley et al. 2007). Much attention has been

---

\*Corresponding author. Email: [gking27@uwo.ca](mailto:gking27@uwo.ca)

paid to empirically supported children's treatments and educational practices, but little attention has been paid to aspects of the therapeutic or educational process that may have even greater impact on children's outcomes (Karver et al. 2005). These aspects include client change processes, which refer to changes in children's behaviours or experiences that are a direct result of teaching or therapy, such as their level of engagement (King, Currie, and Petersen 2014), and resulting change mechanisms, such as children's self-efficacy and expectations for positive outcomes (Doss 2004). Research on highly experienced or expert teachers and therapists (i.e. occupational, physical and behavioural therapists) can provide insights into how these practitioners believe they promote positive child outcomes such as psychosocial well-being, academic achievement, and new skills and behaviours.

Although 'expertise' typically refers to traditional expertise, which is diagnostic and problem-oriented, we use the term to refer to the knowledge, qualities and skills desired of therapists and teachers today. Based on a synthesis of literature from multiple fields of professional practice, we define expertise as the ability to show appropriate and adaptive behaviour in response to a situation that involves uncertainty or unpredictability, based on content, procedural and self-knowledge; personal qualities and characteristics; and skills and abilities (King, Bartlett et al. 2008). In this article, 'professional expertise' therefore refers to a combination of knowledge, qualities and skills.

Meta-analytic studies indicate that therapist skills are an important determinant of outcomes for children receiving mental health treatment (Karver et al. 2006; Ahn and Wampold 2001) and therapist expertise is considered to play an important role in outcomes for children with physical or emotional difficulties (King 2009a). Similarly, teacher quality is widely recognised as a significant factor influencing student achievement and school success (Blanton, Sindelar, and Correa 2006).

The literature on expertise development typically concerns specific professional groups, such as teachers (Shulman 1987), mental health therapists (Oetzel and Scherer 2003), or paediatric rehabilitation therapists (King et al. 2007). There have been no practice group comparisons of changes in perspective and approach that may underlie general effectiveness in the therapy session or classroom setting. Since mental health treatment and education are human service professions involving children's acquisition of new skills and behaviours, there may be important similarities in changes that occur with greater levels of practitioner expertise. Determining common changes in perspectives and approaches will provide greater understanding of the nature and development of professional expertise in human service delivery, may assist in the design of workplace environments that facilitate the development of practitioner expertise, and may provide guidance for new practitioners.

This article examines practitioners' perceptions of changes in perspective and approach accompanying growth in expertise – changes that practitioners believe are required to facilitate positive outcomes for children. Practitioner perspectives refer to the frames of reference they use to sense and categorise experience, which are based on their theories of practice and assumptions about what will be effective. Practitioner approaches refer to the methods they use to accomplish goals, rather than to specific intervention techniques or types of therapy.

This research was conducted in the province of Ontario Canada. Canada's Mental Health Strategy emphasises the importance of schools with respect to mental health promotion, early recognition of mental health problems and intervention (Mental Health Commission of Canada 2012, 2013). In addition to specialised resources, teachers are expected to play a role in the promotion of mental wellness and to recognise when

students are experiencing challenges. The view of education is one of inclusion. Providing a classroom context that promotes student belonging is increasingly being seen as important to effective educational practice and academic achievement (Specht 2013). There is an emphasis on the ‘whole’ child and outcomes such as student self-concept and prosocial behaviour, in addition to academic achievement (e.g. Katz and Porath 2011).

### ***The development of therapist and teacher expertise***

There are various theories and models of expertise development (Eraut 2005), including Dreyfus and Dreyfus’ (1986) model of skill acquisition and Benner’s (1984) novice to expert model, which has been influential in nursing practice. The present study was guided by a developmental model of professional expertise

“... in which the development of expertise is seen as requiring certain capacities and motivation on the part of the individual (Jennings et al. 2005), particular types of experiences, and an environmental context that provides supports, resources and opportunities for optimal experiences and the processing of experience.” (King 2009b, 186–187)

There are gaps in our understanding of changes in practitioners’ perspectives and approaches that are associated with the development of expertise.

The literature on children’s therapists indicates several personal qualities necessary for the development of expert approaches and skills, including motivation, commitment to personal growth and openness to experience (King, Currie et al. 2008; Jennings et al. 2005). Without these qualities, therapists do not learn from experience and remain novice-like in their approach. A qualitative study contrasting the experiences of expert, intermediate and novice paediatric rehabilitation therapists indicated that experts adopted a supportive, holistic, functional and strengths-based approach; developed enhanced self-awareness; and developed awareness of how to maximise client change through the use of enabling and customising strategies (King et al. 2007).

In contrast, relatively little is known about the development of expertise in educational settings, despite growing interest in the characteristics and practices of teachers who appear to be successful in their teaching (Kington et al. 2011). Expert teachers take a student-centred approach to instruction and acknowledge the importance of developing relationships with students (Smith and Strahan 2004). The quality of these relationships has been found to be an important predictor of students’ behavioural and scholastic competence (Berliner 2004).

### ***Interprofessional comparisons of changes in perspective and approach***

Although the literature suggests that expert practitioners adopt similar approaches (e.g. a client/student-centred approach), studies have not yet explicitly examined similarities in the perspectives and approaches of experts in different professional groups. Since practice changes when practitioners develop new understandings about themselves and their clients/students (Schwandt 2005), it is important to understand practitioners’ perspectives on changes associated with experience.

In this study, we adopted a qualitative approach. Such an approach is ideally suited to exploring practitioners’ understanding of expertise and its development, as it provides in-depth exploration of complex issues, focuses on the meaning of phenomena and

recognises the role of context (Fiese and Bickham 1998). Practitioners' tacit knowledge was made visible by examining story narratives emerging in the context of group discussion (Soubhi et al. 2009). A previous article based on this study examined workplace factors influencing expertise in the delivery of children's education and mental health services (King et al. 2010). This previous article pointed to the importance of relationship-oriented and collaborative service delivery models, and indicated that workplace settings should provide natural learning opportunities involving interaction, dialogue and feedback.

### ***Study objective***

The objective was to compare and contrast children's mental health therapists' and elementary/secondary schoolteachers' perceptions of changes in perspectives and approaches related to the development of expertise.

### **Methods**

#### ***Study design and participants***

A non-random, nested sampling design (Onwuegbuzie and Leech 2007) was used to select two groups of key informants (i.e. children's mental health therapist and teachers). The two groups were purposively sampled to maximise understanding of the underlying phenomenon (Onwuegbuzie and Collins 2007). We purposefully selected 'information rich' participants (Patton 1990) who had appreciable experience delivering mental health and education services, and then conducted focus groups. Since the recommended number of participants for a focus group ranges from six to nine (Krueger 2000), we selected a desired sample size of eight participants in each of two focus groups. A cross-group analysis procedure (Resnik and Jensen 2003) was used to compare and contrast data from the teacher and therapist groups. Cross-case analysis has the potential to help researchers maximise their understanding of phenomena (Onwuegbuzie and Leech 2007).

Participants were recruited through a regional mental health service agency and school boards in London, Ontario, Canada. Ethics approval was received from Western University. An invitation flyer was sent to selected individuals, inviting them to attend a focus group to discuss factors and processes that foster professional expertise. Participants were known peers of the researchers and were selected based on their years of experience (more than 10 years) and peer reputation. To inform evidence-based practice, it is particularly important to obtain information from expert practitioners since they may have different perceptions of key ingredients of practice compared with intermediate or novice practitioners. Years of experience and peer nomination are often used to select informants for research on expertise development (Jensen et al. 2000). Ten years of practice is generally considered necessary for the development of expertise (Goodyear 1997). In the present study, peer nominations were based on a description of expertise provided by a validated Peer Nomination Scale, which refers to practitioners' qualities, skills, knowledge, outcomes and reputation (King, Bartlett et al. 2008).

There were 14 participants, a sufficient number to gain appropriate depth and breadth of information (Lincoln and Guba 1985). Nine participants (all women; two speech-language pathologists, three behavioural consultants, one occupational therapist, one social worker, one psychologist and one physical therapist) were recruited from the mental health service agency, and five participants (three women, two men; two special

education teachers, one teacher and two principals who were previously teachers) were recruited from local school boards.

### ***Procedure***

As described in our article examining workplace factors influencing expertise development (King et al. 2010), therapists and teachers took part in separate focus groups in order to facilitate focused discussion of expertise in their profession. The semi-structured focus groups were facilitated by two study investigators using a standard protocol. Each focus group lasted approximately 90 minutes. In order to obtain as complete coverage of the topic as possible (Fontana and Frey 2000), participants were told that the researchers wanted to ensure that all participants contributed to the discussion and expressed their true views. The facilitators ensured that no one individual dominated the conversation and that all participants had a chance to share their views.

Although the participants were known peers of the researchers, the researchers did not supervise any of the participants and were bound by principles of confidentiality and anonymity. Sessions were digitally recorded and transcribed by a professional transcriptionist without identifying markers, so that individual respondents were not differentiated (i.e. we did not know who said what).

The focus groups were designed to capture information about changes accompanying the development of expertise, and factors and experiences influencing these changes. The interview questions were based on a conceptualisation of expertise as a developmental construct (King 2009), and were broad enough to allow discussion of factors and experiences to emerge spontaneously. The questions included: What do you think of when you hear the term ‘expertise’? What types of experiences and ways of thinking are most highly associated with major shifts in expertise? What experiences have most influenced your professional growth?

### ***Qualitative approach and analysis***

We adopted a phenomenological approach, a form of inquiry that describes the meaning of individuals’ lived experiences regarding a phenomenon (Creswell 2007). Emerging themes reflect experiences, which are integrated into a narrative depiction of a multifaceted phenomenon (Kearney 2001). In the present case, the phenomenon of interest was perceptions of changes in perspectives and approaches to practice with increasing expertise, and experiences bringing about these changes. We compared therapist and teacher perceptions of these changes, reflecting a higher-level phenomenological approach that portrays how experience varies depending on context and individuality (Kearney 2001). Emerging themes were compared for therapists and teachers, allowing us to infer similarities and differences.

Research team members (with backgrounds in education, psychology, physical therapy and behaviour therapy) independently reviewed transcripts and noted emerging themes and codes as part of a ‘open coding’ approach (Fiese and Bickham 1998). As a group, we identified key concepts, clustered them into themes and further refined them (Fiese and Bickham 1998). Connections were made between common themes to form super-ordinate themes, which reflected changes in perspectives and approaches, and the transcripts of teachers and therapists were compared with respect to these super-ordinate themes. Agreement was reached with respect to the themes.

An audit trail was maintained to document methodological decisions and contextual notes (Meadows and Morse 2001). Trustworthiness was enhanced through investigator triangulation (Cresswell 1998), as the study team possessed a range of knowledge regarding teacher and therapist expertise, educational practice, rehabilitation service delivery, and qualitative inquiry and analysis.

**Results**

Figure 1 portrays the expertise-related changes in perspective and approach reported by therapists and teachers. The figure shows changes in three types of interconnected perspectives as driving the use of three interconnected approaches. These perspectives concern changes in practitioners’ ways of thinking and the approaches reflect the means by which they endeavour to create change.

*Changes in perspective related to expertise development*

Both groups discussed changed views over time in what was important to practice. Both groups discussed adopting (a) an open perspective, (b) a broad and flexible perspective, and (c) a relational perspective.

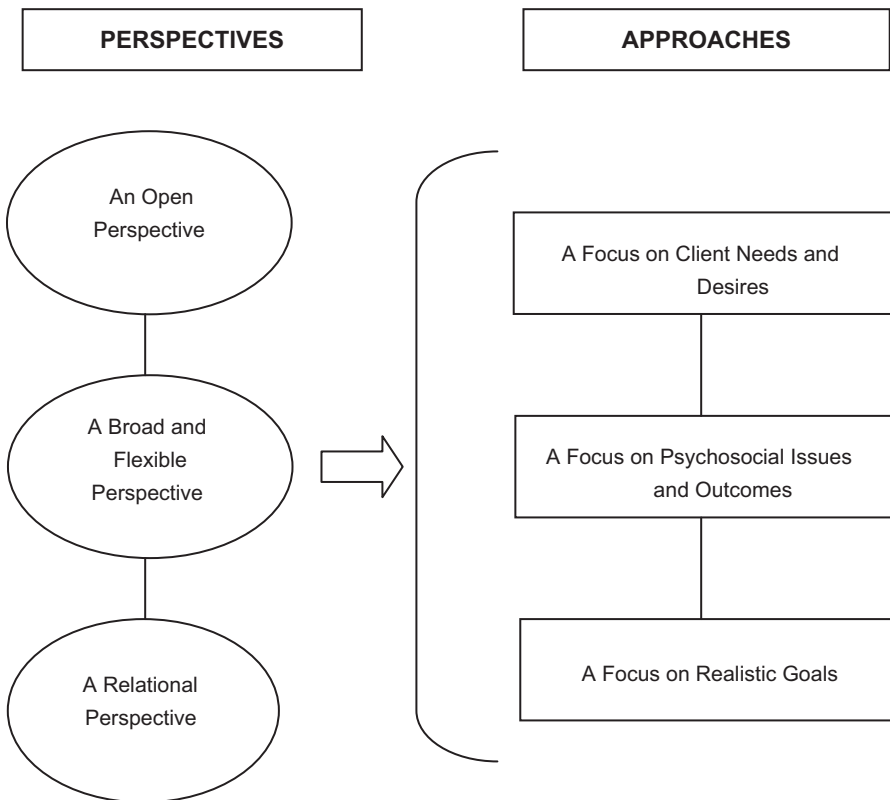


Figure 1. Changes in perspectives and approaches of therapists and teachers with the development of expertise.

Note: This figure shows linked perspectives driving the selection of linked approaches.

*An open perspective*

Therapists and teachers discussed personal changes that involved being receptive to information (learning from failure, feedback or experience), being aware of their own limits and being willing to be vulnerable.

*Therapists.* The therapists discussed openness to information as being important to expertise, including learning from failure: 'I think the things that go well you don't think twice about, but the things that didn't go well [are the things you learn from most].' They indicated that developing an open perspective takes time and requires self-awareness and ability to admit limits to one's knowledge: 'Expertise also means knowing what you don't know ... and be able to know where to go for that answer too ... Know your boundaries, for sure.' They mentioned the length of time it takes to admit to not always knowing the answer: '[Allowing] yourself to be vulnerable with people and admit that you don't know something ... not that need to be right and have all the answers for somebody. I think that takes a long time.'

*Teachers.* Similarly, the teachers discussed the importance of being open to feedback and being vulnerable and open to experience. The following quote deals with asking students for feedback:

You're also sending a message to your students that ... we're all growing. And so you're ... risking and you are making yourself vulnerable, which is, I think, part of great teaching ... You're saying: Here is my humanity ... and as long as it's done [respectfully] ... I will take it and ... look at it, and what makes sense to me, I'm going to work on that.

The teachers also indicated the importance of learning from experience. They felt that an important expert characteristic was 'the ability to think on their feet ... and to realise that "Okay, I don't know everything. Although I've read the book, I haven't lived it." And to be able to draw on what they've lived through and to be able to apply it, I think that's really where the key [lies].'

*A broad and flexible perspective*

This theme concerns trying to understand the big picture, acknowledging the existence of different perspectives in a non-judgemental way, and coming to appreciate the importance of considering the child's psychosocial needs.

*Therapists.* Therapists came to appreciate the importance of obtaining the 'big picture' of the child and family: '[In the beginning], you really only see your piece. And then I think, over time, as you develop that clinical expertise, you start to appreciate that bigger picture.' They also talked about being able to shift perspective but remain focused on goals:

You think you're going into a situation ...but inevitably [you] get in there and there's a whole bunch of other things. You have to be able to shift and still be able to focus on what you're there for, but take into account what else is going on around [you].



Another therapist said:

Sometimes when I come at something I think it's one thing, but then shift and realise ... that whole family piece too and you can't do one thing without the other ... To make the outcomes [you need to] make sure you're getting a big picture instead of just focusing [on your specific area of training].

*Teachers.* Similarly, the teachers mentioned the importance of taking multiple perspectives into account:

I think an expert knows they have the knowledge, but they're able to put it in perspective. [They] know that that's just one piece of the puzzle ... And they listen to others, and they're able to take that in and then see how it fits in with what they know.

They indicated that expert teachers have a broad perspective and are able to extract what is important and not get caught up in unimportant details like novices often do.

[Experts] have a great sense of scope ... They can sort of synthesise ideas ... or bring perspectives from a variety of areas and they can kind of pull together all the ideas that are being presented. Say, if you're in a meeting or if you're discussing a particular kid's needs ... they can synthesise ... all these different pieces and just kind of get to the central.

The teachers also indicated the importance of broadening their focus from a concern with academic success to a more holistic view of the child: 'An expert educator understands that the child is a whole person who needs to be developed socially, emotionally, as well as academically ... There is the whole child and we can't just focus on the curriculum as educators.' They also indicated the need to understand the child's story: 'It helps you to know that these are the challenges this child is going to face, because ... sometimes teachers will respond to a child ... and you're thinking ... "What's that? Do you understand this child's story?" And their intent may be good, but it just doesn't make sense.'

*A relational perspective: appreciating the importance of the child–practitioner relationship*

Therapists stressed the importance of having a good relationship with the child and family in order to make a positive impact in that child's life. Similarly, teachers stressed the importance of an emotional connection with students in order to foster positive learning outcomes.

*Therapists.* Over time, therapists came to better appreciate the importance of understanding family needs: 'In most situations, there's always something happening in terms of, you know, grief and loss. And I think that we get better identifying that and acknowledging it.' They also mentioned the importance of partnering with families: 'I remind them that "You're in control of this ... I may come up with some ideas, but ... you really have to drive this." And so, hopefully that [leads to] the better partnership.'

Therapists also discussed learning to ask questions rather than making assumptions about what would be helpful: 'We ask them more questions too. You know, what would be helpful? So, I think we're getting away from [being] the sort of expert [who] comes in and says "This is what you should do." But rather, you know, offering them what

would be most helpful to them, and trying to pull something together that is user friendly.’

You start asking different questions. If there was a specific programme that is written to address [an issue], then asking them ... ‘When you read that information, what does it mean to you in reference to your child?’ And ... working with that. Making no assumptions about what you think they might know.

*Teachers.* The teachers also discussed the importance of making a ‘conscientious effort’ to build a strong relationship with students. They felt that establishing a relationship with students was more important than teaching the curriculum:

The great teachers that I have witnessed ... are not only stimulating the mind, they go to the heart ... If you’re talking curriculum and relationship building, and if I was voting for one ... I think that [you have a] greater chance when you connect with the child ... then I think the curriculum ... will come.

### ***Changes in approach related to expertise development***

The second major theme concerned changes in approaches, which refer to the means by which practitioners bring about positive child outcomes, as distinct from cognitive perspectives that drive the selection of these approaches. Practitioners gained sensitivity to children’s situations, which led to a focus (a) on client needs and desires, (b) psychosocial issues and outcomes, and (c) realistic goal setting. Thus, with experience, practitioners focused on different desired outcomes than those focused on by novices or new graduates.

#### *A focus on a child’s needs and desires*

For therapists, focusing on client needs and desires meant ascertaining what families felt would be helpful, focusing on client-driven goals, and subsequently tailoring their intervention strategies (i.e. taking a family-centred approach). For teachers, this meant establishing an emotional connection with the students and differentiating instruction based on their needs (i.e. taking a student-centred approach).

*Therapists.* The therapists talked about tailoring their approach to meet client needs:

Sometimes ... you’re just trying to make a square peg fit in a round hole ... [With] so many clients that we work with, it just doesn’t ... go nice and neat and tidy in 8 weeks ... You have to be able to ... recognise that just about every kid you work with is the exception to some rule or another.

They also discussed gaining comfort with families leading the therapeutic process and choosing goals that worked for them: ‘As a novice, I thought I knew what the goal should be. [Laughs] And ... it’s now you realise the goal is family driven.’ This means giving up preconceived assumptions about what the nature of therapeutic goals should be. One therapist told a story in which she was concerned about a teenager’s behavioural outbursts, and assumed this was the case for the parent as well, only to find that the parent was principally concerned with the teen’s choice of clothes and use of makeup, and how that might lead to sexual victimisation. This realisation that family

goals can be quite different than therapist goals was identified by the therapist as a personal turning point.

Therapists selected strategies to meet the needs and situations of clients. In contrast, new graduates were considered by the experienced therapists as seeing 'success' in terms of families following their recommendations:

With the people who are brand new to the programme and brand new grads, with them I see the need ... to follow exactly along the recommendations that they are giving to the families, and they see success as when the families are following those recommendations and taking their advice ... Whereas, the people with more experience and more expertise are comfortable with families picking and choosing what's working, they're comfortable with looking at 'Okay, we may not have made much difference to that child, but this family is in a better position, they're more accepting of their child, they're ... enjoying their child more' and you can be satisfied with less concrete outcomes.

...

*Teachers.* The teachers made many references to the importance of a student-centred approach with a focus on learner needs. They discussed how this shift in approach occurred as they developed a relational perspective: 'I think also as a new teacher ... the curriculum is a tangible thing that you can read and say "Okay, if I'm teaching this child about grade 10 religion" ... here it spells out what I have to show you.' But, when you talk about making the emotional connection ... that ... in my mind switches over to an intangible idea that ... you ... probably succeed at based on your ... expertise, your level of experience.'

The teachers also described experts as those who differentiate their instruction for children: 'I think that's something that is facilitating expertise because we've shifted to thinking ... differentiate instruction for every single kid.' The teachers also talked about how expertise involved knowing how to work around the system. 'If they're being mandated by the board or the ministry "Thou shall do this", you can ... massage it to fit the child, and still get successful outcomes ... they have to be willing to take the risk' (King et al. 2010, 271).

#### *A focus on psychosocial issues and outcomes*

A psychosocial approach to clinical practice involves equipping or empowering children and families, working to alleviate distress, and normalising issues. The teachers also stressed the importance of empowerment and providing parents with hope.

*Therapists.* Therapists gained greater comfort with psychosocial outcomes, such as enhancing parents' knowledge of their child or reducing parental stress:

Because the information provided normalised what was going on... [they] felt less distressed. So that's a different outcome but, to me, it is a better one ... It's important to measure behaviour change, but ... those other things [like parent stress] are as important, if not more in [the] long term.

They felt it was important that parents learn more about their child and feel able to deal with future challenges:

I think maybe as a novice I was looking to [impairment-based] outcome measurement ... but what...I've learned is quality of life kind of stuff as well, what changes about the whole family when you're working on one thing, and mirrored into the 'How has this family learned more about this child?' ... So when all these life changes [occur], like ... change of schools or ... [the child] hits puberty or whatever, they can manage things a bit differently. They've got more tools and ... did we do something as a team to make them more able to learn? Or things like that. And those are real big impacts.

.....

*Teachers.* The teachers discussed coaching others:

You're taking that expertise, and you're trying to impact on others, you're trying to empower them, you're trying to coach... so that they then become empowered within themselves from your knowledge. So it's kind of like a seed you're growing out ... [In the past] we were always in this 'fix it' [mode] ... you know, I send [the child] to you and you're going to fix him or her and send them back to me, but ... we've moved ... no, it doesn't work.

.....

They talked about focusing more on social than academic goals:

When we talk ... to the grade 8 parents, we always talk about [starting] ...with the social and the emotional ... These two are the [most] important, academic will follow. We never have the academic as the first ... Like are they failing socially or do they have a group of friends, a circle of friends or whatever. [Do] they feel like they're accepted by their peers or ... how can we give them those strategies?

One teacher talked about sharing her own experience as a mother, which gave a parent hope regarding her child:

I will say 'You know what? It is going to be okay. 'Cause this is what I did with my child when he was in grade 9 ... and it really worked well, so how about trying that?' And that seems to get people on board. The fact that we shared that personal [bit] ... gave them hope ... You know, I did it for *my* child ... it must give them some kind of comfort and trust.

#### *A focus on realistic goals*

Therapists and teachers tailored definitions of 'success' to meet the child's abilities.

*Therapists.* One therapist said:

One of the things that comes with expertise is the development of realistic expectations and outcomes for the children. Kind of a shift in what to accept as acceptable and what to expect as reasonable. And maybe it's not just for the children but for the whole family.

With increased understanding of the types of outcomes clients typically attain, therapists indicated their goal became one of bringing about improvement: 'You want your outcome to be improvement, not necessarily cure, recovery, perfection.'

*Teachers.* In Canada, Ministries of Education provide clear curriculum expectations, but more experienced teachers indicated moving from standard expectations – the notion that all students will master the academic curriculum – to individualised expectations: ‘You know ... even to be a garbage collector, you have to have your high school diploma. [Laughs] Which is tough for some kids, but ... if that’s what they’re capable of then that’s successful for them.’

They also talked about how difficult standard expectations were and the pressure they felt ‘to carry through on this curriculum that students may not be ready for, based on sort of what you know of their personal [situations] ... In our board we have coaches right in our classroom watching us, going “You’re going to do this with the kids.” And we’re like “They don’t even know the alphabet. They’re in SK [Senior Kindergarten], I can’t teach them to read without the alphabet.”’

One noteworthy difference between the two groups was that teachers did not mention a focus on client/student-driven goals, although they did personally individualise their instruction of children. Teachers did not pursue individualised academic goals due to the requirements of educational practice in Ontario, where teachers are expected to follow a standardised curriculum.

## Discussion

There is growing interest in identifying changes in ways of practice associated with the growth of professional expertise. The present study contributes to this goal by demonstrating common changes in the perspectives and approaches of mental health therapists and schoolteachers, two groups of professionals providing services to children that are not usually compared. Both groups discussed developing an open, broad, flexible and relational perspective and focusing on children’s needs and desires, psychosocial issues and outcomes, and realistic goals. These perspectives and approaches appeared to underlie their ability to deliver children’s therapeutic or education services in a collaborative and goal-oriented manner.

In this small scale research study, we examined the perceptions of key informants about the development of expertise. Although expertise has been found to be associated with children’s outcomes, including students’ behavioural and scholastic competence (Berliner 2004) and children’s mental health outcomes (Ahn and Wampold 2001; Karver et al. 2006), measurement of actual outcomes was beyond the scope of this study. It is, however, of note that practitioners in the current study linked these changes in perspective and approach to more positive life and learning outcomes for children. The findings therefore offer preliminary insight that may have implications for guiding the practice of more novice teachers and therapists.

Similarities in perspective and approach emerged despite specific differences in aspects of therapists’ and teachers’ practice, which included different types of goals, differences in the nature of what they are ‘open to’ (e.g. family needs in one instance and children’s social, emotional and academic needs in the other), different desired outcomes, and different ways of individualising practice. One noteworthy difference between the two groups was that teachers did not mention a focus on client/student-driven goals. This is understandable, given the mandated educational curriculum in schools in Ontario Canada. According to Wehmeyer and colleagues (2000), traditional teaching models do not encourage students to take control and responsibility for their own learning goals. It has been argued that political pressure for standardisation compels teachers to act in ways they know will not further students’ learning (Newman 1998).

The findings identify some common changes in perspective and approach in this small sample of children's therapists and teachers. Among the findings of note is the development of more flexible and realistic expectations. Therapists and teachers discussed modifying their expectations in a number of ways, including (a) changing their assumptions of what client/student goals should be, (b) being comfortable with less concrete, psychosocial outcomes for children/families, and (c) setting more realistic goals tailored to circumstances and capacities. With more experience, practitioners are likely to develop increasingly realistic expectations because they have more opportunity to see children's typical outcomes or natural progression. In contrast, novices or new graduates were seen as often having set ideas of what client/student goals should be, aiming for standard outcomes and setting their expectations too high.

### *An open, broad, flexible and relational perspective*

With experience, therapists and teachers came to see their role differently. Rather than being prescriptive, they became comfortable in adopting an open perspective and giving up control to clients. They reported being receptive to information, including feedback from others and from failure experiences, and admitted to not knowing all the answers, recognising that this was essential for professional growth. They also gained increased appreciation for the importance of a relational perspective. The literature indicates that openness to learning and establishing a positive client-practitioner relationship are essential to client/family- and student-centred practice (King, Batorowicz, and Shepherd 2008; Newman 1998).

Openness to experience has been found to be an important variable differentiating expert paediatric rehabilitation therapists from those who do not attain expertise, despite many years of practice (King, Currie et al. 2008). Experts in many types of professional disciplines have been described as displaying a broad approach to practice (Skovholt, Jennings, and Mullenbach 2004) and as being open to experience and change (Jennings and Skovholt 1999), more holistic in their thinking (King et al. 2007), and more focused on information from the client, situation or broader context (Skovholt, Jennings, and Mullenbach 2004). Expert teachers have been describing as having flexible expectations (Newman 1998) and as maximising classroom learning by promoting student self-determination (Mithaug et al. 2003).

The therapists and teachers also stressed the importance of a good client-practitioner relationship. There was evidence that they managed the intervention process or classroom experience by assessing the understanding and behaviour of clients/students and working to improve their engagement, as found in other studies (e.g. Chen, Burry-Stock, and Rovegno 2000). Past studies have reported that expert therapists adopt a relationship-based approach and possess strong relationship skills (King et al. 2007; Jennings and Skovholt 1999). Teacher-student relationships are associated with academic success (Berliner 2004) and teacher caring is considered to be one of the most essential parts of effective teaching (Pressley et al. 2003).

### *A customised and enabling approach*

The findings highlighted the importance of realistic and tailored expectations for children, developed through a holistic appreciation of each child's needs. Therapists and teachers discussed customising their practice over time by focusing on psychosocial outcomes related to meeting clients' needs and desires, rather than following a standard

regimen. Their expectations became more psychosocial (i.e. a concern with equipping or empowering children/families, reducing distress and providing hope) and more realistic. This responsiveness to client needs appeared related to adopting a broad and flexible perspective.

Although the teachers struggled with standard curriculum expectations and felt they needed to work around these for children to be successful, the therapists had more latitude in selecting interventions and approaches. The teachers did not talk about modifying curriculum or goals, but did discuss the importance of differentiating instruction for every child. These findings reflect the importance of a client/family/student-centred approach, in which needs are addressed through increased awareness of the client's point of view and the development of relationship. Customising and enabling strategies permeate the literature on ideal approaches to children's health care (King et al. 2007). Similarly, educational practices emphasise the importance of individualising instruction to meet student need and using a supportive, student-centred approach (Smith and Strahan 2004).

### ***Study strengths and limitations***

This is a preliminary, qualitative study of changes in perspective and approach accompanying the development of teachers' and therapists' expertise. Only two focus groups were involved, limiting our ability to draw firm conclusions, as the key informants may have been unrepresentative (Onwuegbuzie and Leech 2007). Although we aimed to recruit 16 participants (eight per group), only 14 took part.

We deliberately sampled 'information rich' cases of knowledgeable participants, and sought to maximise our understanding of expertise-related changes in practice by comparing and contrasting data using a cross-group analysis procedure (Resnik and Jensen 2003; Onwuegbuzie and Leech 2007). As in most qualitative research, our intent was not to generalise to a population but to obtain insights into a phenomenon and make analytic generalisations (Miles and Huberman 1994), based on how well the study findings correspond to existing literature. In this regard, the present findings have conceptual power (Miles and Huberman 1994). Although the results make intuitive sense and are consistent with previous research, it is possible that there was bias on the part of the participants due to their expert status. Being an expert does not make a person immune to bias, although experts are considered to be more self-aware (King et al. 2007; Titchen 2001). Nonetheless, it makes most sense to examine the perceptions of experts when investigating changes in practice associated with the development of expertise. Clearly, more novice practitioners cannot provide this perspective.

### ***Implications for research***

Implications for research concern a need to develop general theories pertaining to expert practice in the delivery of services to children, and a need to conduct research linking perspectival changes to children's outcomes. First, studies of expertise typically do not provide a clear rationale for their focus on specific practitioner qualities, perspectives, approaches or skills. The literature lacks well-articulated theory specifying essential elements of expert practice and their links to client change processes and outcomes. A theoretical framework of common elements will advance our understanding of important elements of expertise and how they affect the educational or therapeutic process, and thereby children's outcomes. Models such as Karver et al.'s (2005) therapeutic process

model can be used to conceptualise important elements of expert practice and the processes by which client change occurs. According to this model, therapist relationship factors influence the client's cognitive, affective and behavioural reactions to the therapist and therapy, and thereby the client's participation. This model could easily be expanded to the education context, to encompass the present findings concerning common practitioner perspectives and approaches that are presumed to bring about client change. Such a model could guide future research on links between practitioners' cognitions and actions in therapeutic or educational environments, indicators of client change, and children's outcomes.

Second, this study provides preliminary findings concerning the perceptions of expert practitioners. Observational and outcome studies are needed to examine associations between practitioners' approaches and perspectives, their actual use of strategies, indicators of client changes processes, and children's outcomes.

### ***Implications for practice***

The findings suggest that practitioners' expectations for children's outcomes have a developmental aspect, becoming more realistic with time and experience. Although there has been a recent focus on empirically supported treatments and outcome-based education, practitioner expertise is necessary to provide effective and efficient therapy and education to children. There is a growing interest in the psychosocial aspects or the 'how' of practice, as portrayed in family/student-centred and relationship-based practice.

The present findings suggest the importance of several areas of focus for practitioners delivering services to children, including paying attention to children's needs/desires, cultivating awareness of their motivation and psychosocial issues, and setting realistic goals. Rather than assuming that new graduates come to the workplace with a client/student-centred perspective and an understanding of the approaches needed to achieve 'success', managers and supervisors need to understand that the development of these perspectives takes time and experience. Furthermore, with growing interest in interprofessional collaborative practice, helping professionals to see similarities in their perspectives and approaches may lead to greater mutual valuing and improvements to collaborative practice, with important implications for children's therapeutic and educational outcomes.

### **Declaration of interest**

The authors report no declarations of interest.

### **Acknowledgements**

This study was supported by funding from the Social Sciences and Humanities Research Council of Canada. Our thanks are extended to Doreen Bartlett for her contributions to this research, and to the study participants.

### **References**

- Ahn, H., and B. E. Wampold. 2001. "Where Oh Where Are the Specific Ingredients? A Meta-analysis of Component Studies in Counseling and Psychotherapy." *Journal of Counseling Psychology* 48 (3): 251–257.



- Benner, P. 1984. *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Menlo Park, CA: Addison-Wesley.
- Berliner, D. C. 2004. "Describing the Behavior and Documenting the Accomplishments of Expert Teachers." *Bulletin of Science, Technology & Society* 24: 200–212.
- Blanton, L. P., P. T. Sindelar, and V. I. Correa. 2006. "Models and Measures of Beginning Teacher Quality." *The Journal of Special Education* 40 (2): 115–127.
- Chen, W., J. A. Burry-Stock, and I. Rovigno. 2000. "Self-evaluation of Expertise in Teaching Elementary Physical Education from Constructivist Perspectives." *Journal of Personnel Evaluation in Education* 14: 25–45.
- Cresswell, J. 1998. *Qualitative Inquiry and Research Design: Choosing among the Five Traditions*. Thousand Oaks, CA: Sage.
- Creswell, J. W. 2007. *Qualitative Inquiry and Research Design*. 2nd ed. Thousand Oaks, CA: Sage.
- Doss, B. D. 2004. "Changing the Way We Study Change in Psychotherapy." *Clinical Psychology: Science and Practice* 11: 368–386.
- Dreyfus, H. L., and S. E. Dreyfus. 1986. *Mind over Machine: The Power of Human Intuition and Expertise in the Era of the Computer*. Oxford: Basil Blackwell Ltd.
- Eraut, M. 2005. "Expert and Expertise: Meanings and Perspectives." *Learning in Health and Social Care* 4: 173–179.
- Fiese, B. H., and N. L. Bickham. 1998. "Qualitative Inquiry: An Overview for Pediatric Psychology." *Journal of Pediatric Psychology* 23 (2): 79–86.
- Fontana, A., and J. H. Frey. 2000. "The Interview: From Structured Questions to Negotiated Text." In *Handbook of Qualitative Research*, edited by N. K. Denzin and Y. S. Lincoln, 645–672. Thousand Oaks, CA: Sage.
- Goodyear, R. K. 1997. "Psychological Expertise and the Role of Individual Differences: An Exploration of Issues." *Educational Psychology Review* 9 (3): 251–265.
- Jennings, L., and T. M. Skovholt. 1999. "The Cognitive, Emotional, and Relational Characteristics of Master Therapists." *Journal of Counseling Psychology* 46 (1): 3–11.
- Jennings, L., M. Hanson, T. M. Skovholt, and T. Grier. 2005. "Searching for Mastery." *Journal of Mental Health Counseling* 27 (1): 19–31.
- Jensen, G. M., J. Gwyer, K. F. Shepard, and L. M. Hack. 2000. "Expert Practice in Physical Therapy." *Physical Therapy* 80 (1): 28–43.
- Karver, M. S., J. B. Handelsman, S. Fields, and L. Bickman. 2005. "A Theoretical Model of Common Process Factors in Youth and Family Therapy." *Mental Health Services Research* 7 (1): 35–51.
- Karver, M. S., J. B. Handelsman, S. Fields, and L. Bickman. 2006. "Meta-analysis of Therapeutic Relationship Variables in Youth and Family Therapy: The Evidence for Different Relationship Variables in the Child and Adolescent Treatment Outcome Literature." *Clinical Psychology Review* 26 (1): 50–65.
- Katz, J., and M. Porath. 2011. "Teaching to Diversity: Creating Compassionate Learning Communities for Diverse Elementary School Communities." *International Journal of Special Education* 26 (2): 1–13.
- Kearney, M. H. 2001. "Focus on Research Methods: Levels and Applications of Qualitative Research Evidence." *Research in Nursing & Health* 24: 145–153.
- King, G. 2009a. "A Relational Goal-oriented Model of Optimal Service Delivery to Children and Families." *Physical & Occupational Therapy in Pediatrics* 29 (4): 384–408.
- King, G. 2009b. "A Framework of Personal and Environmental Learning-based Strategies to Foster Therapist Expertise." *Learning in Health and Social Care* 8 (3): 185–199.
- King, G., M. Currie, D. Bartlett, M. Gilpin, C. Willoughby, M. A. Tucker, D. Strachan, and D. Baxter. 2007. "The Development of Expertise in Pediatric Rehabilitation Therapists: Changes in Approach, Self-knowledge, and Use of Enabling and Customizing Strategies." *Developmental Neurorehabilitation* 10 (3): 223–240.
- King, G., D. J. Bartlett, M. Currie, M. Gilpin, D. Baxter, C. Willoughby, M. A. Tucker, and D. Strachan. 2008. "Measuring the Expertise of Pediatric Rehabilitation Therapists." *International Journal of Disability, Development and Education* 55 (1): 5–26.
- King, G., B. Batorowicz, and T. A. Shepherd. 2008. "Expertise in Research-informed Clinical Decision Making: Working Effectively with Families of Children with Little or No Functional Speech." *Evidence-based Communication Assessment and Intervention* 2 (2): 106–116.

- King, G., M. Currie, D. J. Bartlett, D. Strachan, M. A. Tucker, and C. Willoughby. 2008. "The Development of Expertise in Paediatric Rehabilitation Therapists: The Roles of Motivation, Openness to Experience, and Types of Caseload Experience." *Australian Occupational Therapy Journal* 55: 108–122.
- King, G., J. Specht, D. Bartlett, M. Servais, P. Petersen, H. Brown, G. Young, and S. Stewart. 2010. "A Qualitative Study of Workplace Factors Influencing Expertise in the Delivery of Children's Education and Mental Health Services." *Journal of Research in Interprofessional Practice and Education* 13: 265–283.
- King, G., M. Currie, and P. Petersen. 2014. "Child and Parent Engagement in the Mental Health Intervention Process: A Motivational Framework." *Child and Adolescent Mental Health* 19 (1): 2–8.
- Kington, A., P. Sammons, C. Day, and E. Regan. 2011. "Stories and Statistics: Describing a Mixed Methods Study of Effective Classroom Practice." *Journal of Mixed Methods Research* 5 (2): 103–125.
- Krueger, R. A., ed. 2000. *Focus Groups: A Practical Guide for Applied Research*. 3rd ed. Thousand Oaks, CA: Sage.
- Lincoln, Y. S., and E. G. Guba. 1985. *Naturalistic Inquiry*. Newbury Park, CA: Sage.
- Meadows, L. M., and J. M. Morse. 2001. "Constructing Evidence within the Qualitative Project." In *The Nature of Qualitative Evidence*, edited by J. M. Morse, J. M. Swanson, and A. J. Kuze, 187–202. Thousand Oaks, CA: Sage.
- Mental Health Commission of Canada. 2012. Changing Directions, Changing Lives: The Mental Health Strategy for Canada. <http://strategy.mentalhealthcommission.ca/>.
- Mental Health Commission of Canada. 2013. School Based Mental Health in Canada: A Final Report. <http://www.mentalhealthcommission.ca/English/node/14036>.
- Miles, M., and A. Huberman. 1994. *Qualitative Data Analysis: An Expanded Source Book*. 2nd ed. Thousand Oaks, CA: Sage.
- Mithaug, D. E., D. K. Mithaug, M. Agran, J. E. Martin, and M. L. Wehmeyer. 2003. "How Adjustment Affects Learning." In *Self-determined Learning Theory: Construction, Verification, and Evaluation*, edited by D. E. Mithaug, D. K. Mithaug, M. Agran, J. E. Martin, and M. L. Wehmeyer, 37–58. Mahwah, NJ: Erlbaum.
- Newman, J. M. 1998. "We can't Get there from here: Critical Issues in School Reform." *Phi Delta Kappan* 80 (4): 288–294.
- Oetzel, K. B., and D. G. Scherer. 2003. "Therapeutic Engagement with Adolescents in Psychotherapy." *Psychotherapy: Theory, Research, Practice, Training* 40 (3): 215–225.
- Onwuegbuzie, A. J., and K. M. T. Collins. 2007. "A Typology of Mixed Methods Sampling Designs in Social Science Research." *The Qualitative Report* 12 (2): 281–316.
- Onwuegbuzie, A. J., and N. L. Leech. 2007. "Sampling Designs in Qualitative Research: Making the Sampling Process More Public." *The Qualitative Report* 12 (2): 238–254.
- Patton, M. Q. 1990. *Qualitative Evaluation and Research Methods*. 2nd ed. Newbury Park, CA: Sage.
- Pressley, M., S. E. Dolezal, L. Raphael, L. Mohan, A. D. Roehrig, and K. Bogner. 2003. *Motivating Primary Grade Students*. New York: Guilford.
- Pressley, M., L. Mohan, L. Raphael, and L. Fingeret. 2007. "How Does Bennett Woods Elementary School Produce Such High Reading and Writing Achievement?" *Journal of Educational Psychology* 99: 221–240.
- Resnik, L., and G. M. Jensen. 2003. "Using Clinical Outcomes to Explore the Theory of Expert Practice in Physical Therapy." *Physical Therapy* 83: 1090–1106.
- Schwandt, Thomas A. 2005. "The Centrality of Practice to Evaluation." *American Journal of Evaluation* 26 (1): 95–105.
- Shulman, L. 1987. "Knowledge and Teaching: Foundations for the New Reform." *Harvard Educational Review* 57: 1–22.
- Skovholt, T. M., L. Jennings, and M. Mullenbach. 2004. "Portrait of the Master Therapist: Developmental Model of the Highly Functioning Self." In *Master Therapists: Exploring Expertise in Therapy and Counseling*, edited by T. M. Skovholt and L. Jennings, 125–146. Boston, MA: Allyn & Bacon.
- Smith, T. W., and D. Strahan. 2004. "Toward a Prototype of Expertise in Teaching: A Descriptive Case Study." *Journal of Teacher Education* 55 (4): 357–371.

- Soubhi, H., N. Rege Colet, J. H. V. Gilbert, P. Lebel, R. L. Thivierge, C. Hudon, and M. Fortin. 2009. "Interprofessional Learning in the Trenches: Fostering Collective Capability." *Journal of Interprofessional Care* 23 (1): 52–57.
- Specht, J. 2013. "Mental Health in Schools: Lessons Learned from Exclusion." *Canadian Journal of School Psychology* 28: 43–55.
- Titchen, A. 2001. "Critical Companionship: A Conceptual Framework for Developing Expertise." In *Practice Knowledge and Expertise in the Health Professions*, edited by J. Higgs and A. Titchen, 81–90. Oxford: Butterworth Heinemann.
- Wehmeyer, M. L., S. B. Palmer, M. Agran, D. E. Mithaug, and J. E. Martin. 2000. "Promoting Causal Agency: The Self-determined Learning Model of Instruction." *Exceptional Children* 66: 439–453.