BEHAVIOURAL, EMOTIONAL AND SOCIAL DEVELOPMENT
UNIT 12
THERAPEUTIC APPROACHES

LEARNING OUTCOMES

Teachers will:

- Have a broad understanding of the range of therapeutic approaches.
- Be able to identify what therapeutic approaches are available to your school and identify gaps in provision.

ONLINE RESOURCES

The content and tasks throughout these PDFs are supported by online resources that are designed to facilitate and supplement your training experience.

Links to these are signposted where appropriate. The resources use graphics and interactive elements to:

- Highlight salient points

- Provide at-a-glance content summaries

- Introduce further points of interest

- Offer visual context

- Break down and clearly present the different stages and elements of processes, tasks, practices, and theories

The online resources offer great benefits, both for concurrent use alongside the PDFs, or as post-reading revision and planning aids.

Please note that the resources cannot be used in isolation without referencing the PDFs. Their purpose is to complement and support your training process, rather than lead it.

You should complete any learning or teaching tasks and additional reading detailed in this PDF to make full use of the Advanced training materials for autism; dyslexia; speech, language and communication; emotional, social and behavioural difficulties; moderate learning difficulties.

To find out more about the resources, how they work, and how they can enhance your training, visit the homepage at: www.education.gov.uk/lamb

The first resource for this unit can be found here:
www.education.gov.uk/lamb/besd/therapeutic-approaches/intro

The term "therapeutic approaches" is generally used to describe a wide range of interventions that vary in intensity.

Children and young people with BESD needs often have complex conditions or identified mental health difficulties. In many cases, they respond well to therapeutic interventions. In some cases, there may be a need for several therapies to be applied alongside each other, known as multi-systemic therapy.

Although some therapeutic interventions can only be delivered successfully by trained professionals, many teachers and other staff (e.g. learning mentors) draw on a range of therapeutic approaches (e.g. counselling) in their everyday work with pupils and this can be highly effective in terms of bring about changes in behaviour. However, it is important to recognise that they can use certain therapeutic elements, they are not therapists and as such should not attempt to deliver therapies that are within the field of trained specialists.

Many of the interventions set out below can be accessed through local Child and Adolescent Mental Health (CAMHS) team, which are part of National Health Service provision. Typically a CAMHS team will comprise:

- Psychiatrists are medically trained doctors who specialise in the prevention, diagnosis, and treatment (including medication) of people suffering from mental and emotional disorders and may specialise in particular areas. Some may also train in psychoanalysis, psychotherapy or family therapy.

- Clinical Child Psychologists usually have at least three years post-graduate training to specialise in the assessment, diagnosis and treatment of mental, emotional and behavioural problems of children and young people.

- Community Mental Health Nurses generally are Registered Mental Health Nurses (RMN) or paediatric/school nurses with a child and/or adolescent mental health specialism and provide support to children and young people and their families.

- Clinical Social Workers support children and their families where there are emotional, behavioural or relationship problems. They do this by working with individuals and/or families and can also focus on family problems in the wider context of the community.

- Primary Mental Health Workers are often the first point of contact when children are referred. They are experienced in knowing about and supporting

services in the community, and in assessing whether or not children and young people need specialist mental health input. They also offer short-term therapeutic interventions for mental health problems.

In addition, some CAMHS teams may also have:
- Counsellors, who are professionally trained and specialise in working with children and young people and their families. Their focus is often on the individual's strengths and resources and working with them to gain insight into their self-defeating behaviour and make positive change.

- Creative Therapists, who are professionals trained in the use of art, music, or drama in the treatment or rehabilitation of persons with mental and emotional disorders.

- Family Therapists are professionals who treat an entire family, usually with the understanding that the person with symptoms is expressing dynamics, issues or problems within the family unit. This often is termed a 'systemic' or 'systems' approach.

See online resource:
www.education.gov.uk/lamb/besd/therapeutic-approaches/camhs-team

In addition, the local authority will have a number of professionals and support services that can deliver therapeutic interventions or provide training to school staff. These include:
- Educational Psychologists;
- Learning Support Services; and
- Behaviour Support Teams.

Additional advice and support can also be access through local voluntary organisations and national mental health charities, such as Young Minds (visit http://www.youngminds.org.uk for further information).

See online resource:
www.education.gov.uk/lamb/besd/therapeutic-approaches/support-services

Common therapeutic approaches
When teachers have a broad understanding of the therapeutic approaches that may be available to help children with BESD needs, they are able to know when they should be referring to specialist services and know the process for making a referral.

The planning and delivery of therapy always follows a detailed assessment by a trained professional to determine which approach (or combination of approaches) is most appropriate to meet the needs of the individual child or young person.

Behaviour therapy involves learning and practising new behaviours that replace undesirable ones, and is delivered by trained professionals. Elements of this approach are frequently used in schools. Pupils' negative behaviour is identified and the intervention relies on sanctioning negative behaviour and rewarding positive replacement behaviour. In many instances, this approach is replicated in the home to reinforce the work done in school.

Behaviour therapy can be effective with conditions such as anxiety, attention deficit hyperactivity disorder (ADHD) and eating disorders, such as anorexia and bulimia.

Creative therapies are used to encourage the individual to begin to discuss their problems through a creative medium, such as art, music or drama. These are delivered by therapists trained in a particular creative therapy, such as art therapy.

Cognitive behaviour therapy (CBT) emphasises changes in thinking and attitude, which then lead to positive changes in behaviour. Like behaviour therapy, CBT is delivered by trained psychologists in intensive one-to-one sessions on a regular basis. In schools, many staff utilise cognitive behavioural approaches, particularly when talking through incidents with pupils and focusing on enabling them to understand the reasons for their behaviour and its impact on others.

CBT can be an effective approach in addressing a wide range of difficulties and conditions, such as anxiety, ADHD, conduct disorder, eating disorders and post-traumatic stress disorder

Counselling is probably the best known of the "talking therapies", which include CBT and psychotherapy. The British Psychological Society defines counselling as a system intended to *help people improve their sense of wellbeing, alleviate their distress, resolve their crises and increase their ability to solve problems and make decisions for themselves.*

Counselling is delivered by trained therapists, who may work directly for a school or be available to schools through local organisations. Regular counselling sessions can take place over short or long periods of time and can address a wide range of problems, such as anger, anxiety, bereavement and loss, depression, eating disorders and relationship issues.

Family therapy is delivered by trained family therapists, who help family members find constructive ways to help each other. They work with the current contexts of

families and focus on possible ways forward. Family Therapy comprises of regular sessions with agreed tasks to be undertaken between sessions.

Family Therapy can be helpful in addressing:
- Family relationships and changes in family life;
- Parenting issues;
- Child and adolescent behaviour, including Conduct Disorder;
- Emotional disorders including anxiety, depression and grief following bereavement;
- Eating disorders; and
- Self-harm.

Psychotherapy is usually provided by a psychiatrist or clinical psychologist with advanced training in this area and involves exploring unconscious processes and past relationships to understand the cause/s of the problem/s.

This approach is usually more helpful for psychological problems that have built up over a long period of time. The process allows an individual to come to a fuller understanding of their abilities, difficulties, motivations or worries in conjunction with the therapist within a mutually trusting relationship that can continue for months or even years.

See online resource:
www.education.gov.uk/lamb/besd/therapeutic-approaches/approaches

Other approaches

See online resource:
www.education.gov.uk/lamb/besd/therapeutic-approaches/other-approaches

Circle of Friends is a method to increase inclusion of children, who are becoming isolated, often as a result of their inappropriate behaviour towards others. The process involves recruiting a group of six to eight classroom peers to support the "focus child", who is experiencing difficulties with behaviour and friendships.

Often, the initial step comprises a whole class discussion without the "focus child". During this phase, ground rules are established, including confidentiality, listening to each other and seeking adult help (if worried). The class is asked to identify the "focus child's" strengths before identifying his/her difficulties. These difficulties are then linked to the concept of friendship and how a lack of friends might make one feel and behave. Links are made with the "focus child's" behaviour and the class is asked to generate suggestions for how the situation might be improved.

Children are then invited to volunteer to be part of the "circle" supporting the "focus child" and the rest of the class is asked to continue to help in the ways that have been discussed.

Once the "circle" is established, the group of volunteer peers meet immediately after the class discussion with the "focus child". This meeting is led by an adult, who will go on to be the facilitators at all subsequent meetings. The previous class discussion is summarised for the "focus child" and s/he is involved in identifying goals for the coming week and strategies to be implemented by the circle of friends

The circle of friends meets regularly (usually weekly) with the "focus child" to review goals and strategies and the process is carefully managed by the adult facilitator.

One research study[1] concluded on the effectiveness of the approach, that there were positive outcomes for the "target child" in terms of improved acceptance by the peer group. However, it also suggested that there was little impact on the "focus child's" behaviour or ability to learn new social skills and that this approach should be accompanied by other interventions to bring about change in these areas.

 A more recent evaluation[2], identified a range of benefits for both the "focus child" and those involved in supporting within the circle of friends. For the "focus child", improvements cited included: recognising the "early warning signs" of negative feelings and managing those emotions.

A wide range of benefits was identified for those involved in supporting the "focus child" in the circle of friends. These included improvements in confidence and their ability to:
- Consider the thoughts, feelings and behaviour of self and others;
- Identify different feelings;
- Demonstrate assertiveness;
- Act independently;
- Counter negative peer pressure;
- Act as leader able to positively influence others;

For further information on Circle of Friends, visit http://www.inclusive-solutions.com/circlesoffriends.asp

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[1] Frederickson, N., & Turner J. (2003) Utilizing the classroom peer group to address children's social needs: an evaluation of the Circle of Friends intervention approach. *The Journal of Special Education*, 36 (4) pp. 234-245
[2] Stead, J. (2009). *Circle of Friends, Sheffield: Evaluation Report*. Children's Voices Inclusion Project (http://www.sheffkids.co.uk/adultssite/documents/CIRCLE%20OF%20FRIENDS%20EVALUATION%20REPORT.pdf)

<u>Motivational interviewing</u> is based on one-to-one conversations that focus on the advantages and disadvantages of changing behaviour. It respects the individual's autonomy to choose and helps to clarify and resolve mixed feelings about changing a habit or behaviour, so that the desired change can successfully be made.

<u>Nurture Groups</u> vary in nature depending on the setting but all have a common focus on attachment theory. The basis of attachment theory is that, in order to be able to form secure and happy relationships with others, children must have had a strong attachment bond to a significant adult in the formative years of their lives.

Although the concept of Nurture Groups is generally associated with primary schools, some secondary schools have introduced this approach in Key Stage 3 to good effect. For further information on Attachment Theory and Nurture Groups, please refer to *Unit 16: Attachment/Attachment Disorder/Nurture*.

<u>Parent Training</u> to develop parenting skills is available in many areas and may be delivered by a range of providers (e.g. Educational Psychologists, voluntary organisations). These courses aim to improve how parents support and guide their children by, for example setting and maintaining clear boundaries and expectations of behaviour. This can be useful in addressing conditions such as ADHD and Conduct Disorder.

<u>Solution-focussed brief therapy (SFBT)</u> is also referred to as *solution-focussed* or *brief therapy*. The inclusion of the term *brief* acknowledges the fact that it is a much shorter intervention (typically around six sessions) than other interventions, such as CBT. It focuses on what individuals want to achieve rather than on the cause(s) of the problem(s). Consequently, this approach focuses on the present and future.

Solution focused therapists believe that change is constant and by helping individuals identify the changes they want to make while retaining positive aspects, they are able to construct a concrete vision of a preferred future. They help to identify small successes and help individuals repeat these and move towards the preferred future they have identified. This approach focuses on two areas:
- Exploration of preferred futures; and
- Identifying when aspects of that preferred future are already happening.

<u>Transactional Analysis (TA)</u> can be used to explain communication and relationships. It can help identify what goes wrong in communication and how to interact for a better outcome. This approach focuses on providing opportunities for individuals to change repetitive patterns, which may have been the result of early childhood decisions which limit an individual's potential.

TA is also beneficial in school settings as many of its concepts are simple to learn and apply, making them very accessible and effective in understanding and improving communication in schools.

TASKS

1. Listen to the audio clip "Mulberry Bush School , a therapeutic community".

Listen to this clip:
www.education.gov.uk/lamb/besd/therapeutic-approaches/mulberry-bush-audio

2. What is different about this school's approach to BESD to your own setting?

3. Discuss with your SENCO (and the school's attached Educational Psychologist, if possible) what therapeutic interventions are available in your school and who provides them, and create an intervention map for staff.

4. Identify any gaps and discuss ways of bridging those gaps with the SENCO and other appropriate senior staff.

5. Prepare six PowerPoint slides to brief staff on the range and efficacy of the therapeutic interventions available in your school.

6. Carry out some further research into Circle of Friends and either

   a. prepare a briefing paper for key staff (e.g. SENCo, SLT) on the benefits of introducing this strategy in your school; or
   b. Identify a pupils, who you feel would benefit from this approach and draw up an action plan outlining the steps necessary to implement this strategy. If possible, carry through these actions and evaluate the effectiveness of the intervention in terms of outcomes for the "focus child" and those involved in supporting him/her within the circle. Share your findings with key staff.

7. If possible, undertake some research with the local CAMHS team and find out about the range of services on offer and how to access them.

REFERENCES

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