



Nightingale Community Academy

Therapy Procedure 2021-22

Overall purpose

The Nightingale Community Academy (NCA) Therapeutic Service aims to assist and support young people to safely understand and express their thoughts and feelings. We help them to work through difficult experiences and traumatic events, to develop healthy coping mechanisms and to learn positive strategies for effective management of life's challenges and expectations. Many of the young learners attending NCA present with a complex set of difficulties that gravely impair their capacity to access learning and their ability to positively and constructively engage with the school environment. Therapeutic interventions are delivered to encourage the removal of any barriers to learning that prohibit positive social and educational outcomes.

Purpose for the school

The NCA Therapeutic Service is in place to provide the school with the necessary tools to address mental health needs and concerns that are adversely impacting a young learner's ability to successfully participate in school activities. A wide range of issues may need to be addressed before a child can be successful in an academic setting however, therapy interventions that run parallel to academic engagement often improves a young learners' capacity to remain focused on classroom activities, whilst their emotional and psychological needs are addressed in structured therapy sessions. Cognitive and behavioural needs can also be addressed with students who may need more directive interventions to help them succeed in school settings but that may not have specific mental health issues.

Purpose for the pupils & students:

The therapy service aims at providing students with opportunities to address a wide range of clinical and behavioural issues that negatively impact on their lives and on their academic performance. Within the conditions created by the therapeutic environment, young people are encouraged and supported to identify and address dynamic interpersonal processes. Sessions provide a private, non-judgmental space in which the young person can express, better understand and process feelings and experiences, think about behaviours and relationships, develop and strengthen positives aspects of personality, build self-esteem and develop healthier responses and coping strategies.

Purpose for the teachers:

The therapist can offer assistance and advice in relation to students that may have been identified as in need of therapeutic support, by offering strategies and techniques to address problematic behaviour or to identify strategies for students that may need more support in the classroom to deal with a range of emotions and to remove barriers to learning. This could for example consist of a safety plan to manage self-harm, use of techniques and care plans to manage anger or to reduce anxiety or to tackle specific needs and areas of difficulties such as fine and gross motor skills, information processing, emotional regulation, sensory processing, social communication and problem solving. Therapists may spend some time in class working closely with teachers and support staff, modelling techniques that will then be implemented daily by the classroom-based staff.

Purpose for the parents:

The therapist aims to maintain regular contact with parents and in light of the importance their role has in every young person's life, joint sessions are sometimes arranged to facilitate the development of better communication within the family, to support parents find effective strategies to manage their child challenging behaviour, and to keep them updated with their child's progress.

Parents can also work closely with the therapist as part of interventions such as PCAP (Parent-Child-Attachment-Play), through which they can receive more tailored and intense support. As a result of this they may develop more effective parenting strategies, whilst also working on strengthening the attachment bond between them and their child.

Referrals

Referrals forms are available in the school office and can also be requested directly from the therapy team. The team accepts referrals from any member of the staff with enough knowledge of the young person they wish to refer. Young people can also self-refer or can be referred by their parents. Each referral is considered on merit. A decision is made in consultation between staff in the therapy team, the school inclusion panel & the wider professional network. Decisions are based on clinical judgment.

Drop-in: Lunch time opening on Tuesday, Wednesday and Thursday.

A designated area in the therapy wing, will be opened to learners during specified times.

Drop-ins will offer learners the opportunity to have a brief discussion about any concerns they may have. It provides an alternative, less formal access to the service when a young person might be experiencing

psychological and emotional distress but they are unsure about wanting to commit to therapy. In some cases, a one-off session may be enough to resolve any concern the young person may have. Drop-ins can be a way of allowing learners to familiarise themselves with the therapist at their own pace, without feeling they need to commit to a more formal process. This is particularly helpful to learners who may be highly anxious and ambivalent and for whom retaining a sense of control is important. As part of a drop-in session, learners can seek out information about a range of issues such as specific diagnosis, self-help tools and resources, or sign-posting to other services. Some learners may use the drop-in as a way of self-referring.

Methods of Assessments (Evidence Based)

Every learner is therapeutically assessed when they join NCA using a range of tools that help to identify areas of strength and difficulty. The assessments allow the therapy team to formulate effective treatment plans and to build intervention cycles that prioritise those who are most in need. Therapists use a range of standardised assessments to establish baselines, to identifying specific areas of psychological, behavioural and emotional difficulty and to allow for post-intervention progress monitoring.

Figure 1. Therapeutic Assessment Tools

| | Psychotherapist/ Play Therapist | Occupation Therapist | Speech & Language Therapist | Multi-disciplinary Team |
|--------------------|---|---|--|--|
| Assessment Tool(s) | SDQs, RCADS, Goals setting and monitoring sheets, Pre and post-intervention interview forms | The Beery VMI Developmental Test of Visual-Motor Integration, Visual Perception and Motor Coordination | CELF-5, Test of Abstract Language Comprehension, Language for Thinking and Behaviour, Children's Communication Checklist, Phonological Awareness Battery, and Assessment of Comprehension and Expression | A Curious Review Assesses the child's needs and experiences, allowing for accurate case formulation and planning |
| Rationale | These measures enable the initial case formulation and identify areas of difficulties | Assess handwriting, fine a gross motor skills, sensory processing, attention and concentration, self-care skills such as washing and dressing | Assess expressive language, receptive language, articulation, speech production and phonological awareness, pragmatic language and social skills | Review aims to facilitate higher-level linking of staff and learner experiences to improve our understanding of the child's needs in relation to their school experience |

Observations in different environments, where the level and type of demand varies, also form an important part of the assessment process. The information collected is reviewed alongside data from EHCPs and Annual Reviews to update the Needs Analysis, which is carried out routinely at the end of each academic year and monitored routinely by our multi-disciplinary Inclusion Panel. The team then agrees the type and duration of interventions that are indicated before deciding the order in which they need to take place to provide optimal impact. A review of needs takes place every six weeks and individual cases are discussed by the panel in advance of change.

In situations where a learner's presentation is particularly complex and regular interventions appear ineffective or only partially effective, a classroom team can request to be supported through A Curious Review. This is a process through which learners who are engaging poorly in the school environment can be singled out for intensive, multi-disciplinary intervention planning. A Curious Review aims to facilitate higher-level linking of staff and learner experiences to improve our understanding of the child's needs in relation to their school experience. The process is led and facilitated by the Therapy Team and is supported by the Behaviour Team. Every significant adult in the child's school experience contributes in order to create a detailed picture of the child, that takes into account every aspect of their life. The review explores the behavioural precipitants and maintaining factors that impact on the child's psychological, interpersonal and behavioural presentation. Through this process, it is possible for the Therapy Team to formulate a more accurate case so that interventions can be altered to promote progress. A Curious Review may be called at any time in a child's school experience; figure 2 below details the routine therapeutic assessment cycle at NCA:

Figure 2. Therapeutic Assessment Tools

| The Assessment Cycle | | | | | | |
|----------------------|--|---|---|---|---|--|
| | Term 1 | Term 2 | Term 3 | Term 4 | Term 5 | Term 6 |
| Therapy | <p>Teachers: Complete SDQs and RCADS.</p> <p>Therapy Team: Needs Analysis through the review of EHCP for every learner. Inclusion Panel: Allocate interventions for cycle 1 based on Needs Analysis.</p> <p>Tutors: Milestones for Wellbeing (pilot).</p> <p>Therapy Team: Review historical information and past assessments about new learners.</p> <p>Professionals: Provide contextual information about any new learners Inclusion Panel: allocation of interventions and caseloads based on Needs Analysis.</p> <p>Therapy Team: initial OT and SALT assessment for all new learners.</p> | <p>Therapy Team/ Inclusion Panel: review of needs/progress for learners who have received interventions during Term 1.</p> <p>Inclusion Panel: Close previous cycle and allocate interventions for Cycle 2.</p> <p>Therapy Team: close Cycle 1 interventions and compile reports for those learners who have received interventions and completed them.</p> <p>Professionals: Share contextual update and inform school about significant change.</p> | <p>Therapy Team/ Inclusion Panel: review of needs/progress for learners who have received interventions during Term 2.</p> <p>Inclusion Panel: Review the EHCP of every new learner and populate the Needs Analysis/Provision Map. Close previous cycle and allocate interventions for Cycle 3.</p> <p>Inclusion Panel: Review incoming information about new learners. Professionals: Provide contextual information about any new learners.</p> | <p>Therapy Team/ Inclusion Panel: review of needs/progress for learners who have received interventions during Term 3. Inclusion Panel: Close previous cycle interventions and allocate interventions for Cycle 4.</p> <p>Tutors: Complete progress drop-down in the Inclusion Timeline. Capture learner voice about progress towards targets. Review SNAP strategies to determine suitability Professionals: Share contextual update and inform school about significant change.</p> | <p>Therapy Team/ Inclusion Panel: review of needs/progress for learners who have received interventions during Term 4. Inclusion Panel: Review the EHCP of every new learner and populate the Inclusion Timeline with existing Long and short-term targets. Close previous cycle and allocate interventions for cycle 5 Professionals: Provide contextual information about any new learners</p> | <p>Therapy Team/ Inclusion Panel: review of needs/progress for learners who have received interventions during Term 5. Therapy Team: all therapists to compile 'End of Year' reports. Inclusion Panel: Shut down or renew interventions in response performance data, start prioritising learners and interventions needed for next academic year. Allocate interventions for cycle 6 Tutors: Complete post-interventions questionnaires and measures. Teachers & LSPs: Review therapy targets for individual learners. Professionals: Share contextual update and inform school about significant change.</p> |

Progress Reporting

The therapist will compile a progress and review report for each of the students attending the therapy service. Developmental and family history will inform the case formulation which will describe the young person's presentation, possible cause of the problem and suggested treatment. Assessment and outcome measures such as SDQs and RCADS will also be included as well as feedback on progress.

The therapist will also make recommendations aimed at maintaining any positive change achieved through therapy, or suggest other interventions to further progress.



Specialist Interventions

Short and Long-Term Therapy

Several factors may contribute to the decision whether a young person is more suited to short or long-term therapy. The two main ones are the chronicity and severity of the problems and these will be assessed by the therapist who will then suggest the best therapeutic modality based on the case formulation. Other factors are the motivation of the young person to actively engage in the therapeutic process, as well as their capacity to effectively make use of the relationship. How ingrained the difficulties are will impact on how much can be achieved through brief therapy and therefore, in some cases, long term therapy may be a better option.

Short time therapy is generally intended to be 12 weeks or less. It can be helpful when addressing situational problems or single issues such as exams anxiety, parental separation or bereavement. It can also facilitate an adjustment to a significant change in the young person's life. Short-term therapy can provide sufficient time to establish the therapeutic relationship, to address the identified issue and to work on developing positive strategies that will maintain the positive outcome even after the end of therapy. The general focus of brief therapy is on problem solving and crisis management.

Long term therapy is considered more beneficial than short term therapy when the problems are deep rooted, chronic, entrenched and when working with difficulties that are the result of childhood trauma. In long-term therapy the young person works closely with the therapist towards changing embedded patterns that are preventing them from achieving their full potential and hindering their ability to form and enjoy meaningful and healthy relationships.

Psychotherapy

(Long term individual therapy - more than 12 weeks).

This may suit someone who has the ability to engage in a more explorative process, often looking at past events and relationships as a way of making sense of present experiences and responses. Long term therapy is useful when dealing with problems that are more ingrained and rooted in the past. Some individuals may have suffered multiple traumas in early childhood, abuse, extensive neglect etc. this may mean that the young person will benefit from engaging in a longer therapeutic process which utilises the relationship with the therapist as a way of bringing about change. Often young people who have experienced relational trauma struggle to establish healthy patterns of interactions, may have serious difficulties in trusting others and therefore cannot meaningfully connect to another person. The therapeutic relationship is used as an explorative and testing ground where old beliefs and behaviours can be safely challenged and more established aspects of personality can be adjusted. Moreover, long term therapy will give the young person the opportunity to gain a deeper access to their emotional lives, and a greater insight in their behaviour which can lead them to develop a fuller life.

Long-term therapy allows individuals to have the time that is needed to go beyond the avoidance of examining and working through internal conflicts that if left unchecked will continue to impact negatively on their lives.

CBT (Cognitive Behaviour Therapy)

(Brief, individual 12-week goal focused therapy)

Brief therapy is time limited, has clear focused goals and it is a collaborative process between the young person and the therapist. It includes specific assignments for the young person between sessions. The young person will engage in a process of self-assessment by identifying from the start with the support of the therapist the main goals of therapy. These can be reviewed every week so to check for progress or blocks. This process will allow the young person to become more aware of their patterns of behaviour and they can then learn to alter them. Brief therapy does not need to last until all goals are achieved but rather aims at establishing a 'forward momentum' which will allow for progress to continue outside of therapy. Booster sessions can be offered and are helpful as a way of maintaining progress.

CBT can help with many childhood mental health disorders such as:

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|---|-----------------|--------------------------------|------------------------|----------------|---|
| Anxiety disorders (including separation anxiety, generalised anxiety and panic disorder) | Depression | Eating Disorders | Behaviour difficulties | ADHD | Impact of trauma and post-traumatic stress disorder |
| | Low self-esteem | Examination anxiety and stress | Sleep disorders | School Refusal | |

The advantages of Cognitive Behaviour Therapy:

- i) Because brief therapy is compact and most of the therapeutic work occurs between sessions, clients are more active and responsible for the improvements that occur.
- ii) Because clients are more active, the focus is more on their capabilities than deficits.
- iii) Since it is more focused, with more specific goals, clients more clearly understand their difficulties, the reasons for their difficulties, and the changes that need to occur.
- iv) Because there is not the time to fully analyse all difficulties originating from childhood, brief therapy is strength based, focusing more on identifying and appreciating capabilities rather than deficits or problems. Problems are not ignored but are secondary to capabilities.
- v) At the end of therapy, clients more clearly recognize what they have achieved. this leads to a heightened sense of mastery and increase in hope. *'I have seen how I can make important changes in my life in a relatively short period of time, maybe it is possible to change other areas of my life!'*

CBT for Transitions

(Brief, individual 6-12-week goal focused therapy)

CBT can be used to support the young person to successfully manage transitions such as those to secondary school or college. At NCA, learners who are in the process of transitioning to a different setting, perhaps for reintegration, will engage in programme of CBT tailored to their needs and to the uniqueness of their situation. Specific goals and any obstacles to achieving these goals, will be identified and worked through in the therapeutic relationship. Learners will be encouraged to develop and practice skills and strategies that will see them coping with the changes and challenges of the transition. Additionally, the therapist may use 'behaviour experiments' and 'gradual exposure' to habituate the young person to their new environment. Supported visit to their new school or college may be arranged and adequate and reasonable adjustments may need to be negotiated with the new staff group. Additional support will also be explored and facilitated as part of the transition plan, whilst parents and carers will also work collaboratively with the therapist to find ways to better support the young person.

Parent Child Attachment Play (PCAP)

(Usually offered as a 10 weeks' programme but lengths may vary depending on need)

This is a gentle, play-based approach aimed at improving the attachment quality of the parent-child relationship using attachment mechanisms and child-oriented play with parent/ carers and their children. This training programme for parents is set within attachment research. It can be delivered with groups, in one-to-ones and through a home visiting model. When the parent-child relationship is working, helpful child behaviour generally follows, and family life becomes more manageable. The programme uses evidence-based practice by monitoring parents' knowledge of attachment and their ability to engage in attachment-based play with their child before and after the programme. This programme is suitable for parents who want to develop existing bonds with their child, or parents and carers of children with attachment difficulties. The programme can be a standalone one for parents/carers who want to develop relationships with their child or can be paired with specialist parent training and behaviour assessment and support for children with more complex needs.

Play Therapy

(Long Term 12 weeks and over)

Play Therapy helps children in a variety of ways. Children receive emotional support and can learn to understand more about their own feelings and thoughts. Sometimes they may re-enact or play out traumatic or difficult life experiences in order to make sense of their past and cope better with their future. Children may also learn to manage relationships and conflicts in more appropriate ways. Play is vital to every child's social, emotional, cognitive, physical, creative and language development. It helps make learning concrete for all children and young people including those for whom verbal communication may be difficult. Rather than having to explain what is troubling them, as adult therapy usually expects, children use play to communicate at their own level and at their own pace, without feeling interrogated or threatened.

This type of therapy is used to address a wide range of issues and it can be offered as individual sessions or group sessions depending on the child's needs and the presenting issues. During the therapeutic process and through the relationship with the therapist, children have the opportunity to develop valuable social skills, gain insight in other people feelings as well as their own, increase their capacity for self-regulation. Children that have experienced early attachment disruptions or any difficulty that may have interfered with various stages of development, have the opportunity to 'catch up' on what they have missed out through the process of 'reparation' which is an integral part of the therapeutic relationship.

Psycho-educational workshops

(Offered as stand-alone or as part of a block of 4-6 sessions.)

This is a class-based activity. Each workshop will explore a specific topic, utilising a case study or scenario from which students can gain insight on certain pattern of behaviour. Several topics can be addressed in psycho-educational groups including social skills development, emotional issues, sexual issues, stress management, study skills, and diversity. The focus is to teach, discuss, orient, and cause an examination of member attitudes, values, beliefs, ideas, and opinions.

Well facilitated groups can provide students with a reflective space where they can begin exploring topics that are particularly relevant to their age group. It can be a safe place where beliefs and views are challenged, through respectful discussion, dialogue and exchange.

Mindfulness skills

(Offered as an 8-12 week programme)

Mindfulness can be useful in increasing affects regulation, concentration, and in promoting a general sense of well-being. It is widely used in the management of stress and anxiety and it is proven to enhance academic performance. Mindfulness can be taught one-to-one or in small groups. For mindfulness to be effective it is important that the child is supported in practicing and accessing mindfulness skills regularly and frequently. Short mindfulness exercises can be built in daily routines. Skills can be used in the morning before the start of lessons, or immediately after a break as a way of managing the transition from a relatively unstructured time to the more structured environment of the classroom and to prepare for the task of learning.

Occupational Therapy

(Brief individual/group therapeutic intervention 6-12 weeks)

The role of the Occupational Therapist is to work with children who for a variety of reasons may have difficulties engaging in the curriculum and daily routines.

Occupation Therapy can support children who are experiencing difficulties with:

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|-----------------------------|-----------------------------|--|
| Handwriting | Sensory processing | Emotional Regulation |
| Fine and gross motor skills | Attention and concentration | Self-care skills such as washing and dressing. |

The Occupational Therapist works with the child, curriculum staff and parent/ carers to enable the child to be as independent as possible with every day activities to maximize their learning.

Occupational Therapy input may consist of direct 1:1 work, group work or whole class based approaches implemented by the curriculum staff. Examples of interventions may include: sensory diets and equipment, regulation programmes, sensory circuits, fine and gross motor programmes, environmental modifications.

Speech and Language Therapy

(brief individual/group therapeutic intervention 6-12 weeks)

Speech and Language therapy can help support the learning of students with a range of communication difficulties and needs. Communication skills are important because they allow students to understand and interact with their peers, teachers, and parents across different environments. The speech and language therapist works with learners in their classrooms, in small group settings, and in 1:1 sessions to build communication skills. Sessions might focus on building social communication, team-work and problem-solving skills through a variety of hands-on activities, or targeting specific language skills through direct teaching and practice.

Clinical Trainee Placements at Nightingale Community Academy

Our psychotherapy trainee-programme launched in 2019 and is proving highly successful. It allows for the delivery of up to eighty-four extra therapy sessions in both the primary and secondary phases. Students undertaking placements at NCA work with vulnerable children and as a consequence they are carefully assessed to ensure they have the necessary competences to practice safely and ethically. The therapy team works in partnership with training providers to ensure that prior to placement, students have received the essential training and development support required to engage with our learning community. All students attend an induction before the start of their placement and receive robust and appropriate supervision from an experienced supervisor. Supervision takes place at the end of every school day so that trainees have the opportunity to discuss issues or concerns immediately. All trainees are required to work within their competence adhering to professional standards set by the British Association for Counselling and Psychotherapy.

Tom's Farm

Tom's Farm provides learners, who may otherwise struggle to engage in therapy, with a less threatening environment. Unlike humans, animals don't judge or criticize. Their presence can help soften the defences of an anxious, distrusting, and emotionally blocked child or young person, making treatment more effective. Feeling calmer and safer whilst interacting with the animals, anxious learners can begin to build a relationship with their therapist. Through the observation of life on the farm, learners can begin to explore their own thoughts and feelings, accessing useful metaphors that will allow them to maintain a safe psychological and emotional distance. Therapy at the farm can often be a precursor to moving into a more intense therapeutic modality once that the therapeutic relationship has been established.

A Whole School Approach

NCA aims to adopt a whole school approach to wellbeing and to create an overall supportive and therapeutic environment even outside of formal interventions. All staff receive specialist training in Emotion Coaching and Attachment Theory and Practice; many are also trained Mental Health First Aiders. Therapeutic Mentors are utilized to deliver low-intensity interventions that provide support to young people over and above that offered by the therapy team. Tom's Farm has been incorporated into the therapeutic offer and the team currently makes use of animal-based therapy as part of routine practice.

NCA Professional Development for Mental Health and Wellbeing

NCA staff members are able to provide a range of continuing professional development aimed at colleagues in specialist and mainstream settings:

Mental Health First Aid

Mental Health First Aiders attend a two-day course to develop:

An in-depth understanding of young people's mental health and factors that affect wellbeing.

Practical skills to spot the triggers and signs of mental health issues.

Confidence to reassure and support a young person in distress.

Enhanced interpersonal skills such as non-judgmental listening.

Knowledge to help a young person recover their health by sign-posting support through self-help sites, their place of learning or the NHS; engaging parent/ carers and external agencies where appropriate.

The ability to support a young person with long-term mental health issues or disabilities.

The tools to look after their own mental wellbeing.

Emotion Coaching

All staff members receive extensive training in the use of Emotion Coaching. Emotion Coaching makes use of principles derived from attachment theory and neuroscience. It uses moments of heightened emotion and the resulting behaviour to guide and teach the child or young person about more effective responses. Through empathic engagement, the child's emotional state is verbally acknowledged and validated, promoting a sense of security and feeling 'heard' and 'understood'. This activates the child's neurological system and allows the child to calm down, physiologically and psychologically.

Attachment Theory and Practice Training.

Staff members attend a series of professional development sessions aimed at equipping them with sufficient knowledge and understanding of attachment difficulties and their manifestations as well as on the effect of developmental trauma. Following 'An Introduction to Attachment Theory', the staff group then progresses to further develop their skills utilizing using this increased knowledge. They will acquire the necessary skills to address some of the behaviours and struggles children with attachment difficulties will experience. The second training 'Attachment in the classroom' tackles practical issues in relationship building, the promotion of self-regulation through co-regulation and interpreting behaviour through the lens of attachment.

Therapeutic Mentoring

Therapeutic mentors receive specialist training and operate under the supervision of a qualified therapist. They may carry out low intensity therapeutic interventions with learners who have been identified as needing some support but don't attend formal therapy. Additionally, they may also see learners who are already engaged in formal therapy and support with the implementation and monitoring of care plans as designed by the therapist. Furthermore, therapeutic mentors can help with the fulfilment of 'therapeutic tasks' that are part of a Cognitive Behaviour Therapy (CBT) intervention and that are normally assigned by the therapist between sessions.