



## Longdon Hall School

### Therapy Provision within Longdon Hall School

Longdon Hall School consists of different therapeutic levels:

#### **Level 1 – Therapeutic environment**

The school environment is a very calming environment with small class sizes and high staff to student ratios.

Therapeutic rooms and quiet spaces are available throughout the school for the young people to access to support them to control their emotions, reflect on their behaviour and access ad-hoc talk time with the staff team.

The young people within the school have access to a behaviour mentor. The behaviour mentor works closely with the young people at the school to provide support, encouragement and pastoral care. The behaviour mentor will also work with a range of stakeholders, parent/carers, support staff, outreach agencies and other schools to ensure the continuity, development and progress of individual pupils, especially with regard to low self-esteem and poor attendance.

The therapy team provide structured staff training sessions, as well as individual staff mentoring/training to develop and support staff in their understanding and approach to YP in an EBD setting. A commitment to staff training acknowledges the central role teaching staff play in creating a therapeutic environment through their educational and pastoral approach to students.

#### **Level 2 – Class environment**

The therapy team input into the school environment to offer advice and strategies and promote a total communication environment.

Targets are implemented into the young people's individual education plan so that therapeutic goals are incorporated throughout the day. This may include individualised timetables, access to therapeutic activities or advice and strategies for the staff team to include within the young person's day.

The capacity to provide therapeutic objectives in IEP's for all students at LHS is essential but subject to therapist availability. The process would include review of YP statements, classroom observations, consultation with teaching staff and assessment by the relevant therapist where necessary.

#### **Level 3 – Group therapy**

Social communication lessons are integrated into the school curriculum. Specific plans and individual targets are set by a Highly Specialist Speech and Language Therapist for each student within Key Stage 2 and Key Stage 3. These lessons are delivered weekly by the Teaching Assistants. Social

communication ensures that all of the young people within Longdon Hall School are supported to develop their social interaction and communication skills following a developmental, evidence-based hierarchy of social skills development.

Some YP's SLT needs may be met solely within the social communication lesson. Time will be given during the therapy day to the teaching assistants to offer guidance, support and reflection as required to ensure that the sessions are updated to meet the young people's need.

Movement Psychotherapy is offered where appropriate in groups and in parent/child dyads (family therapy). Where it is deemed beneficial to explore a therapeutic theme in groups i.e. friendship building, group play skills, social anxiety/low self esteem and emotional regulation issues group therapy can be highly effective.

#### **Level 4 – Individual Therapy sessions**

##### **Speech and Language Therapy:**

Speech and Language therapy is an intervention which is delivered through individual or group sessions as well as through supporting children and education staff in the classroom setting. Individual and Group therapy sessions teach children specific skills around speech, language and social communication / pragmatic skills. SLT being integrated into the education setting allows these skills to be generalised outside of the therapy setting into the YP's everyday environments.

Each student referred to Speech and Language Therapy will receive a full battery of assessments and an initial report. The report will detail the assessment results and identify areas of intervention required. This assessment report can be shared with other agencies / disciplines, parents and included within the YP's Annual Review Documents. The report will be shared with the YP's staff teams to guide the language levels within the classroom and to share strategies and advice which will support the YP to access an educational environment. At times, a rapport may need to be built before Formal Assessments can be introduced and in these instances reports based on informal observations and discussions can be devised where required. Speech and Language Therapy targets are long term and therefore support and intervention should be offered over the course of the young people's academic years within Longdon Hall School.

##### **Movement Psychotherapy:**

Movement Psychotherapy is an intervention which is delivered through individual or group sessions depending on the needs of the child and scope of the therapeutic frame. It can be offered on a short term or longer term basis including brief crisis intervention based work.

Individual and group sessions facilitate sensory-motor, emotional and cognitive integration integral to wider functioning. A range of therapeutic interventions using the medium of movement to engage YP in psychotherapeutic processes appropriate to individual need are applied. The therapist may also draw on therapeutic mediums from across the creative arts spectrum where required to facilitate the therapeutic process. These include art, drama and music making.

Each student referred to Movement Psychotherapy will receive a set of therapeutic objectives to be included in their Individual Education Plan following the initial assessment period (3-6 weeks). The assessment process aims to establish the appropriate therapeutic framework for the YP and an

initial set of therapeutic aims and objectives. This is balanced against the child's perception of their needs at this juncture and their capacity to engage in therapeutic work. An assessment report is provided at this point.

A regular review of the therapeutic frame to assess progress and ongoing intervention strategies will be conducted by the therapist every half term and key information fed back to the staff team. Therapy reports are provided on a termly basis, for annual review and upon exit.

### **Occupational Therapy:**

Occupational therapy looks at the activities a person, wants, needs or is expected to do throughout their day. It considers how the physical environment, the social environment and the needs of the person may prevent the individual from successfully completing, self care, work or leisure activities. The occupational therapist will analyse the task and the young person's performance to identify where they are having difficulty, then provide advice, coaching and exercises or equipment to enable the young person to be successful in the task.

At Longdon School the occupational therapist will provide training, advice and support for the classroom staff to ensure that the physical and sensory environment supports the young people to fully participate in their education.

The occupational therapist will provide short class sessions to introduce the principles of self regulation, and allow the young people to explore different sensory experiences, so they learn to identify what helps them to regulate their level of alertness, to improve their attention and concentration in lessons.

Work with individual young people will be carried out, if occupational therapy is in their Education, Health and Care Plan, or occupational therapy input is requested by the wider education and/or therapy team, subject to the availability of the occupational therapist. Classroom observation, formal and informal assessment will be used as needed to identify individual needs and targets will be provided for individual EHCP's. The teaching assistants will be provided with training and support to implement individual therapy plans throughout the young persons week.

### **Therapeutic Referral Pathway:**

Therapy caseloads will be devised through the following referral pathway:

**Stage 1** - Student concerns passed to Headteacher or Pastoral worker through completion of a niggles form.

(Concerns may be: non-attendance, ongoing incidents, changes in behaviour presentation, non academic progression, social – relationship difficulties with peers / within the class / with teaching staff, non completion of academic work, reported family difficulties, children who are quiet / withdrawn and not participating as expected.)

The pastoral worker may meet with you to discuss your concerns and record patterns of behaviour over a short period of time so that this can be discussed within stage 2. It is important that patterns of behaviour are recorded before any advice given so that all decisions can be fully informed.

**Stage 2** – Student concerns are brought to a fortnightly multi-disciplinary meeting with the Headteacher, Pastoral worker, SLT and Psychotherapist.

Within this meeting, concerns will be discussed as a multi-disciplinary to identify strategies, advice and a therapeutic plan for the young person concerned.

Outcomes from this meeting may include:

- Advice and support from the therapy team for the pastoral worker to contact and work with the family or outside agencies.
- Advice and strategies to produce an individualised timetable / IBP / individual reward system / educational strategies.
- Referral to the therapy caseload for assessment. It will be decided within this meeting whether this requires Speech and Language therapy input, Psychotherapy input or both.
- Assessment will identify whether weekly sessions, fortnightly sessions or a block of sessions is required or whether the young person's needs can be met through programmes being given to education staff. Progress will be regularly reviewed to suit the young people's needs and ensure that they are receiving the correct level of support required.
- Students will be prioritised based on their SLT / Psychotherapy requirements and behaviour and integration into Longdon Hall School. The SLT and Psychotherapist will liaise to set session times and discuss which therapy is required for each young person.
- The pastoral worker will report back to the class team the outcomes of the meeting for the young people discussed. The therapists will arrange direct meetings with the class staff of the young people currently receiving direct therapy.

**Stage 3** – The Speech and Language Therapist and Movement Psychotherapist will maintain a statement provision document which will guide caseload referrals to ensure that all of the young people's statement requirements are being met.

All therapists that work within Longdon Hall will liaise and work jointly with each other and with NHS / Legal services that may be involved to share approaches, targets, strategies, advice and where appropriate provide joint sessions for the YP.

SLT/MPsych sessions can take place away from the school site if required and the therapists are able to support Longdon Hall Staff with individual / graded timetables.

Therapists where required will attend any Multi-Disciplinary / Annual Review meetings that fall on the specified therapy day.

Within the therapy day, time will be required to complete the relevant administration associated with each therapy / assessment session in line with the Royal College of Speech and Language Therapy guidelines and Association of Dance Movement Psychotherapy (ADMPUK)

Time will also be allocated when required to meet with school staff to plan the social communication lesson, discuss therapy interventions and to discuss and feedback about individual students.

Therapy team:

Simone Heyland

Sarah Savage

(Movement/integrative arts Psychotherapist)

( Speech and Language Therapist)

BSc (Hons), RDMP, M.A. Clinical Supervisor

BSc (Hons), CertMRCSLT, CertMHCP, MASLTIP

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### **INSET and Twilight training sessions:**

Therapists will liaise with Longdon Hall's Head Teacher in order to provide INSET / Twilight training sessions.

Suggested areas to be covered within training sessions:

- Increased awareness of Speech, Language and Communication and how this relates to the YP at Longdon Hall School.
- Increased awareness of the effects of trauma and neglect on the developing brain and subsequent deficits in emotional, social and cognitive 'behaviour'.
- National research / guidelines of services being provided to children with ESB.
- Meetings with class teams to discuss assessments / strategies / advice /behaviour of individual students.
- General and specific therapeutic strategies and interventions that can be included by members of staff in their everyday practise.
- Discussion around strengths and difficulties from Formal and Informal Assessments to increase staff awareness of YP's strengths and difficulties.

Meetings with the Senior Leadership Team / Subject leaders can be included into the therapy day / twilight sessions to incorporate therapy strategies / advice / intervention areas into the curriculum planning with particular experience being based around PSHE, Life-skills and English.

### **What is Speech and Language Therapy?**

The goal of speech therapy is to improve all aspects of communication. This includes: comprehension, expression, sound production, and the social use of language (social pragmatics.)

Target areas covered are:

- **Problem solving** (recognising what the problem is, producing different solutions, choosing a 'best-fit' solution to a given social problem , developing strategies to prevent 'fight / flight response' and encouraging reflection and change in themselves in their approach to different problems.)
- **Comprehension of language** (Understanding sarcasm, figurative language, understanding negative components within sentences, meanings of words and phrases.)
- **Memory skills** (Auditory memory ability to take in, retain and comprehend verbal instructions, Short Term Memory and Long Term Memory.)
- **Building and extending vocabulary** (Recognising similarities and differences between items, building semantic links to support the retention and retrieval of vocabulary.)
- **Creative / imaginative thinking skills** (Encouraging YP to think more imaginatively and abstractly.)
- **Narrative Skills** (Narrative structure, Character development)

**Expressive Language Skills** (Rate of speech, clarity of speech, constructing sentences, using appropriate grammar and tenses.)

- **Attention and Listening skills** (Ability to attend for increasing lengths of time.)
- **Sequencing skills** (Being able to correctly sequence daily tasks / activities\_
- **Behaviour management / support** (Advice on classroom strategies to support behaviour, ability to reflect and think about their behaviour, use of behavioural and feeling rating scales.)
- **Anxiety management / Anxiety programmes / Relaxation strategies** (Anxiety programmes to raise awareness of feelings and emotions and support and awareness of the need to implement relaxation strategies.)
- **Talk time** (Ad-hoc talk time when required to increase understanding / problem solve behavioural incidences and social situations.)
- **Inferencing** (Ability to use hints or clues within a given social understanding or within text to develop comprehension of situations)
- **Verbal Reasoning** ([understanding](#) and [reasoning](#) using concepts framed in words. It aims at evaluating ability to think constructively, rather than at simple fluency or [vocabulary](#) recognition.)
- **Literacy / Phonological Awareness** (Recommendation and support to develop literacy programmes, awareness of the phonological structure, or sound structure of spoken words.)
- **Emotional Resiliency** (Support to allow young people to cope with difficult situations, constructive criticism and build their ability to attempt new activities which may make them fearful.)
- **Applied Behavioural Analysis** (Scientific approach that focuses on the principles that explain how learning takes place. Use of positive reinforcement and principles to bring about meaningful and positive change in behaviour.)
- **Sensory Integration** (Trained in Sensory Integration Module 1 – Introductory knowledge to apply current theories to everyday practise. Basic theoretical knowledge for the management of people with sensory processing disorders in order to support them to implement basic Occupational strategies to allow them to achieve optimum state of arousal to access a learning environment.)
- **Life-skills** (Base-line Life-skills assessment programmes to develop functional Life-skills within and outside of the school environment.)

**Pragmatics (Social Use of Language) / Social communication lessons.**

Social communication lessons follow an evidence-based, hierarchical approach to social skills development with the following target areas covered:

- **Self-awareness and Self-esteem** (Learning about themselves and others and how they are similar or different to support them to recognise their strengths and develop strategies to support any areas of difficulties.)
- **Feelings and emotions** (Understanding and expressing theirs and others feelings, developing empathy skills towards others, recognising less common more subtle feelings, supporting them to put their feelings into proportion.)
- **Conversational skills** (How to initiate, sustain and end conversations appropriately, topic maintenance, listener interest, turn taking, theory of mind – not presuming someone as prior knowledge of who or what you are talking about.)
- **Non-verbal language** (recognising, understanding and displaying appropriate body language and facial expressions.)
- **Friendship skills** (how to make friends, keep friends, recognise when people may be taking advantage, how to deal with peer pressure, thinking about other people, resolving conflict.)

**SLT- Further areas of experience and knowledge** (Basic strategies and knowledge in the following areas with awareness of when to refer for further advice and interventions as required.)

- OCD
- Attachment styles
- ADHD
- Alert Programme / Sensory diets

### **What is Movement Psychotherapy?**

The goal of Movement Psychotherapy is to facilitate psychoneuromotor integration and encourage insight into emotional and behavioural difficulties. Through a process of working with the body and associated neural pathways, developmental deficits in emotional, behavioural and cognitive functioning are addressed. Creative expression and symbolic play is also employed to promote learning by fostering insight and reflexive awareness.

- **Movement profiling** - Using movement analysis of a wide range of movement characteristics relating to weight, space, flow and time to both diagnose and treat ESB difficulties.
- **Affect regulation** - Exploring difficulties relating to self-regulation, including Impulsivity, emotional outbursts, turn taking behaviours and understanding 'personal space'.
- **Attachment disordered patterns** - Working through the therapeutic alliance, sensory attunement techniques, mirroring and tension- flow patterns to address deficits and difficulties.
- **Developmental movement deficits** - Recapitulation through body-mind centring and experiential anatomy processes of essential developmental movement patterns; cross-lateral crawl, eye-hand co-ordination processes and body symmetry work.

- **Self-feelings** - Working with body boundaries, kinesphere and muscle tension as indicators of deficits in area of development of 'self'. Exploring self-esteem, sense of agency and body image.
- **Timeline work** - Exploring working with cognitive processes involved in autobiographical memory work, movement sequencing and goal oriented movement tasks.
- **Posture-Gesture work** – Working with posture-gestures and mirroring to access maladaptive patterns of relating.
- **Storymaking** – The use of narrative structures to facilitate working with case sensitive autobiographical material relevant to clients developmental deficits. This includes working with symbol and metaphor and family therapy models of systemic practice.

As a form of Psychotherapy Mpsych is a comprehensive approach to the many diverse facets of human functioning presented in therapy. It works to address both conscious and unconscious processes to effect body – mind integration. As such, the above list is only a sample of some features of the work.

**MPsych - Further areas of experience and knowledge** ( Specialist strategies and knowledge in the following areas with awareness of when to refer for further advice and interventions as required)

#### **Clinical areas**

- ADHD/ADD
- Attachment Disorders/Difficulties
- PTS/PTSD
- Sexual abuse
- Psychosis
- Borderline Personality Disorder
- Autism
- Dyspraxia

#### **Pastoral areas**

- Storytelling
- Performance Poetry
- Handcraft ( weaving, origami, sculpture)
- Building (outdoor clay ovens, living willow structures)