Psychological Therapies Policy

For

The Beckmead Trust

Name of Policy	Psychological Therapies Policy
Policy Level	Beckmead Family of Schools
Date of Issue	January 2021
Author	Steve Cobbett
Date of Next Review	January 2021
Signature	Dr Jonty Clark
Date of Signature	September 2018

Psychological Therapy Policy

Introduction / ethos

Our students have complex social, emotional and mental health (SEMH) needs that are multi-faceted and rarely fall neatly within one particular diagnosis. Often this includes a combination of chronic trauma and insecure attachments to caregivers (what is increasingly referred to as complex trauma). These mental health difficulties impact significantly on their behaviours, relationships, identities, self-esteem, emotional wellbeing and ability to engage in education and society in a positive way. Beckmead Family of Schools recognise the importance of therapeutic support to address these needs which if unmet can have highly damaging long-term impacts. We also recognise that our student population and their families are underserved by orthodox statutory mental health provisions such as CAMHS. This is partly a capacity issue but is also partly an issue of engagement in that what is offered is often hard for them to engage with because of a number of factors including the nature of therapy offered not matching the nature of their difficulties, the stigma of attending a mental health clinic and cultural barriers. For these reasons, we feel it is an important part of our holistic approach to provide onsite psychological therapies that are tailored to the needs of our students. Providing therapy in school reduces stigma, makes engagement easier in practical terms and also enables more effective joined-up working and wrap-around care between education and mental health.

We proactively strive to make the therapy provision an integrated part of the school culture and to normalise it. This involves being flexible about professional roles and having normal interactions with young people apart from the therapeutic work. We aim for the school community to feel a sense of ownership over the therapy provision rather than it being seen as a separate entity.

Therapeutic approach

We have a policy of using therapies that combine talking with active and non-verbal means of expression such as arts therapies and play therapy. This is because our students struggle to engage with talking-only therapies for a variety of reasons related to their needs. These therapies are also often more effective with students who have experienced complex trauma because many of the difficulties that emerge as a result have an unconscious neurological basis and are rooted in parts of the brain that are not linked to language. For this reason, CBT for example, with its emphasis on using rational thought and language, may not be appropriate. Children with complex trauma may need "bottom-up" therapy that works at this pre-verbal / unconscious / emotional level first before they are ready to process experiences at a more cognitive and verbal level.

The approach draws strongly on attachment theory and therapists work at an attachment level to address unmet early years needs that are vital for healthy social, emotional and behavioural development. However this is carefully balanced with supporting parental attachments. The therapeutic attachment is essentially a form of attachment "intensive care" which can help stabilise children and in this way supports rather than undermines parental attachments. The significant attachment needs of our students together with significant experience of trauma means that long term work is often required and we recognise this. This

means that typically therapy may last between 1-3 years.
Therapists also draw on a variety of theoretical approaches including psychodynamic, humanistic, CBT, solution-focused and systemic in order to address the complex needs of our students but also using elements of evidence-based approaches such as trauma-focused CBT.
Our approach is open-minded in regard to different ways of looking at mental health. We recognise the social aspect to our students' difficulties including poverty and inequality and how their social, emotional and behavioural difficulties can often be seen as understandable responses to very challenging situations rather than needing to be classified as an illness. Sometimes diagnoses may be helpful and can improve understanding about a child but sometimes they may not fully capture a child's whole experience and can feel stigmatising. We are respectful to our students' and their families' views on mental health and diagnoses.

Therapist qualifications
All of our therapists are qualified to either Masters or a minimum of level 5 Diploma because of the complexity of need that our students have. They must also be registered with a recognised professional or registration body such as HCPC, BACP or UKCP. As well as arts therapists and play therapists we may employ counsellors who have had some training or have some skill in another form of communication /expression such as one of the arts or sport.

Evaluation
We evaluate therapy using Goodman's Strengths and Difficulties Questionnaires which are a standard and well-evidenced assessment tool for measuring SEMH. Data is collated on an annual basis and averaged to indicate the effectiveness of the therapy provision overall. These results consistently show that our approach leads to significant improvement in their SEMH. The approach was also subject to a research evaluation using a control group that was published in a peer-reviewed journal (Cobbett, 2016 – see below). This showed a significant difference in improvement between the therapy group and the control group.

Referrals
Any staff member can refer, parents and carers and external professionals can also refer. Students can and often do self-refer too. When there is excess demand, a waiting list is created and alternative support explored in the meantime. Referrals are prioritised in terms of urgency of need but also time spent on the waiting list. Referrals may be made to external agencies during times of high waiting list pressure. Referrals may be passed onto CAMHS in cases of high complexity or where the mental health concern is beyond the scope of experience / training of our therapists or not appropriate for therapy (e.g. where there are psychotic symptoms). Our therapists are qualified and experienced enough to work with significant complexity though including suicidal ideation and severe trauma.

Working with other professionals
Therapists work closely with school staff and also with external professionals and play an active role in professional networks. They advocate for students and families where appropriate using their privileged position of power as professionals to help support the voice of those who have less power. This is balanced with

supporting students and families to develop their own voice as much as possible.

Working with families

We recognise that our students' families often have complex needs too and that our therapists can play a role in supporting those needs. This can range from informal supportive relationships through to arranging conjoint therapy sessions involving family members and carers.

Trainee therapists

We supplement our provision with providing placements for trainee therapists. These are carefully selected to ensure that trainees are at a suitable level in their training and are able to provide therapeutic work that is long enough to be safe for our students. Referrals are also carefully selected so they are manageable for a trainee. All trainees receive a high level of clinical supervision.

Reference: Cobbett, S. (2016). Reaching the hard to reach: Quantitative and qualitative evaluation of school-based arts therapies with young people with social, emotional and behavioural difficulties. Emotional and Behavioural Difficulties, 21(4), 403-415.