



the
beckmead
trust

The Psychological Therapies Policy

- nurture
- sustain
- grow

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1. Introduction / ethos

Beckmead MAT recognises that many of our students have complex mental health and emotional needs and believes that supporting those needs is key to helping them fulfill their full potential. To a degree, all of our staff support our students emotionally but there are many students who require additional specialist support.

We also recognise that our student population and their families are often underserved by orthodox statutory mental health provisions such as CAMHS. This is partly a capacity issue but is also partly an issue of engagement. Even if therapy is offered, it is usually in a form which is hard for our students to engage with. For these reasons, we 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 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.

2. Therapeutic approach

We generally 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 to maximise accessibility because many of our students struggle to engage with talking-only therapies. Such therapies are also often more effective with students who have experienced complex trauma because many of the difficulties that arise from trauma are rooted in parts of the brain that are not linked to language. For this reason, CBT for example, with its emphasis on using complex thought and language, may not be appropriate. Children with experience of trauma may need “bottom-up” therapy that works at the pre-verbal / unconscious / emotional level first before progressing to more verbal / conscious / cognitive areas later in therapy.

The therapeutic approach we favour also draws on attachment theory. 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.

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.

3. 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 (see reference below). This showed a significant difference in improvement between the therapy group and the control group indicating that our therapy approach leads to additional positive impacts above the general benefits of our school environment.

Referrals

Our therapy ethos ensures that the service is as open and accessible as possible. 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 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

Therapists also often play a role in supporting families. This can range from informal supportive relationships to arranging conjoint therapy sessions involving family members and carers.

Trainee therapists

We supplement our qualified therapist 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.*