



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.

Creative Arts based 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.

Classroom based whole class interventions are also utilised where cross-curricular approaches to a therapeutic theme can be explored.

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.

Expressive/Creative Arts Psychotherapy

Arts based Psychotherapy is an intervention that 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.

Arts based interventions offer creative approaches to engaging YP in psychological work across a wide range of Arts based modalities; these include Art, Play, Drama and Mindfulness based Movement Practices. The range of activities reflects a commitment to a person centered approach to therapeutic enquiry and practice and represents the competencies that young people have and can utilise to engage in therapy. ^{ISEP}



The Expressive Arts are uniquely placed to engage the body and mind in psychological enquiry through a combination of verbal and non-verbal work and can enable young people to find expression for the oftentimes inexpressible in the case of abuse, trauma and shame based difficulties.

Pupils at LHS have a range of Attentional, Emotional Regulation, Cognitive, Speech and Language and Neurodevelopmental difficulties which impact on their capacity to access seated, verbal and cognitive based forms of therapy. Creative arts based interventions offer an accessible modality wherein cognitive and other psychotherapeutic approaches can be integrated.

Where appropriate in addition to Clinical Observations and Reviews, Psychometric tests for Anger, Anxiety, Depression and Self Concept can be administered if the YP has sufficient capacity for self-report measures of this kind. Progress is monitored in an on-going way and formal reports are provided for Annual Review. Therapeutic overview is also provided for school reports.

The Complex needs and fluctuating external circumstances of our YP's lives mean that therapy sessions are an on-going requirement of supporting educational placement for many pupils. We also acknowledge the challenge of supporting our YP's in making progress with emotional and mental health issues, which are the result of complex neurobiological effects. We therefore endeavour to provide input where required over the course of the YP's educational journey.

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 niggler 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 Creative Arts 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 (ADMPTUK)

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 leads:

Simone Heyland

Sarah Savage

(Movement/integrative arts Psychotherapist)

(Speech and Language Therapist)

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

BSc (Hons), CertMRCSLT, CertMHCPC, MASLTIP

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 ESBD.
- 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 Creative Expressive Arts Psychotherapy?

The goal of Creative Arts Psychotherapy is to facilitate and support emotional well-being through exploration of social emotional and behavioural difficulties using expressive arts based methods of therapeutic enquiry.

Since emotional health and well-being form part of a wider concept of mental health supporting YP to develop psychologically and develop emotionally is essential in the promotion of positive mental health.

A range of clinical applications including CBT, CFT and Mentalisation based approaches are employed in therapeutic work. Through a process of working creatively to engage YP in psychological exploration and through the psychotherapeutic relationship between therapist and pupil YP are able to explore a range of difficulties affecting their well-being.

Difficulties relating to self-regulation, including Impulsivity, emotional outbursts and physical aggression are commonly explored.

Issues arising from stated needs in the areas of ADHD, ASC, Attachment difficulties and Trauma from neglect, abuse, domestic violence and bereavement are typically addressed in therapy.

Psychotherapy is a comprehensive tool used to address the many diverse facets of human functioning presented in therapy. It works to address both conscious and unconscious processes that affect body – mind integration and seeks to be child centred in its approach.

Areas of clinical interest/experience

- ADHD/ADD
- Anxiety
- Attachment Disorders/Difficulties



- Autism Spectrum Condition
 - Depression
 - Developmental Trauma
 - PTS/PTSD
 - Sexual abuse
 - Psychosis
-