

Practical inclusion of families

Support in managing children – Therapies Team

Here is a case study of how a Psychology and Therapies team at a school worked closely with a family to assist with management of a child's specific needs, whilst providing information for the team and necessary support for the family.

Case study

The mother of one of our young people was recently asked to join a meeting which was going to focus on her daughter's negative behaviours. Those at the meeting included staff from education, care and psychology departments. As might be expected, the mother had very mixed thoughts and feelings about attending the meeting, since on one hand she wanted to be involved in her daughter's life as much as possible but, on the other, she realised that all the factors of her daughter's negative behaviours were going to be explored. The staff meeting with the mother tried to be as understanding, empathetic and sensitive as possible, and wanted to gain the mother's knowledge and insight into how some of these problems could be rectified or even remedied. The young woman's negative behaviours were as follows:

- Incidents of non-cooperation with adult requests.
- Throwing herself on the floor and lying down.
- Lashing out at people if they tried to intervene during an incident.
- 'Self injurious behaviours', including hitting herself on the head.

Before any plans were made to address this range of negative behaviours, it was important for the small staff group to elicit the mother's impressions and emotional responses to the whole situation. Her immediate impressions of the current state of affairs were understandable, and included the following:

- That the behaviour of her daughter must be happening in all environments and for a large amount of the time during the day.
- That her daughter was reverting to behaviours that had been seen a long time ago, and therefore there was nothing that could be done to change the situation significantly (self-fulfilling prophecy).
- That behaviours always seemed to become more intense when she was away from her daughter; consequently the separation between the two of them must be causing frustration on her daughter's part.

In responding to the mother's impressions and emotions, the staff members were eventually able to convince the mother that despite the outbursts of negative behaviour, her daughter on the whole was happy and settled in both her residential and educational placements. Furthermore, additional ideas and strategies were well worth exploring because some of the behaviours, if not all, could be effectively addressed. Towards the conclusion of the meeting, an action plan was drawn up with the mother's full agreement and involvement. The action plan was to involve:

- A full reassessment and analysis of the current behaviours to be made by the psychology and therapies team; this analysis was to include careful observations of the young woman in all settings at different times.
- A follow-up medical investigation to ensure that there were no medical factors impinging on the young woman's emotional and physical well-being.
- Behaviour guidelines for all staff working with this young woman to help them to react positively to any incidents of negative behaviour.

The guidelines included action points for how the mother was to respond effectively herself when faced with her daughter's negative outbursts. She was given precise scripts of what exactly to say to her daughter should an incident of negative behaviour suddenly occur, and offered back-up support in adhering to the scripts by members of the care team on the young woman's residential house. The care team also agreed to make sure that the mother was provided with support at all times during visits to her daughter. It was decided that, should an incident of negative behaviour occur, the mother would be given personal space, but also have the opportunity to debrief carefully and talk through the situation. Members of the psychology and therapies team also agreed that they would monitor the situation and provide emotional back up for the mother as and when required.

Taken from - Carpenter, B., Attfield, E. and Logan, N. (2006). Communicating with families. *The SLD Experience, Summer*, 21-25.