Gemstones

# Case Study Examples

**The case studies we have provided are real ones. Plus we have many endorsements of our work, so please ask for recommendations or references.**

## Play Therapy – Series of Sessions

Gemstones was contracted to provide a series of play therapy sessions for **'A'**

Six year old **'A'**
Had been having toileting problems since he began the toileting process. He had been referred to a Paediatrician who couldn't find any physical problems for his constipation. He was referred for play therapy within the hospital and was prescribed a laxative. School contacted us to ask for support with '**A's'** behaviour and continuing toileting problems.

**Issues identified**
These problems included soiling and anxiety at lunch play in particular, thus affecting socialising and building positive relationships with peers.

**Provision**
'**A'** was offered an initial five sessions of Play Therapy
These sessions were planned to:
- Gain **'A's'** trust through his interests.
- To develop a sense of fun through play.
- To support **'A'** to make positive friendships.

**Desired outcomes:**
- Improved relationships with peers.
- Improved confidence at school through development of a sense of fun.

**'A'** and his interests led the sessions. At the initial meeting with **'A'** he told me that he liked animals, which led the therapist to use mostly animal puppets for the sessions.

**'A'** was introduced to a puppet tortoise that had travelled from Australia and had no friends and was lonely. He needed a friend. **'A'** soon built up a friendship with the puppet and set up games to play with it.

All four sessions were kept in the metaphor concentrating on developing a relationship with the puppets and the therapist.

Two final sessions were planned to take part in '**A's'** school. Using the puppets **'A'** was asked to show the therapist his school and share the good and bad things about coming to school. **'A'** said that he had no friends at play time and felt that nobody liked him.

Furthermore, he didn't like any of the children in his class. (The therapist arranged for the school to provide a class photo for the final session)

The final session was spent looking at the photo, discussing the children in the class, discussing individual skills and friendship groups. **'A'** was able to speak very positively about some of the children.

These six individual sessions formed the play therapy part of the support and was followed by two whole class sessions. These sessions were in the form of circle times on friendships.

Observing **'A'** with his peers the therapist and teacher were able to adapt the circle time plan to include a solution focused discussion on play times asking the following:

- What works well at play times?
- What would you like to change about your playtimes.
- New ideas for fun play times.

**Outcomes**

- **'A'** began to build friendships at school.
- He became less anxious about playtimes.
- Significant reduction in problems in the playground
- and the eradication of toiling problems.

# Individual Case Work - School Refusal and Anxiety

**Background to Referral**
Katherine is in year 9 and when she started High School was a high achiever having gained level 5 in Maths English and Science in KS2 SATs. Reports from her teachers at Primary and High schools indicate her potential, but also that she is quiet, reserved and some note a lack of confidence despite her abilities. Katherine forms friendships, but these tend to be within a small select group.

Towards the end of year 8 there were some family problems, which included relationship breakdown, a house move and a new partner for her mother moving into the family house.

At the beginning of Yr.9 attendance started to become sporadic and some teachers began reporting that Katherine was becoming increasingly withdrawn, unhappy, socially isolated and nervous or anxious. Katherine's school work also began to show a significant decline in standards of work and lack of progress in all subjects.

The head of year contacted Katherine's mother and a number of meetings and identified that Katherine was unhappy at home, was missing her father and relationships with her mother and her mother's partner were becoming increasingly strained. Katherine was experiencing panic attacks at school and the fear was that she was becoming school phobic.

Education Welfare Service was contacted and provided advice to the school about attendance monitoring. The school put in place a number of support strategies, as part of School Action Plus plan, which was agreed with the parents and with Katherine. Although attendance improved the panic attacks and deep anxiety about the deterioration in her school work were significantly impairing her progress at school. Katherine felt a failure and started to become a failing student.

A CAF form was completed and at the meeting, counselling sessions were to be provided and the school nurse was consulted which lead to a referral to the school medical officer. A local voluntary service was contracted to provide family support services for the mother, which included an introductory home visit and a course for parents of teenagers.

Problems continued and so six months later a referral was made to GEMSTONES using the standard CAF form. Katherine's mother wanted help for her daughter at school and whilst the support she had received had given her some useful tips there was nothing suggested that had made a difference with managing Katherine's anxieties, reluctance to attend school and her confidence levels about her ability as a learner.

The school medical officer had not identified any medical issues relating to physical health but felt that depression was a factor. She thought that treatment for depression in the form of anti-depressants would be an option, however Katherine's mother and Katherine herself rejected this suggestion at this stage.

Following referral to GEMSTONES and the consultation meeting with the school as the referring agency, the following was identified and formed the framework for the contract.

**Difficulties**

- Anxiety, including panic attacks and developing risk of developing severe school phobia.
- Lack of progress and falling levels of attainment in learning.
- Risk of becoming NEET (Not in education, training or employment).
- Increasing social isolation due to sporadic attendance and falling levels of confidence.

**Desired Outcomes**

- Regular attendance.
- Reduction/elimination of panic attacks.
- Improved progress and levels of attainment.
- Improved levels of self confidence and stronger/regained relationships with friends.

## Service Plan

**GEMSTONES Input**

- 3 1:1 sessions for developing self managed control strategies for phobias and anxiety.
- Training for learning mentor – e.g. therapeutic stories and use of language to support positive thinking and calm states for pupils.
- Family session – to provide input about communication techniques for encouraging calm states and positive thinking in young people.
- Staff Support and Professional Development session based around the case for all members of staff with responsibility for Katherine.

**School Input**

- Special registration arrangements including 1:1 session with the learning mentor **Proposed Service Plan.**
- A system of communication with home via text messaging regarding pupil absence.
- Opportunities for Katherine to talk during the school day to a learning mentor and the head of year.
- Opportunity for Katherine to receive training in peer mentoring or mediation scheme with a view to becoming part of the school's student support services.

**After meetings with both Katherine and her parents the following were added to the plan:**

- Study support twice a week at lunchtime for mathematics to help her regain confidence in this area of her studies.
- An identified friend to be invited to attend the training in peer mentoring or mediation to support Katherine.
- Clarification of arrangements for Katherine to have regular communication and contact with her father.
- Clarification of arrangements for home-school communication to include both parents in review of progress with the proposed intervention plan.

**Outcomes**

- Katherine reported increased levels of confidence. (Increase from rating of 3 to 8 on a 10 point scale).
- She reports more confidence with peers and is using some of the skills learnt with a younger pupil in the peer mentoring scheme who has low self-esteem.
- Control of anxiety and panic attacks – Katherine reported that the strategies she has been taught have helped reduce these.
- She reports increased levels of calm and control in difficult situations.
- Attendance has improved and is now no longer a cause for concern.
- Katherine is much more positive about her abilities as a learner. (Increase from rating of 4 to 8 on a 10 point scale).
- As a result staff are pleased with her progress and levels of attainment, whilst still showing underachievement are much improved.
- Mother and daughter report improvement in the relationship.
- Staff training and support (ie Staff Support and Development Session and training for Learning Mentor) rated as either very effective or effective by all participants.
- Staff also report that Katherine is less socially isolated and has successfully completed training for peer mentoring scheme.

## Group–Based Support

GEMSTONES was contacted by a Headteacher of a large urban Primary School about a group of four children in Year 1. Problems had been identified in the reception class and before that in the Nursery. The SENCo had co-ordinated support through school action plus or in the case of one child school action.

All four children were experiencing varying degrees of conduct problems and interactions between all three were having an unhelpful effect on each other and on classroom management, which was therefore interfering with the learning of others in the class.

**The consultation meeting held with the school identified the following behaviour difficulties exhibited by the pupils:**

- Calling out and off task behaviour. In one case this seemed to be copied behaviour and in the case of the other two was attention seeking.
- One child did not call out, but would avoid tasks by wondering about the classroom and even leaving the classroom on occasions.
- Swearing and violence towards other children by two of the group.
- This seemed to arise in one case when the child was thwarted and in another case as a work avoidance strategy. In yet another case this appeared to be linked to imagined slight or thereat from other children, particularly perceived invasion of personal space or inadvertent or accidental touch from other children. In the fourth case this seemed to arise when other children were not complying with class rules or teacher instructions.
- Low self esteem: it was identified that although two children appeared outwardly confident, they were aware that their work was poor compared to others in the class. The remaining two children showed signs of insecurity. One of these would retreat under the table at times and make loud noises to disrupt the class, when something was too difficult or he felt he had failed. The fourth child had problems separating from his mother in the mornings.

**Other issues identified:**

- De-skilling of teacher and teaching assistant.
- Home-school communication in two of these cases including complex family situations which had an impact on this.

**Outcomes**

The following were the desired outcomes based on consultation with the school and family:

- Reduction in calling out and off task behaviour.
- Reduction in instances of violence.
- Improved learning behaviour.
- Improved levels of self esteem.
- Raised levels of confidence levels of the staff in their skills to deal with the problem behaviours.
- Improved home-school communication.

**Outputs:**

- Report produced including evaluation evidence for case study evaluation.
- Bespoke resources for home and school.

## Staff Support and Development – CDP Session

**Background Information**
A SENCo approached Gemstones for help to review a case and support transition planning for the child who was due to move to a new class.

- Age 6 years and 8 months.
- This is his third school.
- Single Parent.
- His parent has always felt there was something 'different' about him from a very early age, provides a lot of structure for him at home and finds his behaviour a challenge.
- He was referred to CAMHS and assessed. He was diagnosed as having Pervasive Developmental Disorder. (Some symptoms of PDD are similar to aspects of ASD, including social communication and rigidity of behaviour such as difficulty coping with change and unusual responses to sensory stimulation such as noise).
- **What solutions have you already found?**

**Aims for the session**
- To identify strategies that work so that these can be passed on to his next teacher.

**What specifically is it that you want to change about a child's behaviour?**
- Reduce/eliminate acts of aggression towards peers, including hitting, kicking, nipping.
- Domineering/intimidating and controlling behaviour toward peers.
- When trying to make social contact with other children he tends to use a lot of 'one-upmanship', e.g exaggerated and sometimes, absurd claims.
- Lack of attentive learning behaviour when working, even though he is of average ability.
- Lack of remorse when he is shown the consequences of his actions.
- Patterns of behaviour identified:
  - The more violent aggressive acts tend to happen at playtimes, points when the class is moving around e.g. going to get coats and at points of transition between activities.
  - The less serious acts tend to occur when he is supposed to be getting on with a work based activity or on the carpet, where he tends to poke or otherwise annoy classmates.
  - This kind of lower level disruptive activity also occurs when the adult support moves away to assist someone else or is otherwise distracted.

**What solutions have you already found?**

- Visual timetable.
- Checklist to help focus on work activities.
- Lots of positive reinforcement such as praise.
- Being kept in at playtime with a known adult. He does not see this as a punishment but more as a support for him.
- Social stories.
- Giving responsibilities.
- Take a break (controlled by adults!).
- Consistency, clear boundaries.
- Feelings book.
- Tone of voice and staying calm.
- Sound field system.
- Pattern interrupters.
- Activate and Relax Kids Other Observations.

**Other Observations**

- He has had to cope with considerable amounts of change in his life – 3 schools, a part time placement in First Base, all with slightly different expectations, contexts and lack of opportunities to make lasting social contacts with peers and also many adults too. For a child that has difficulties coping with change this is a massive factor for him.
- He lacks social skills with peers. This will be part of his 'disorder' but also due to the numbers of school placements he has had and the dual roll situation in which he now finds himself. This may have encouraged him to disregard friendships with peers as a protection strategy or because he does not see them as important to him. Adults are usually more reliable and consistent and therefore 'safer' for him.
- He enjoys playing on his own inside – this is when he seems happy.
- Is this a security factor for him? He is away from the unstructured playground setting with more 'unpredictable' children and with a familiar consistent adult able to play on his own without interference. At some level this is fulfilling a need that he has.
- He has social skills, which he uses with adults but this is usually by way of seeking to gain control so that he gets the outcome he seeks.
- The way that strategies seem to work for a while and then not could be due to him realising that the adult is in control – it fulfils a need that he has but his 'want' is to test out and overthrow that control so that he has the upper hand. Another way of looking at this is that when a tried and tested successful strategy suddenly does not work, this is a sign of the adult's effectiveness and not failure.
- Children and people with ASD/PDD tend to have very high levels of anxiety when trying to manage over stimulation of senses (crowds and loud noises) and transitions or changes to routine. The anxiety leads to them lashing out which then is often wrongly interpreted by others as anger.
- When in unstructured situations with lots of other children (e.g. playtime) he is likely to lack awareness of his own and other's need for space and appropriate touch.

- Lack of apparent remorse for the consequences of his actions is a symptom of the social and emotional immaturity or impairment of people with ASD or PDD. It can be acquired through direct teaching but is slow to develop. Strategies such as reflecting on these incidents using the feelings work you describe is part of the solution.

**Where to from here? (The Action Plan)**

- Transition work planned to support his move to the next class, including a list of all the successful strategies.
- Try no eye contact when having to correct or manage his behaviour.
- This stops him affecting the adult with negative energy and ensures he gets no attention reward. Keep him in periphery vision at this time.
- Face to face and eye contact is good for praise but not for correction.
- Identify the most effective pattern interrupters that you use.
- Try introducing 7/11 breathing to whole class perhaps during circle time and in conjunction with relax kids.
- Consider introducing Massage in Schools to teach him about safe touch and respect for others and to counteract high levels of cortisol associated with high levels of anxiety.
- During circle time talk to all the children about 'elbow' space and arms length space as a way of gauging when a person's body space is invaded and when it is honoured.
- Try introducing EFT – tapping on the Karate chop point during circle time or when he is calm and reflecting on an incident. Examples of some of the statements you might try whilst tapping yourself and getting him to tap on the karate chop point: Even though you had a problem in the playground we know that you are a loveable boy. Even though you didn't get it right this time, we know you are a loveable boy. Even though you made a mistake in the playground its okay, your okay we know you are a loveable boy. (Encourage him then to say, even though I had a problem in the playground I know I am a loveable boy, etc etc.