

How Therapeutic Teaching came about...

In December 2017 while working for the Specialist Teaching and Preschool Service as Lead Specialist Teacher (Social, Emotional and Mental Health) a case of a Year Seven student came to my attention. This student became the inspiration for **Therapeutic Teaching** – a complementary educational provision that specialised in supporting students with Social Anxiety and Selective Mutism.

The student had a diagnosis of Selective Mutism and severe anxiety about attending school. She was rarely leaving the family home and experiencing high levels of separation anxiety. A medical referral was made to the Education Access Team at Essex County Council. Parents sought another school while she received tutoring from a complementary education provider in local libraries.

As a Specialist Teacher I supported the partnership working for the schools and family over this period of transition. When the educational provision wasn't working for the student I proposed a reintegration plan to her new school which would include direct teaching with therapeutic techniques that made no expectation for verbal communication for the student.

Between June and December 2018 my involvement aimed to:

- support improvement of the student's wellbeing and confidence throughout the transition process
- ensure that the assessment process of the student's emotional needs enabled accurate identification of provision that would meet her needs (under the SEND Code of Practice)
- support the provision required through school based professional development- whole school training in Selective Mutism
- support the school in building capacity of provision for students with anxiety by providing training materials as part of the school's extensive training for Peer Supporters
- create and co-ordinate a reintegration plan for the new school based on sound psychological theories and person centred (in accordance with the SEND Code of Practice).

This was so that the student would feel safe and enabled to make the transition to a new school.

The Reintegration Plan

This involved developing the student's resilience and confidence about school through the negotiation of **small brave steps**. I co-ordinated the **steps** on a daily basis to enable the student to:

- develop **trust** in an adult outside of family who then acted as a 'bridge' to school, supporting managed separation from the care-giver
- feel safer outside of the home and into school through the practice of **graded exposure** (to social situations and environments).

I worked directly with:

- a key member of staff to co-ordinate the school-based support and together we engaged key staff and peers to support the process.
- the student – teaching a personalised topic based on curriculum objectives and incorporating therapeutic techniques to support her mental health and to provide continuous engagement with learning.
- the student, parents and school to agree each step into school.

We started in the home then moved to the local library and gradually took small steps into the school – reception, a small room, into the school library and finally into lessons.

The learning sessions were structured to include a high number of ‘comfort zone’ factors aimed to minimise anxiety. The activities aimed to develop trust and confidence in the social situation and gradually increasing time on a co-constructed learning task. Every aspect was negotiated and always culminated in reflection and planning the next step. Therapeutic approaches were integrated into the activities and the teaching style, making accommodations for the impact of Selective Mutism.

Social communication skills were worked into social sessions, gradually involving a Peer Supporter and same age peers, to develop social confidence. The role of another student who acts as a supporter was critical to provide the ‘social shield’ that a young person with social anxiety needs. The Peer Supporter was well supported by the key member of staff and gradually took over from me as facilitator of these social times in school. This involved an initial commitment from the Peer Supporter for 30 minutes three times per week.

As the student became more mentally well the activities also helped the student to reflect on her own resilience and to set herself goals.

Outcomes

- Wellbeing improved steadily.
- Increase in independence in her engagement with the learning on a 1:1.
- Increased responsiveness to others and challenges, at times exceeding expectations.
- Increased reflection on own level of engagement and emotional states using scaling. This led to more independent regulation of emotional state.
- Gradual withdrawal of adult support from the social group as the students became more comfortable with each other and understood the process of small steps. The student was so actively welcomed by these peers that she became relaxed enough for her voice to work and also able to initiate in games that required her to use her voice.
- She became independent at entering school and gradually able to walk about in school accompanied by just her peers.
- After the first lesson was a success for a short time, attendance with this lesson was increased, moving onto other subjects that the same peer attended. Gradually new peers, who could support in each subject group, were slid into the social group and, as familiarity and trust developed, the student began to attend more lessons.

Sustained impact six months on...

- The student reached a point of reintegration of 100% time in school and attending at least 70 % of her timetable.

- She requires company from a trusted peer at various points in the school day and some transitions have been made during quieter times to reduce the impact of noise and movement.
- In social times she has been encouraged to initiate more, this includes dealing cards, trying new games initiated by her new friends.
- The student has become more confident in social interaction with encouragement, depending on her anxiety level she can open doors for herself, cope with greetings from others in school and meet new staff and peers.
- She has begun emailing and texting with the Peer Supporters and new friends.

Views of parents

When our child's Selective Mutism was first recognised, we were not at all confident in how the school could support her. We felt very confident in the support offered by Catherine. Our daughter has made very good progress with her confidence. We have felt very well supported. Without the one to one support and liaising on our behalf the school would have not been able to support us like this and we are in no doubt that our daughter would not have been able to attend a high school.

We have had incredible service. We are very lucky to have had lots of contact. This is the only service that has helped our daughter. She has transformed in the last three months. We have had wonderful support. We would like to thank Catherine for her expert knowledge and kind patience.

School staff views:

When we first became aware of the student's needs, we were not at all confident about how we could help. We also had other students joining the school with the condition. We have felt very well supported. Working with Catherine has greatly increased our knowledge of Selective Mutism. We felt very informed and the student has made very good progress. What worked well was the bridge between home and school because it's been as much about supporting parental confidence as it has been about giving the student confidence.

Both school and parents recognised an on-going need for this kind of provision and so the seeds for **Therapeutic Teaching** were sown.

This has proved to be effective, other children like the student deserve this kind of support.

It would be fantastic if a follow up service and visit would happen. Often children have a relapse under pressure this would enable support so that the school avoidance can be stopped.

If this support could be accessed by schools before the situation deteriorates so far that medical evidence can be obtained, it would be less of a juggernaut to turn.

Permission to share granted by school, young person and parents.