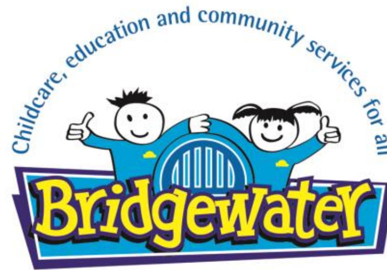

Pilot Project - Bridgewater Primary

Bridgewater Primary wanted to run a pilot project which focused mainly on delivering a therapeutic approach with families who attend their school. It was decided that Kalmer Counselling Services could deliver this approach as we are experienced in using Filial therapy to work therapeutically with parents and children.

In essence it's a family therapy intervention that strengthens parent-child attachment by helping parents to learn how to play with their children; enabling parents to understand more about their children's play themes, which encapsulates their child's development, exploring what's on their mind and what motivates them. Ultimately, it helps parents and children to bond through spending time to sit down, play and laugh together.

Any parental emotional and psychological issues, such as depression or anxiety will get in the way of enabling the parent to be present enough to enjoy playing and being with their child(ren) in a healthy way. By working with the parent on their own issues it can transform a child's behaviour, and their emotional and psychological state. As parents create the structure and environment in which their children live and they are the most powerful force in their lives so it is clear how working therapeutically with a parent can greatly benefit a child.

Parent and Child therapy can help children to express their feelings and fears through the natural activity of play. Over time, children may:

- Understand their own feelings better.
- Become able to express their feelings more appropriately.
- Be more able to tell parents what they need and what is worrying them.
- Become more confident and skilled in solving problems as well as asking for help when they need it.
- Reduce problem behaviours.
- Feel more secure and trust their parents more.
- Have healthier self-esteem and increased self-confidence.

Parent and Child therapy can help parents to:

- Understand their child's worries and other feelings more fully.
- Learn new skills for encouraging co-operation from their children.

- Enjoy playing with their children and giving them positive attention.
- Increase their listening skills and develop open communication with their children.
- Develop self-confidence as parents.
- Become more able to trust their children.
- Deal with frustrations in family life more healthily.

Overview of the Project

At the beginning of the project, close liaison took place with Bridgewater's Family Support Worker to discuss potential and appropriate referrals, an adequate room, how to integrate the service into the school and the potential structure of the work. We closely negotiated how many families would be referred and how to balance counselling sessions with time available for meetings, liaising with staff/parents and being available for them in case of questions or concerns, as well planning and reviewing time in order to ensure the service offered to the families would be of a good quality.

To assess the impact of the therapy, therapeutic tools were needed in order to gather statistical validated data.

We decided to gather this quantitative and qualitative data via the **SDQ** and **CORE** at the beginning and end of the therapeutic process.

Strengths and Difficulties Questionnaires (SDQ) are used directly with teachers and parents to assess the needs of the child.
It is a well-validated, 25-item screening questionnaire composed of five scales that assess:

1. Behaviour problems
2. Hyperactivity
3. Emotional symptoms
4. Peer problems
5. Pro-social skills

A **CORE** clinical rating scale was used directly with the parents to assess the most important generic aspects of their psychological wellbeing:

1. Well-being
2. Psychological symptoms
3. Functioning
4. Risk

With the first families referred, it was thought that after the initial assessment, parent and child work could begin. These first few parents attended the assessment but most seemed uncertain of what the work was, what it would entail and how it might benefit them and their child(ren). Part of the assessment continues to be discussing the work, answering any questions the parents/children may have and hopefully agreeing on a focus or goal for the work, but it is useful for parents to come to the assessment with an idea of what the work is and what it's for.

As more referrals were made and more families engaged with the service, it was clear that due to trauma, domestic abuse, loss and other themes which were becoming apparent, most parents needed individual sessions to work through their own problems or 'blocks' to their parenting abilities. We decided that an

initial six parent sessions were needed before parent - child sessions began. These sessions would also serve as a strong foundation to the parent and child work, exploring attachment, the impact of trauma on children and adults, and looking at ways to build attunement and strengthen the primary attachment relationship, which is the main focus and aim of the parent and child work.

This block of six sessions allows the therapist to assess the needs of the family and choose whether further parent sessions are needed or if it would be appropriate to begin parent-child work. Given the backgrounds of the families engaged in the projects (domestic violence, social care involvement, health issues etc.), time is needed to explore the systems around the family, not only within sessions with parents but also with staff and other agencies (if necessary and appropriate); extended parent sessions enable the therapist to do this, as well as flexibility within the therapist's workload.

What we have learnt

The liaison with parents is paramount to the service and to help with this process a leaflet providing an overview of the service was developed for them to take away, prior to the initial assessment. As the project has progressed, it has become evident that a great deal of flexibility is needed in our approach to this work. Some parents may need more than six sessions before the parent and child work starts, with others it may become clear that parent and child work isn't needed and perhaps the parents or the child need sessions individually. The combination of a loose structure for the beginning of the work (six parent sessions, three play observations and regular reviews at six week intervals) and a degree of flexibility means the therapeutic process of parent and child work can be tailored to the needs of each family. Offering a range of sessions to families which may encompass more than one session a week. This flexible approach to the project would also allow for some parent groups to take place; the idea of a group for Eastern European parents is already being considered to support their (and their child's) transition into a new culture.

Also becoming apparent is the need for the families to continue their therapy through the summer holidays. Small gaps of half term weeks and Easter holidays worked well, however seven weeks over summer would be a very long interruption to the therapeutic process, leaving some families in a vulnerable place for a long period of time. To ease this, three weeks of work with some clients took place at the beginning of the summer break. Four families engaged with this work and appreciated this continuation to their therapy. Moving forward with the project, there is a clear need to support families engaged in this project through the summer break and enable them to continue with their therapeutic process.

Moving Forward

From the statistical data gathered (SDQ/CORE), there have been significant changes with all families who have completed the therapeutic work (please see attached table describing issues, process of work and results), with positive improvements for children in the areas of **Emotional symptoms, behaviour, hyperactivity and peer problems.**

The data gathered from parents (using CORE) demonstrated most of the parents were suffering moderate to mild severity of symptoms at the beginning of the therapeutic work. Those completing the work showed a reduction within these symptoms placing them in a healthy category.

As the project is due to come to an end on November 3rd, we will have more data to evaluate. We would like to extend the pilot in order to fully evaluate the impact of the work, implementing the changes from the lessons learnt and utilising further data gathering tools (such as Clinical outcome rating scale CORS directly with the children).

We really feel the service is beginning to fully integrate itself within the school; families are committed to the process, engaging fully and seeing positive changes for themselves and their children.

Breakdown of Clients Referred from November 2014:

The table below outlines the families referred to the service since November 2014 and their current case status. For confidentiality purposes the identity of the family remains anonymous.

Client Reference Number	Number of children and gender	Reason for referral	Year Group at time of referral	Type of work	Case status
F090309 (Family "A")	1 - F	Concerns over mum's ability to put child's needs first and child's withdrawn/apathetic presentation in school.	Year One	Parent individual, leading to P and C work	**Current.** P and C work this half term.
CORE data show moderate-mild severity of psychological symptoms at beginning of therapy. After therapy healthy levels of wellbeing. SDQ - Positive Improvements in Emotional Symptoms, Behavioural Problems, Hyperactivity, Peer problems and Prosocial Skills.					
A280508 (Family "B")	2 • 1 – F • 1 - M	Mum suffered a violent attack last year and frequently presents as angry. School expressed concerns over daughter's anger towards mum and son's behaviour in the classroom (angry outbursts, refusal to follow instructions).	• Year Two • Nursery	Parent individual, leading to P and C work	**Ended.** Parent chose not to continue with the work after attending four sessions.
S211008 (Family "C")	1 – M	Child suffering from anxiety when coming into school displaying repetitive behaviours. Concerns over child's ability to build relationships with peers.	ARC	Mixed – Parent individual and P and C work.	**Ended.** Work completed – mum and child more attuned. Child displaying less anxious behaviours in school. Play with mum and peers is more relational.
SDQ- Positive changes in Emotional symptoms, Behavioural problems, Hyperactivity and Prosocial skills					
H250506 (Family "D")	2 • 1 – F • 1 - M	Family has suffered domestic violence and a high level of trauma. School have concerns over eldest child's behaviour in class and her peer relationships.	• Year Four • Year One	Parent individual, leading to P and C work	**Current.** Parent work continues. Mum has become less anxious and more resilient. Due to

		Children are often pre-occupied with mum's wellbeing and have difficulty concentrating.			high levels of trauma, work with mum continues.
SDQ- Positive changes in Emotional Symptoms, Behavioural changes, Hyperactivity and Peer problems					
B040707 (Child "E")	1 - M	Father and son referred due to concerns over dad's ability to meet his son's emotional needs and maintain healthy boundaries around his substance use. Dad was unable to attend regularly so work with child took place.	Year Three	Child Individual	**Current.** Child work continues. Child has worked through some of his developmental needs and attachment trauma.
SDQ-Positive Changes in Emotional symptoms, Peer problems and pro social skills.					
W260410 (Family "F")	1 – M	Mum and son experienced domestic violence. Child displaying repetitive stabbing with toys in school. Concerns over bedwetting at home.	Reception	Child individual, leading to P and C work	**Ended.** Child worked through trauma using play. He no longer bed-wets and school have no concerns over his behaviour.
SDQ- Positive changes in Hyperactivity					
B160107 (Family "G")	1 – F	Child has angry rages in school and finds it very difficult to calm down. She was close to exclusion at the time of referral.	Year Three	Parent individual, leading to P and C work	**Ended.** Parent chose not to continue with the work after attending three sessions. We used the sessions we had to explore ways to help reduce the angry outbursts and support child.
H190609 (Family "H")	1 – F	Child has difficulties engaging with school work and with peer relationships. School have concerns over parent - child relationship, feeling mum is very negative towards her daughter.	Year One	Assessment only. (Hope was for P and C work)	**Ended.** Parent could not attend.

R080808 (Family “I”)	1 – M	Family’s elder children were taken into care. Mum and dad feel this has an impact on how they manage child’s behaviour. Child has ADHD and behaviour can be difficult to manage. Dad is in poor health.	Year Two	Two parent work, leading to P and C work	**Current**. Mum and dad have reflected on how their experiences impact how they manage child – they are working on separating this. Dad’s ill health is a primary concern.
D290705 (Family “J”)	1 – M	Child has frequent angry outbursts at school and finds it difficult to manage his anger. School have concerns that mum has a similar issue as well as suspecting OCD.	Year Five	P and C work	**Current.** Parent refused to attend. Child work began last term. Child is beginning to engage with the sessions.
W210805 (Family “K”)	1 – F	Child’s behaviour in class is erratic. Concerns over mum and daughter’s attachment relationship.	Year Five	P and C work	**Current.** Mum has attended 6 parent sessions and feels relationship with her daughter is improving and daughter’s anger is lessening.