

Teachers' Feedback

1) "I am a key stage 2 teacher in a small primary school in Cambridgeshire. Two of my current students have weekly counselling sessions with **allyance** and I can honestly say that the changes it has made have been very beneficial.

One child (a girl) lacks a lot of confidence in any ability, and despite being able with both numeracy and literacy it has taken a long time for us to see this. This year she has already achieved 2 sub-levels of progress in both areas, (we are currently half way through the year), and I believe that a mixture of a supportive classroom environment and the space to gain confidence during the sessions have led us to this. She is much more likely to have a go and put her hand up during input time, and is slowly realising she is as able as the others in the class. The sessions have really helped her to increase her sense of self esteem which has also fed in to relationships with other children.

The other child (a boy) in my class only started counselling sessions after Christmas this year (2014). He is very anxious and worries about many situations both in and out of school. This has been expressed by appearing over confident, and has led to problems with friendships in school. Over this past half term I have seen improvement in his ability to think of others and to show kind behaviour. I am confident that this will help him achieve in school, as he is more able to work with others already.

As a teacher it has been very enlightening to have a counsellor's perspective on a variety of issues, and talking to Lorraine about other children has allowed me to think of new ways to encourage positive behaviour. It has opened my eyes to how children are likely to be feeling, and I really value the ideas and advice she has been able to offer me. The benefits of this service are huge, and to me the academic progress that I have seen is second to the way that the children who take part in counselling sessions are increasing in confidence and self esteem. I would fully recommend this service to other schools, and would be more than happy to discuss my experiences."

2) "We referred a little boy to receive counselling due to concerns about his selective mutism. He came into school in Reception and wouldn't speak to an adult, but he mostly spoke to one other child.

This carried on in Year One but would speak occasionally to other children. In Year two he did whisper to other children more readily but still not to adults. He did however play games with an Eklan trained TA and gained confidence with her. In Year 3 he did progress slightly and started to respond to the register by clapping. He didn't however show any emotions by using facial expressions or give eye contact unless told to. We referred this boy to work with an allyance counsellor as we felt that his time in the school was fastly looming and felt he needed intervention to enable him to develop further before he left the school and to the middle school.

During and since her intervention, he appears to be more relaxed in the classroom setting. He whispers to all adults when addressed by them although he still doesn't use eye contact unless asked to. He will ask questions and volunteer information in class, in a fairly audible whisper to all adults including his class teacher. He volunteers to 'show and tell' in front of the class. The sessions with his TA have continued and he is much more animated, showing excitement and occasionally using his natural voice. He has chosen to speak to various adults outside the home. E.g. making his scout promise our loud, his swimming teacher and the optician.

He has enjoyed going to the counsellor and willingly went each week. He chose to whisper to her on the last session.

I believe her visits have helped his self-esteem and confidence. He has learned to face his problem and to trust other adults. His target is to 'talk' normally when he goes to the middle school in September. The sessions have also helped the class teacher face his problem and be more prepared to talk to him about it rather than it being a 'non-mentionable'."

Gender: Female

Age: 8 years

Child referred to here as P

Presenting Problem

Mum diagnosed with an aggressive form of Breast Cancer.

P is a sensitive little girl who was happy and confident before the diagnosis. There was a marked change in her demeanour and a lack of ability to cope with friendships in school. P did not want to talk to staff in school about Mum's diagnosis or subsequent upheaval in the family home due to Mums hospital appointments and fatigue after her treatment of chemotherapy.

Intervention

Non-directive Person Centred Therapy, with the counsellor being led by the child. This involved an hour a week of time to talk about how it felt for P to have her Mum unwell for periods of time over several months. Therapy began in February and is ongoing until Christmas when the treatment and subsequent surgery will be finished.

During the Sessions Topics Covered

P was able to verbally express the upset to the household in general whilst Mum was unable to do the School runs and attend various after school clubs with P and her brother. There was often confusion for P around who would pick her up from school. Who would cook the dinner and take care of the family? Her anxiety manifested itself in a lack of tolerance for some of her peers.

I introduced art and craft activities which P used as a tool to express her love for her Mum in a non-verbal context. We then did some work around 'I' language as a way for P to express how she was feeling about various aspects of her life in an assertive way; a way that people would listen to. This way of expressing herself really had an impact on P as she felt more confident about letting peers and family members know how she was feeling about various situations.

Using art and craft is a very useful tool to help children really express their fears and anxieties in a gentle and non-verbal context allowing them to be drawn naturally to materials that allow free expression in a creative way, that is not interpreted by the counsellor, but may be discussed if the child initiates the discussion.

Outcome / Impact

The impact on P has been very encouraging. She has developed a better relationship with some of her troublesome peers; she uses 'I' language to help herself to be heard; she is far more confident in the classroom, being able to put her hand up and answer questions. She says she feels happier in general and appears to be getting her needs met in a more confident and assertive way.

P has truly embraced the concept of counselling and has readily engaged in all aspects of our relationship. She is a willing and chatty participant and believes that the intervention has been beneficial.

Gender: Male
Age: 10 years old
Referred to here as X

Presenting Problem

X presented with anxiety and was engaging in some repetitive and obsessional behaviours at home. He found it difficult to focus at school, often seeming unhappy or preoccupied. Family tended to somatise X's difficulties, and high levels of anxiety were expressed about X who also had allergies. X also had many angry outbursts and struggled to manage his frustrations. He appeared tired and pale, lacking in energy, with poor sleep patterns.

Intervention

X took well to the sessions, engaging with me and happy to work on thinking about his anxieties, things that made him angry and the rituals that he engaged in. Together we used creative materials to externalise the more obsessional behaviours and thoughts, giving it a name and character. He used clay to express his strengths/ weaknesses and to identify areas of resilience. In meetings with mum her own issues surrounding loss, and family history of mental health encouraged her to reframe X's difficulties and begin to take some steps to allow him more independence and not to collude with the rituals. In addition she also took steps to seek further mental health support for herself. Sessions with mum examined the importance of boundary setting; sleep hygiene and some psychoeducation around anxiety and obsessional thoughts. X used different creative materials to express his feelings, he also responded well to relaxation and breathing techniques as well as an increased awareness of self-monitoring and thinking about situations that worried him.

During the Sessions Topics Covered

My OCD monster – How I fight it. Working together we can 'boss' the monster away!

Relaxation and visualisation.

Self-talk to combat the obsessional thoughts.

Dealing with angry feelings.

Self-esteem and confidence.

Relationships with parents.

Outcome / Impact

X made good progress. This was a relatively short-term piece of work (12 sessions). Mum reported a marked change in X's behaviour and that he seemed happier and more relaxed. He was less engaged in the obsessional rituals and expressed himself rather than somatising the difficulties. Mum had also stopped taking part in the rituals with X. It was noted at school that X was more productive with his work, taking greater pride in himself. Whilst he still expressed some anxiety the teacher noted that he took more responsibility. With support he was also able to take part in after-school activities.

X himself presented as happier and more relaxed in himself. He spoke of practising the self-talk that we had covered in sessions to think and engage with his anxious and obsessional thoughts. Sleep hygiene tips were also shared with the family, and X looked more rested and relaxed in our sessions. Over the course of the sessions X became more confident in talking about his vulnerabilities, issues that upset him or areas he felt he did not do well in.

Gender: Male
Age: 8
Referred to here as T

Presenting Problem:

T was referred as he was struggling academically, found it hard to focus and had weak concentration and attention skills. School said 'We are concerned about T's self-esteem, he lacks confidence and only has a small number of strategies to use to cope and manage in school. Frequently he cries when faced by difficulties and presents as unhappy.'

T has two other male siblings who often seem to like to get physical at home.

T revealed that he felt lonely at school and no one wanted to play with him, he spent most of lunchtime sat on a bench by himself. He felt bullied.

Intervention

I worked with T using Play Therapy which is a non-directive form of therapy whereby the client is free to choose from a range of materials with which to express themselves such as, sand, arts and crafts, puppets, music etc.

During the Sessions Topics Covered

Sometimes T wanted to talk about the difficulties he faced with friendships and we were able to use this opportunity to look at making and keeping friends, positive playtimes and feeling confident.

Outcome / Impact

As T's confidence and self-esteem improved so did his peer relationships and as his peer relationships became more positive his self-esteem and confidence was raised. As a result he was doing better in the class with his learning showing that there is a direct link between how you feel and how you achieve.

T said...

- I've got more confidence with my school work
- I have more friends
- I get on better with my teacher
- This has helped me to learn to play well with other children this has got me more friends
- I used to get bullied and be lonely in school, I had no one to play with I sat on my own
- Now I feel more part of the year group
- I feel more brave at home like climbing trees- I used to be scared of heights
- I try out more things now
- I try to help my siblings to stop fighting
- I Enjoyed going to counselling

School said...

- T has really enjoyed the intervention and often asks when his session will be
- He comes back to class with an uplifted and more positive attitude
- T's confidence has improved
- K (the counsellor) is professional and caring and has a good rapport with T

Gender: Male
Age: 10

Presenting Problem

Behavioural and emotional problems related to traumatic family breakdown presenting at school as difficulties focussing, relating to others and low self-esteem. Poor co-ordination and weak motor skills were also apparent.

Intervention

Child-led music therapy, semi-structured session using piano and percussion. Free improvisation used as crucial non-verbal medium in which the boy could express his inner chaos, feeling it contained by attuned musical responses by the therapist including mirroring, role-reversal and containing musical support that allowed unsafe feelings to be expressed without words. A space provided for him to be himself, where he could be in control but then gradually release this need as his creativity was encouraged.

During the Sessions Topics Covered

The child created many structured musical games that developed his self-confidence and made a creative relationship possible. These included very detailed false endings to improvisations, eventually involving exquisite delicate playing on the gao drum and timed silences.

The wild and initially uncontrollable piano playing and drumming evolved to a still vibrant but more coherent form of shared playing in which we accelerated together and signalled changes of roles through musical sounds.

Outcome / Impact

Musical confidence very clearly developed and the child was undoubtedly more relaxed in the session. Ability for fine motor control evident. Teachers report increased participation in class, improved co-operation and less resistance to engaging in set tasks. Child appeared less 'closed off' emotionally.

Gender: Male
Age: 10
Referred to as x

I have worked with x since March 2017 and have seen him 32 times. His sessions took place in the therapy room at Harston and Newton Primary School where he had access to creative art materials and the sandplay therapy that I provided. In addition he talked about his worries, and we worked on strategies to help him manage difficulties he was having with peers at school.

When I first met x he was withdrawn and often silent, he very rarely made eye contact and found it difficult to trust me. He presented as overly compliant and expressed high levels of anxiety. In particular he was anxious when separated from his mum and found it difficult to concentrate at school. He engaged well with the therapy and shared with me his worries and how overwhelmed he felt at times. As he gained confidence he was able to speak with greater clarity about the contact he had had with his father and his fears and anxieties about this.

With the boundaries in place around the contact x became noticeably more relaxed and took steps in his work to build on his social skills and to express his feelings appropriately. In discussions with staff it was clear that x felt more able to ask for help when he needed it.

In the time I have worked with x he has made great progress, he reports less anxiety and that he now feels more "calm and peaceful". He is able to talk about feelings of unfairness and of difficulties with peers when they arise, and has recently returned from a successful residential trip with his class. He appears to have 'found his voice' and has begun to take more independent steps at home, with his mums support. He continues to need some guidance in making appropriate choices in his behavior and at times managing his angry feelings. His last session with me will be on April 19th 2018.

The transition to Year 6 was challenging for x, as was the adjustment to new teachers, bearing this in mind it is important that the transition to secondary school is managed sensitively.