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| ***Doctorate in Professional Educational,***  ***Child and Adolescent Psychology***  *Programme Director: Vivian Hill* |  |

**Trainee Educational Psychologist Summary of Work**

| **Level of Work**  *(Individual with pupil initials, Group, School, Systemic, etc)* | **Age** | **Ethnicity and/or Bilingual** | **Presenting Difficulty** | **Provision** | **Nature of EP Involvement**  *(Home and/or School Consultation, Observation, Individual work, Assessment, Home visit, Multi-agency, INSET, CaMHS etc )* | **Learning Outcomes**  *(Demonstrate competency of a range of learning outcomes, ethical , moral. theoretical, interpersonal, professional)*  *100 – 200 words* |
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| Individual | 8:4 | White mixed | Megalocephaly and capillary malformation syndrome leading to cognitive difficulties | Mainstream | * School consultation * Home consultation * 1:1 | I had to research what Megalocephaly and capillary malformation syndrome is, including the likely effects and prognosis for a young person with this diagnosis. This informed my understanding of how to work with them, interpret the results of the assessment, and give suitable recommendations. Working with a child with this congenital diagnosis was new and I had to make sure I had a good understanding of it and work in an empathetic way, being cognizant of the likely difficulties she had. Feeding the results back to the child’s parents required an empathetic, strengths-based approach which also encompassed their child’s needs so they could be fully supported. |
| Borough | N/a | N/a | Return to education post-lockdown | Wellbeing | * Training | The government commissioned the Anna Freud centre to design a series of training sessions to support school staff and students returning to school after the COVID-19 lockdown. This was given to a number of EPS to deliver to local schools. We tailored the training to suit the needs of the borough and we worked in pairs to deliver the training. As part of it, I and a colleague designed a questionnaire to assess the participants’ confidence in supporting students before and after the training. This was to assess the efficacy of the training and provide guidance for future training the service could deliver to schools. |
| School | N/a | N/a | Children with emotional needs | Schedule of work | * Research and development of suitable activities for children with emotional needs | One of my school’s commissioned me to design a schedule of work for a group of children with high levels of emotional need. The aim was to design a programme which was play-based and fun but which helped them develop core skills and confidence in literacy and maths. I researched suitable activities which were fun and educational and used my knowledge of dynamic assessment to information the activities I included. I designed this schedule of work in tandem with the TA who would be emotionally supporting the children and the teacher who was the lead for children with emotional needs. |
| School | N/a | N/a | Returning to school after school closures due to lockdown | Wellbeing questionnaires |  | Prior to students returning after the summer 2020 lockdown, I offered to my schools to use some of their sessions for a wellbeing questionnaire designed for school staff and families. Two of my schools commissioned said questionnaire and I designed them to explore how comfortable students and school staff felt about returning to school after the lockdown. Using my knowledge of psychometrics, I designed the survey to explore their views, rate their confidence, and offer suggestions as to what support they would like. There was also an option for free responses. I analysed the results and summarised them for the schools to use in supporting their staff and students. The feedback from both the participants and the schools was very positive and has encouraged me to |
| Individual |  | Mixed | Concentration, emotion regulation, self-esteem, | 1:1 sessions | * Observation * Consultation * 1:1 sessions | A Y6 child was brought to my case load because of his difficulties with focusing and accessing the curriculum. He had received a diagnosis of Attention-Deficit Hyperactivity Disorder (ADHD) but had described it as “ridiculous”. My work therefore explored not only his understanding of himself but also sought to bolster his self-esteem and self-concept. My aim was to gently explore what ADHD meant and how it related him. After developing a good rapport (and increasing his self-confidence when it came to problem-solving using the game Rush Hour) we explored ADHD. He was receptive to it and showed great maturity in exploring it with me. I was talking to his mother during this time and seeing how she wanted him to be supported. She was worried that he would not take his medication if something happened to her so I worked with him and he both saw the value of his medication and is now confident taking it independently. |