

## Time to Talk: The Benefits of Therapeutic Conversations in Supporting Young People with Sensory/Physical and Medical Disabilities

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### Abstract

The health and emotional wellbeing of young people have increasingly come under the spotlight over the years. This is particularly so for young people who have sensory/physical or medical needs as, along with the pressures of adolescence and growing up, they also face many barriers and issues to do with their disabilities. However, there has not been much written about in terms of targeted emotional support and interventions around emotional wellbeing for this population. In light of this gap, the Educational Psychology Service of Tower Hamlets and Public Health became involved in a project called “Time to Talk”.

This offered thirty-six young people with sensory/physical/medical needs in seven local secondary schools a chance to participate in a counselling based intervention involving therapeutic conversations. Various approaches taken from solution-focused thinking, motivational interviewing and cognitive behaviour therapy were used to guide the conversations. The intervention was short term, offering young people up to six sessions, each for a maximum of 50 minutes. Evaluation of the project was through a mixture of pre- and post-scaling before and after the intervention as well as qualitative information from comments the young people made.

Overall, there was a generally positive impact, with many young people feeling better able to manage their situations and decreasing in their concerns and generally feeling well listened to. Their schools also acknowledged some positive changes and valued the input. In conclusion, the project highlighted a number of important themes to emerge from the conversations with the young people such as: wanting to have independence and autonomy, transition and future aspirations, coping with anxiety and stress and relationship issues. The project also demonstrates how partnerships between the Educational Psychology service and different commissioning bodies can lead to creative and imaginative ways of working. After all, educational psychologists can be well placed to offer early interventions for emotional wellbeing before situations reach crisis point, due to their psychological training and experience of working with young people and community and school settings.

### Reason for Involvement

The health and emotional wellbeing of young people generally have increasingly come under the spotlight nationally, with many young people facing increased demands and stress affecting their mental health and capacity to cope (Department of Health, 2013). The SEND code of practice has also recently replaced “behaviour” with “mental health” as an additional need, (Department for Education, 2014). In light of the growing difficulties, Public Health England published *Improving Young People’s Health and Wellbeing: A Framework for Public Health* in January 2015, addressing key areas looking into building resilience and the need for young people to have access to early support that is youth friendly and targeted for them. The report also highlighted the importance of relationships in young people’s lives that help them feel supported and valued, and the need for integrated services that work together to ensure needs are identified and met and are centred on the young people. The report also acknowledged that health needs change over time and that times of transitions can be particularly difficult.

The Department of Health, in its paper *No Health Without Mental Health* (2011), estimates that 40 per cent of children and young people with mental health needs are not receiving any specialist care, but similar numbers of young people that experience less serious psychological difficulties could also benefit from support. However, there is a lack of provision for meeting the needs of young people, especially at an early stage before problems become entrenched. Amongst the groups most affected are young people who have to manage long-term conditions, chronic disease and disability. Pinquart and Pfeiffer (2015) conducted a meta-analysis of various studies looking at how this population compared with adolescents without chronic physical illnesses or physical/sensory disability. Their findings suggest that adolescents with these kinds of issues are more affected than their non-disabled peers with regards to developing independence, self-image, friendships and preparation for employment. Despite this, there has not been much research on emotional support provision specifically for this particular group (Groce, 2004; Hagliss et al., 2005), although there have been some studies looking at emotional support and counselling for older populations. Barr et al. (2012) looked at adults with long-term sensory needs such as visual impairment. Their findings suggest that emotional support and counselling can have positive beneficial effects for people with visual impairment, in terms of emotional wellbeing and physical health.

One in seven young people aged 11 to 15 has a long-term medical illness or disability affecting many aspects of their life (Brookes et al., 2011).

Educational psychologists have psychological training as well as wide-ranging skills and experience of working with young people and families in eliciting their voice and views. Thus, EPs are well placed and have the ability to deliver therapeutic interventions that can support young people and families and help organisations such as schools to meet the needs of their young people better. This is highlighted and recognised in *The CAMHS Review* (DoH, 2008) and *Mental Health and Behaviour in Schools* (DfE, 2014).

In recognition of the gap in targeted emotional support for young people with sensory, physical or medical needs, the London Borough of Tower Hamlets Educational Psychology Service was commissioned over three years, 2013 to 2016, by Public Health to offer support to this population. Thus, the Time to Talk project was created and designed to help look at a variety of issues that young people wanted to discuss, such as difficulties coping with long-term health conditions, difficulties in relationships, developing greater autonomy and independence as well as abuse and intolerance and issues with identity and self-image. Young people with disabilities also face many challenges as they get older and on the crossroads between children's and adult services. This is especially in relation to opportunities for continuing education and training as well as chances for employment and maintaining good health.

The inclusion of pupils with disabilities is well established in Tower Hamlets, with many schools having wheelchair access and offering support as well as caring staff that recognise real problems faced by pupils with disabilities. Nevertheless, there are issues for schools in terms of time and personnel with confidence and training to be able to offer more specialised emotional support. Schools also face a huge crisis of funding and budget cuts that put a strain on a lot of schools to employ counsellors. Also, due to limits in resources, it may mean that only pupils with the very highest level of need may meet the threshold for accessing support.

## What We Did

Due to a gap in providing specific support targeting this group the Time to Talk project offered young people in secondary education up to sixth form with a sensory/physical or medical need an opportunity to participate in a therapeutic-conversations-based intervention with an educational psychologist. The intervention was aimed to support at least ten young people in an academic year. The sessions involved the use of a range of approaches including solution-focused thinking, motivational interviewing and cognitive behavioural therapy ideas. Solution-focused thinking has been much written about (e.g., Berg, 1994; De Shazer, 1988). The approach aims to identify individual strengths and resources to help build resiliency and find positive ways to cope and manage situations through careful questioning involving looking for exceptions and miracle questions and scaling. Setting individual goals and targets can also be useful, and motivational interviewing allowed this process (Miller & Rollneck, 2002). Cognitive behavior therapy techniques, (Beck, 2011) provided opportunities to explore thoughts and feelings and relationship with patterns of behaviour. This may be through gathering observable information, keeping diaries, reflecting on what is working well and balancing out negative thoughts and perceptions.

The sessions were for up to 50 minutes and a maximum of six sessions per young person. Although the intervention was short term, if appropriate, young people could be signposted to other, more long-term, intervention services such as CAMHS or Adult Mental Health. The Time to Talk approach, at its very essence, is person centred, thus allowing the young person to explore issues that are important and meaningful to them, such as looking at key areas like access to inclusion, personal relationships, greater independence and transition to adulthood.

Data was collected in relation to the number of young people worked with, ethnicity and gender and nature of disability. Young people were, however, made aware that the details of their conversations with the EP would be kept confidential unless any safeguarding issues were apparent. However, if they wanted to use the EP to help share and raise awareness regarding their views or needs with others at school or home then this could also be facilitated. A leaflet about the project was available for highlighted pupils to have, and their parents were made aware by letter.

The success of the intervention relied on good collaboration with a link from the school to enable rooms to be booked and students and teachers to be clearly informed about when sessions were arranged, as well as communicating when students wanted to share information and a base to offer further support.

## Aims of the project

- To promote pupil voice
- To identify pupil strengths and support networks in order to build resilience
- To help pupils to achieve personal goals
- To allow pupils to explore issues important to them

## School participants

Secondary schools in Tower Hamlets were approached to take part in the project with the help of initially the physical and sensory specialist teachers in Tower Hamlets as well as EP colleagues. In total seven secondary schools participated. The success of the project depended on each school's commitment and time, in terms of key link personnel from each of the schools identifying young people that would be suitable for the project and helping to facilitate the work. For example, raising awareness about the project to young people/parents/wider school staff and accommodating timetables and booking a suitable space for the sessions to take place.

Overall, over the three years, the intervention was offered to 36 young people in the borough, with 10 males and 26 females (two of the secondary schools were female only schools). In terms of ethnicity: 28 were Bangladeshi; 4 EWS; 1 mixed race; 3

Somalian. The range of needs included 7 young people with motor issues; 9 with hearing issues; 3 with visual issues; 9 with medical problems; 2 with skin conditions; and 6 with epilepsy.

## Evaluation of Project

Evaluation of the project was by the young people completing a self-report pre and post 10 point scale to determine the impact of the intervention. The scale ranged from 10 representing high concern and difficulties to 1 representing least concern and better resilience.

Young people were asked to rate their perceptions of

How concerned are you about the problem?

How well do you cope/manage the problem? and

How well listened to do you feel?

33 pre and post scales were completed. The average level of positive change for question 1 was 3.7 (figure 1). For question 2 the average level of positive change was 3.1 (figure 2) and the average level of positive change for question 3 was 2.9 (figure 3).

(The numbers on the axis are reversed because on the scaling questions; the higher the number the greater the concern.)

Figure 1. Average positive change = 3.7

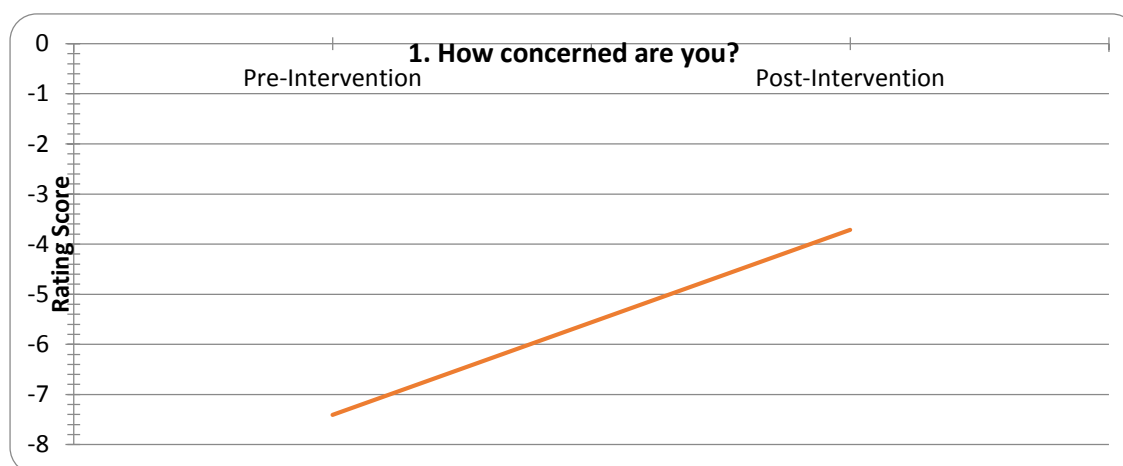


Figure 2. Average positive change = 3.1

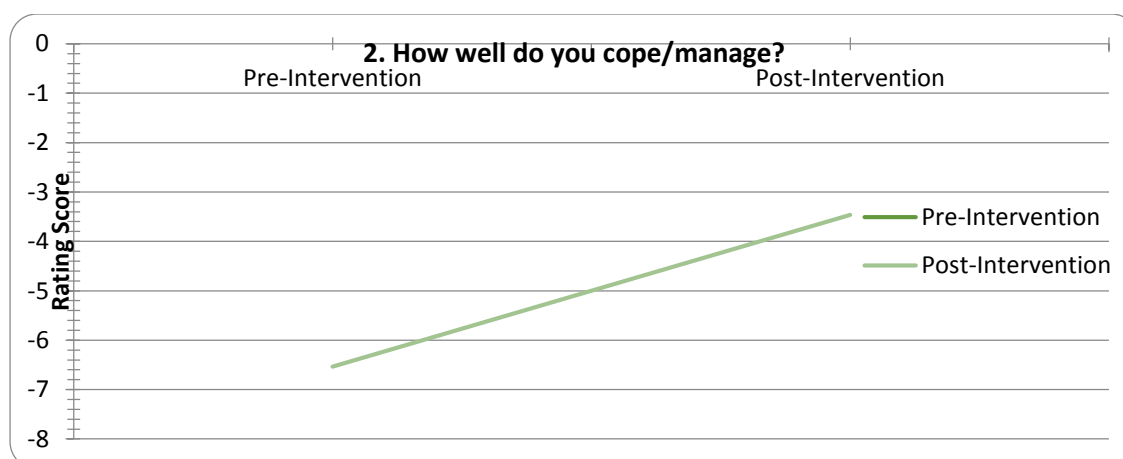
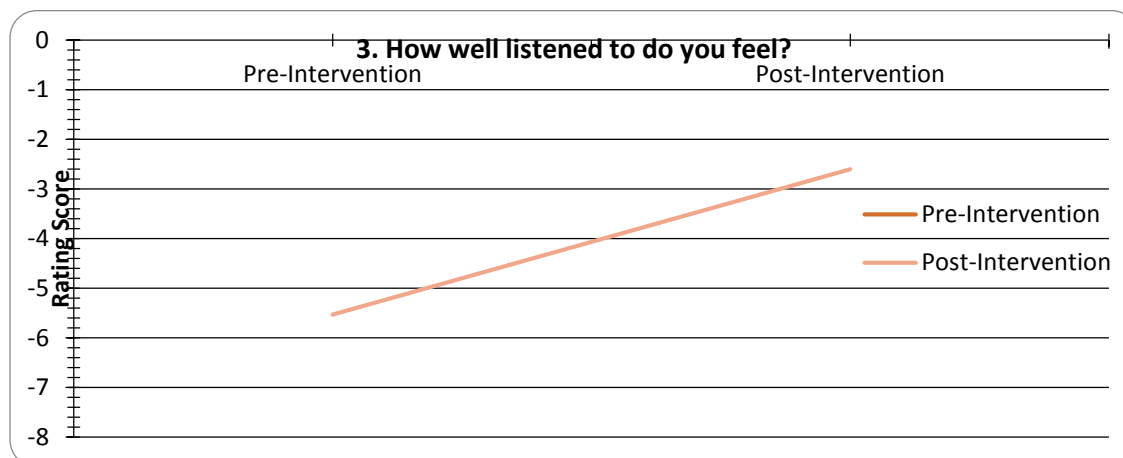


Figure 3. Average positive change = 2.9



In addition to the above, qualitative feedback was also collated from the young people, and case studies were also written up, providing a rich picture of the journey experienced by the young people through the process. All the data was treated confidentially with the names of young people and school anonymised.

Time was also made to hear feedback from the school link person about how the project was received in school and also for the EP to share information that the young person wished to share and raise ideas for the school to follow up and where appropriate include into EHCP or school support plans. All of the schools participating said that the project was very appreciated and valued. One person said that she had not realised that a young person she was working with was needing the emotional support, as on the surface she seemed so confident. Another said that having the support had led to some positive work with parents, and some schools commented that it was good to have this kind of input for young people that did not normally get attention, as their needs were not seen as a priority and would not meet the threshold for counselling services or CAMHS.

## Changes and Emerging Themes

Following the input of young people, the information was gathered and grouped into the following general themes.

Wanting to have more autonomy and independence

Having their condition understood and accepted

Relationship issues

Coping with anxiety and stress

Concerns about transition and future aspirations

### Independence and autonomy

This theme related to some young people building their independence, albeit in small steps as this was a primary issue for them. For example, helping with planning to go to the local shops, visiting a friend or learning the route and street names. For one young person being able to choose his own clothes or style of haircut or make a cup of tea was important as this was something he was never allowed to do, although his younger siblings were. "I was really happy I made my mum a cup of tea, and she was very pleased! When I showed my plan for visiting my friend to my mum, she could see I was serious about visiting my friend, and she agreed to support me to do this."

### Having their condition understood and accepted

Young people also talked about how others perceived them and how to challenge people's views. For example, one person said that people rejected her on first impression, but we talked about her resilience and areas of strength and ways to cope and how school could help in raising awareness through class assembly about accepting difference.

Sometimes it was also about the young person accepting and understanding what would be beneficial to them in the future and coping with their limitations. For example, a young person said that the discussions led her to see that following up her exercises for physiotherapy and seeing her therapist again may be a helpful thing to do as she had not gone for a while as she found it a chore. "I stopped going to the physiotherapist for a while 'cos it was boring, but perhaps I need to start going again to keep up my exercises and make my legs and joints stronger."

### Relationship issues

Raising the young person's voice and closer communication between home and school was also an important theme to emerge from the project. In some situations the young person wanted the EP to meet with parents and share their thoughts about their

need for greater independence or wanting opportunities to widen their social and recreational opportunities. "I know he is growing up and needs to learn to do things, breaking the task down (going to local shop) is really helpful!" (parent)

Some young people found it difficult to feel part of school life as they had been through long periods in hospital, which impacted on their confidence in building relationships and feelings of belonging, so it was looking at things that they enjoyed about school and what motivated them that enabled schools to include them in participating in wider school life and playing a role and participating in activities. For example, being desk monitor, guide for new intake of year 6 students and so forth. "I really like to help people and can see myself showing new pupils around."

### Coping with anxiety and stress

The project also allowed young people to explore the things that made them anxious and to look at ways to manage the stress. For example, one young person said she felt very anxious and self-conscious about going into the lunch hall, and so we talked about what things would help reduce the anxiety. As a result, the young person said she was much better at coping with the dining hall. "I'm able to meet my friends and going into the dining hall in a small group has made me feel much calmer about having my lunch."

One young person said that the Time to Talk project made her feel ready to accept further counselling opportunities and opened her eyes to the benefits of talking and reflecting with someone. "I think I will be more open to get some further counselling in the future. I really liked your approach, and it helped a lot!"

Overall, many of the young people expressed that they would recommend, Time to Talk to their friends if they needed it.

### Transition and future aspirations

In the transition and future aspirations theme, young people reported being supported with coping with preparing for the transition to colleges and sixth form. This was through helping them think about questions to ask on their visits and interviews as well as looking at what courses/careers they wanted to do and how to access information. "Thank you so much for your support! I had a much clearer idea of what to ask at my interview to college. I know now who to ask and feel more confident to ask for information."

### Limitations and Ethical Issues

Although the young people were initially highlighted by teachers and school staff, the young people that took part were given information about the project prior to commencing. They were also given the opportunity to meet the educational psychologist and ask questions before committing to the intervention, where needed, as well. Parents were also given a letter to make them aware about the intervention, but the decision to take part was the young person's. The educational psychologist also clarified the rules pertaining to confidentiality.

Due to the small sample size and scope of the project, it was not possible to draw conclusions about any differences between genders or whether the severity of the impairment affected outcomes of the intervention. The impact of cultural issues related to disability was also not fully explored.

### Next Steps

Overall, the Time to Talk project has enabled young people with disabilities to have a sincere and positive platform to have their voices heard and understood. The project also enabled educational psychologists to demonstrate the different ways their skills and abilities can be used, including providing therapeutic interventions. The project also opened up new and creative ways of working with different commissioning bodies and how many of the core service values of the EPS is implemented and acted on, such as working in a person-centred way, valuing and hearing the voice of the child and promoting inclusion and empowering others. The project allowed exploration of issues related to growing up and the additional stresses faced by young people with disabilities to come to light. Time and attention have also allowed young people to explore and identify their personal qualities and individual strengths and the sources of support around them in contributing to building resilience and confidence.

Unfortunately, despite the growing need for supporting the emotional wellbeing of our young people, the present economic climate has given rise to uncertainty over continuation of projects like this. Nevertheless, there are still some points to raise in terms of possible future directions. For example, the possibility of going back and reviewing how the young people are after a period of time to see whether any longer-term benefits are noted. During the project, some professionals from the specialist teacher service disabilities team enquired about having this support for younger primary-aged children to build resilience and self-esteem from early on. Some schools that took part also expressed an interest in the project being offered again to the school, but, due to limited time and resources and need to be equitable and fair in providing access to the intervention across the borough, this was not possible. The project may also be valuable to young people in further educational settings such as colleges and young people moving on to training and first steps into the world of work.

## References

- Barr, W., Hodge, S., Leeven, M., Bowen, L., & Knox, P. L. (2012). Emotional support and counselling for people with visual impairment: Quantitative findings from a mixed methods pilot study. *Counselling and Psychotherapy Research*, 12(4), 294–302. <https://doi.org/10.1080/14733145.2012.663776X>
- Beck, J. (2011). *Cognitive behaviour therapy: Basics and beyond* (2nd ed.). New York, NY: Guildford Press.
- Berg, K. I. (1994). *Family based services: A solution-focused approach*. New York, NY: Norton.
- Brooks, F., Magnusson, J., Klemner, E., Spencer, N., & Morgan, A. (2011). *HBSC England national report: Health behaviour in school-aged children, World Health Organisation collaborative cross-national study*. Hatfield, England: University of Hertfordshire.
- Chief Medical Officer. (2013). *Prevention pays: Our children deserve better*. London, England: Department of Health.
- De Shazer, S. (1988). *Investigating solutions in brief therapy*. New York, NY: Norton.
- Department for Education. (2014a). *Mental health and behaviour in schools*. London, England: Author.
- Department for Education. (2014b). *Special educational needs and disability SEND code of practice*. London, England: Author.
- Department of Health. (2008). *Children and young people in mind: The final report of the National CAMHS Review*.
- Department of Health. (2011). *No health without mental health: A cross-governmental mental health outcomes strategy for people of all ages*. London, England: Her Majesty's Government publication.
- Groce, N. (2004). Adolescents and youth with disability: Issues and challenges. *Asia Pacific Disability Rehabilitation Journal*, 15(2), 13–29.
- Hagiliassis, N., DiMarco, M., Gulbenkoglou, H., Iacono, T., Larkin, H., & Watson, J. (2005). The Bridging Project: Physical disability and mental health. *InPsych*, 27(4), 22–44.
- Miller, W. R., & Rollnick, S. &. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York, NY: Guildford Press.
- Pinquart, M., & Pfeiffer, J. (2015). Solving developmental tasks in adolescents with chronic physical illness or physical/sensory disability: A meta-analysis. *International Journal of Disability, Development and Education*, 62(3), 249–264. <https://doi.org/10.1080/1034912X.2015.1020922>
- Public Health England. (2015). *Improving young people's health and wellbeing: A framework for public health*.