ACTING OUT OF THE CLINIC – WORKING WITH PARENTS AND SCHOOLS WHO SUPPORT CHILDREN WITH COMPLEX NEEDS

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WORKSHOP OVERVIEW

- Introduction to context

- 'Triaging' clients – when and why to step outside of the clinic

- Understanding the role of context

- Working in the home and school environment

- Working across systems – building from the bottom-up

EXERCISE: WHY STEP OUTSIDE THE CLINIC?

Consider the clinical context for children:

What are the strengths of the 'clinic' context?

Why would you consider working outside of the clinic?
- What are the hesitations? The fused beliefs?
- What are the potential benefits?

DECIDING WHO AND WHEN

What is the presenting issue?
- Why access support now?

Understanding the child's ecological systems
- Who is important in their life? What role do they play?

What resources are available?
- What's already been done / put in place?

HOME VISITS: WHAT TO CONSIDER

What to consider when walking into a family's home:
- be mindful of walking into someone else's private space to observe and assess- what could this be like for a parent/caregiver
- assess environmental set up for appropriate therapy space: where is confidential space for child and for parents/caregivers
- what resources are available within the home to use in therapy?
- what distractions may be present that therapist has to compete/contend with?

HOME VISITS: WHAT TO CONSIDER

- Are siblings going to be present at home during the therapy session and is there a way to incorporate them into the session?
- Practical or cultural customs
- Ensuring there is an adult present within the home/therapist not left alone
- Assessing who is going to be the agent of change- parent/caregiver? therapist initially?
- How can the clinician/therapist model the values and behaviours you want the family to engage in- cooperation (we), contribution, learning etc.

WHAT CAN CONTEXT TEACH US?

What can we learn from being in context?

- Understand overall family functioning- how are they working together? or not?

- Are there relationships/behaviours where collaboration and consistency are present? Can these be used to create change in areas of challenge?

- Layout of the home/child's room and how this can be helpful with certain interventions.

WHAT ARE THE OPPORTUNITIES?

What opportunities can we access by being in context
- more likely to access other caregivers, siblings, extended family, tutors etc
- allows us to build a bigger picture of family function and the child in context
- chance to observe challenging behaviours in the natural context- help to understand function/functions of behaviour
- develop practical interventions based on environment and family function

CASE STUDY

- Matthew, 7 year old boy, lives with Mum and Dad, 9 year old brother and 1 year old sister. ADHD diagnosis.

- Referred by another psychologist who had been providing services for 18 months.

- Toilet based behaviour issues along with general social challenges.

- So where would you start?

CASE STUDY

- Initial meeting with parents- set up the context for working together; what are "we" going to do.

- Observation sessions across contexts- during the week when other caregivers are present, at the weekend when whole family is present, and within the school.

- Assess for who the agents of change are: Mum, Nanny and Teacher aide.

- Review information sources: no consistency across child's information sources.

- Data collection: determine the function of behaviour

CASE STUDY

- Intervention: supported family and other caregivers to deliver consistent information.

- Taught everyone to track, not just with the toilet based challenge, but across the board.

- Change occurred in 1 week, and the toilet behaviour was no longer present after 1 month.

- Also able to then see there was significant family dysfunction and parental support required to create a more functional context.

HISTORICAL CONTEXT

Set up psychology "clinic" in 2013

Awareness of ACT approach guiding my business practice:

- Values-driven – personal relationships & connection
- ACT Mind & Business Mind – forced to move out of clinic to engage the community
- Noticing opportunities to expand our role

REFERRAL FROM PAEDIATRICIAN

Primary school age boy diagnosed with ASD

Building relationship with child and family

Mother involved in parent support group

Invited me to give a talk at the school for the parents

THE SCHOOL TALK

Shifting into parent language = resilience.

Business Mind = fusion with need to get clients.

ACT Mind = offering something helpful, fun and engaging based on my values.

Content = 6 ACT processes as ways to be more resilient.

Present the Action Heroes to make it fun

Process: 90min interactive workshop

SCHOOL TALK OUTCOMES

Client self-referrals for both myself and Reyelle –

"I think my child will like you."

Connecting with school staff including Learning Support, Deputy Principal, teacher aides.

An opportunity to influence a child's system.

Psychologist as educator

SCHOOL BASED SESSIONS FOR CLIENT

School meeting – briefing

- "We want you to see this boy…"

Client: G4 boy with hx of suspensions, undiagnosed ASD,

Session structure: get some brief info on the walk to a room, spend time with child 1:1 (flexible)

Debrief with school staff – teaching ACT-based language

Parental engagement?

TAKE HOME POINTS

- Notice new things in this system
- ACT for Schools – Classroom-based universal prevention
- Promoting the ACT approach with broadening scope (client, groups, workshops for parents & staff, part of broader community)
- Expanding role of psychologist – therapist, public speaker, trainer, fellow 'struggler'
- Getting time out of the clinic (selfish?)
- Helping the child
- Helping more children

CHANGE AGENTS AND INFORMATION SOURCES

- Change agents and information sources from an ACT point of view

- How to connect with the systems that maintain and create the symbolic context

- How to identify change agents? What to communicate?

- Our role as change agents