

## **Outcomes and Evaluation of therapeutic support for 3 pupils experiencing difficulty in attending school**

### **Case 1**

#### **Problem**

A 12 year old pupil, diagnosed with Obsessive-Compulsive Disorder, had withdrawn from secondary school as a result of his fear of contamination.

#### **Outcomes**

After CBT intervention, arranged over a term, the following outcomes were achieved:

- The pupil stopped engaging in daily rituals related to his perceived threat of harm.
- He stopped seeking frequent reassurance from adults.
- He increased his attendance to full time at an Education Centre and subsequently returned to school.

#### **Evaluation**

The pupil was very positive about using Cognitive Behaviour Therapy. He commented that it was the only approach he had found effective and he felt that he had made good progress during the intervention period.

The pupil reported that he had moved to the top of a 10 point scale on each of the goals he had set (Target Monitoring and Evaluation Scale – Dunsmuir et al 2013).

His score on the Spence Anxiety Scale reduced to a level that was no longer within the elevated range.

## Case 2

### Problem

A 10 year old pupil was very anxious and reluctant to attend school. He had never raised his hand to ask or answer a question in class throughout the time he had attended school. He reported that he felt lonely at lunchtimes.

### Outcomes

The outcomes below were achieved following CBT intervention over a term:

- Attendance increased to full time.
- The pupil participated more frequently in activities with other children at break/lunchtime.
- He raised his hand to ask/answer questions in a small group and whole class situation.
- His name was removed from the CAMHS waiting list.

### Evaluation

A positive change was recorded on the 3 goals the pupil had set (Target Monitoring and Evaluation Scale - Dunsmuir et al 2013).

The total anxiety score on The Spence Children's Anxiety Scale reduced from 91 to 68 following the intervention period.

The following positive changes were recorded by his class teacher on the Strengths and Difficulties Questionnaire:

**Overall stress** was initially at the "high" level and reduced to "close to average".

**Emotional distress** was initially at the "very high" level and reduced to "high".

**Difficulties getting along with other children** was initially at a "very high" level and reduced to being "slightly raised"

The pupil's mother reported that his best friend had commented that he was more confident now that he was 10 (His 10<sup>th</sup> birthday had fallen during the intervention period).

## Case 3

### Problem

An 11 year old pupil was in his final year at primary school. He was reluctant to attend school and was accompanied each morning into the classroom by his mother. He was anxious/distressed when his mother left.

### Outcomes

Following CBT intervention over a term the outcomes below were observed:

- He was able to enter school without his mother and did not become distressed when she left.
- He was positive and excited about the imminent move to secondary school.
- He had been on the waiting list for CAMHS. A Senior Mental Health Practitioner concluded that he “had benefited from the Cognitive Behaviour Therapy input” and no support from CAMHS was required at this stage.

### Evaluation

The pupil indicated a positive improvement on the goals he had identified at the beginning of the intervention period (Target Monitoring and Evaluation Scale - Dunsmuir et al 2013).

He was no longer in the elevated range on The Revised Children’s Anxiety and Depression Scale. (RCADS)

Teacher reports indicated that **difficulties getting along with children** was rated in the “**slightly raised**” range prior to the CBT intervention but was described as “**close to average**” following this.

Self report indicated that **emotional distress** had moved from “high” to “slightly raised”. (Strengths and Difficulties Questionnaire)