



When only an eyelid moves

Treloar School and College is a specialist setting where the pupils have complex physical disabilities and arrive at their counselling sessions with their own chairs, some complete with gadgetry. Anne Towers and her team explain how, against the odds, they manage to facilitate an emphasis on emotional wellbeing and living life to the full

Treloar was founded in the early 1900s by the then Lord Mayor of London, Sir William Treloar. He was so moved by the plight of disabled children living on the streets of London that he set about raising, what was for the time, an enormous amount of money to provide a safe place for children to be cared for in the Hampshire countryside. This year, Treloar celebrates its centenary, but what is provided here has changed beyond recognition.

The original hospital eventually came to be administered by the NHS, and the present day Treloar Trust, a registered charity, created Treloar School, for students of junior and secondary age and Treloar College, an FE College for students aged 16 to 25. This specialist setting, as well as being an excellent education provider (Treloar College has Beacon status), also provides 24-hour care for resident students, healthcare facilities, physiotherapy, occupational therapy, speech and language therapy and counselling.

The students

More than 40 disabilities, some very rare and complex, are represented among the students at Treloar. Some disabilities, such as Duchenne muscular dystrophy, are progressive, life threatening or life limiting. This means that we are very much in the business of working with life and death, but with much emphasis on the life of the students and enabling them to live life to the fullest extent of their physical ability.

In recent years both school and college have seen an increase in the number of students with both physical disabilities and associated learning disability. There has also been an increase in the severity of disability, because education authorities try, if possible, to place children in mainstream schools where their needs can be accommodated, and therefore only those with the most complex disabilities are able to access provision such as that provided by the Treloar Trust.

For the counselling team, this means working

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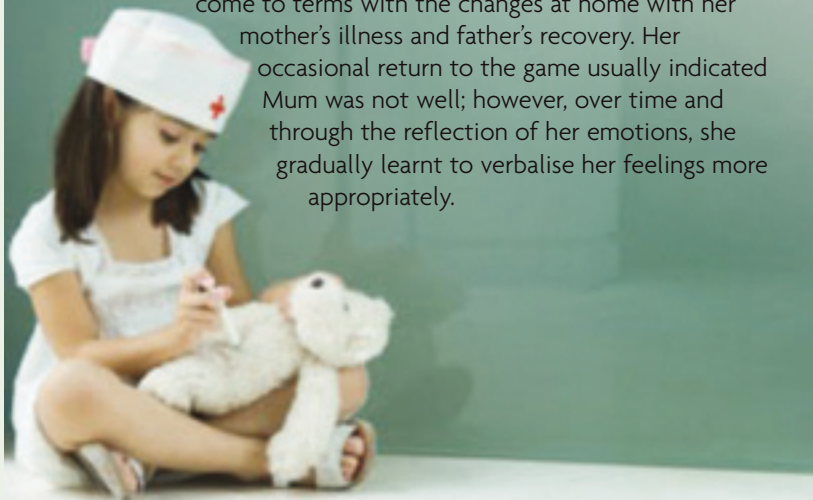
Play therapy – Fiona Cam

B was 12 when the junior boarding house care manager first referred her for play therapy. Previously a happy member of school, her behaviour and speech had recently begun to regress and she appeared to be depressed, frequently making herself sick. B was the youngest of three children. Both she and the middle sibling had a degenerative, hereditary medical condition that affected both physical and mental functioning, while the elder sister had just left home to attend university. I also learnt both parents had been ill: her father had just had a nervous breakdown while her mother had been diagnosed with multiple sclerosis and (like B and her brother) was now a wheelchair user.

On our first session, B told me, through the soft toys, all the people and pets she had known who had died. Over the following weeks, she chose to play hospitals, taking charge of the play as the doctor diagnosing fatal illnesses for all the patients (soft toys and, sometimes, myself!), which I would verbally reflect back to her. This theme continued over many sessions until one day she allowed one of the 'patients' to survive. From this point on, the play focused on recovery and rehabilitation and the number of 'survivors' increased over the subsequent weeks until, one day, she decided to change the play and announced we were going to be the Spice Girls that session!

Although B had been unable to verbalise her anxieties about the illnesses in her family, acting out her worst fears in the sessions through use of the toys became her safety valve. With her feelings acknowledged, she stopped making herself sick, and as time progressed she was able to

come to terms with the changes at home with her mother's illness and father's recovery. Her occasional return to the game usually indicated Mum was not well; however, over time and through the reflection of her emotions, she gradually learnt to verbalise her feelings more appropriately.



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with students across a wide spectrum of ability, from those with severe learning difficulties to students doing GCSEs and A levels, with higher education firmly in their sights. From those who can speak and appear to understand but sometimes don't, to those of high intelligence whose bodies simply do not work in the way they would like them to. It is a constant matter of checking that as a counsellor I am where my student is, both developmentally and in terms of cognitive ability.

Treloar students, in both the school and college, are in many ways like any other. They have family issues, baggage from the past, relationship problems and worries about their future. Some

suffer from depression and anxiety and occasionally from the more complex mental ill-health issues, which can crop up in this age group, such as psychosis.

On the other side of the coin, the students have issues about their disability, and the impact this has on all other areas of their lives, not least their sense of identity in a world that prizes image and physical perfection.

The counselling service in a multi-agency context

The counselling service has been in existence for more than 15 years, and has grown and evolved as the number of students requesting the service has increased. The present service consists of a head of counselling and three counsellors, one of whom is also a qualified play therapist, all working on a part-time basis, but adding up to approximately 1.32 FTE. We also have a trainee counsellor and a trainee play therapist on placement with us, and music therapy is provided through an outside agency.

The team works alongside the full-time chaplain, who acts as the team coordinator ensuring that all referrals are passed on to the team meeting. We are very fortunate to be supported by a GP with a special interest in child and adolescent mental health, and by our close links with the health centre staff, residential staff, educational psychologists and other therapists working in both school and college. Although this breadth of expertise is very valuable, it means that we constantly grapple with issues of maintaining confidentiality for our students and appropriate information-sharing agreements.

We are lucky to have dedicated spaces in which to work and well-equipped playrooms at the school, which are also used for counselling. In setting up the counselling provision, one of the things we don't have to worry about too much is the vexed issue of chairs, as most of the students (about 80 per cent) come with their own, which has four wheels, often a power pack and sometimes a multitude of gadgetry.

A provision of 1.32 FTE for 290 students (college 175, school 115) seems very generous, but in the last academic year the counsellors worked with 40 per cent of the college student population and 24 per cent of pupils at the school, in contrast to my recent experience in an HE institution where the average percentage of the students accessing the counselling service was eight per cent per year.

Counselling in different circumstances

Working as a counsellor at Treloar has offered a very varied experience and a steep learning curve for me, and it has needed much ingenuity and thought to work successfully with some of the students.

I can well remember the sinking feeling I experienced during my first term when I met a new student who had been referred for counselling following a bereavement, to be presented with a student who had no speech and little controlled movement, whose only mode of communication was through a chart on which were letters and numbers in groups.

The student 'spoke' by indicating through eye movement the box on the chart that contained the letter needed, and then it was a matter of trial and error to find the right one. Building up words letter by letter was a laborious task, but for the students this is their life and experience of communication day in day out, not just for an hour a week.

For me as a counsellor it was a matter of 'back to basics', the core conditions of person-centred therapy', that the student has an issue with which s/he wants to work, and that the student is able to perceive that I, as the therapist, am offering a relationship where I am trying to be congruent, show empathy and unconditional positive regard and trying to enter into the student's world. Not easy when it seems that the whole basis on which I have worked up to this point has been turned upside down, and knowing that the pace of counselling is dependant on how well I can follow the student in working out the words. For me, it meant being in a place where I am the novice, unable to communicate and struggling to understand, while the student knew exactly what he wanted to say and was simply waiting for me to catch up. So, added to the core conditions is the need for immense patience on both sides and a great deal of humility on mine as I failed many times to understand.

I was fortunate in my work with this particular student to have at times the assistance of a Learning Support Assistant (LSA) who worked with the student regularly and was much quicker than I when it came to understanding the signals. But this acceptance of a third person into the counselling relationship also brings up huge issues, as it does for those who, for instance, work with interpreters and signers for deaf clients. Not knowing whether the interpretation of what is said is actually correct or has been changed in some way, or has been filtered, as was the case here. The LSA found it very difficult to use the student's exact words when the language was disapproved of, which left me needing to use that language in reflecting back to the student, to indicate understanding and acceptance of the feelings expressed. It was possible only because I could see what had been written, but it is not always so. There is also the fear of getting it wrong and looking incompetent in front of someone else, or of being faced with a third person who misunderstands the basis of counselling and what the relationship is trying to achieve.



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Working with non-verbal clients through Talking Mats – Beverley Morris

A number of the students of Treloar School and College have very limited or no useable speech. Some of these students communicate via a communication board or book, using uniform symbols and pictures. The students all have a way of expressing 'yes' and 'no', be it through nodding or shaking the head or through eye movement.

A relatively new idea, introduced to the counselling team last year, is the concept of the Talking Mat. These 'mats' are mounted on a frame and have a stand. The picture cards have Velcro attached to the back, so that they can be placed on the Talking Mat where both counsellor and client can see them. The counsellor will generally place 'No', 'I don't know' and 'Yes' at the top of the mat when the session starts (although alternatives can be used as appropriate), and through discussion and interaction with the student, a pattern of the student's thoughts should emerge on the board.

Once the groundwork has been undertaken – which establishes the subject the student wishes to discuss – more 'fine tuning' takes place, and the counsellor is in a position to facilitate the client to 'tell the story'. The constant visual reminder of their thoughts on the Mat proves essential for some of the students who may suffer from memory or sequencing problems. An atmosphere whereby the student feels valued and gains some autonomy is therefore encouraged, as the student is guiding the 'talking'.

In a practice session, I assumed the role of client and gained a small insight into the limitations of being without speech. How easy it would be to just nod and agree with the other person's perception of my thoughts, but how frustrated I would then feel inside. How liberating when the counsellor possessed the ability to say, 'That's not it, I haven't got it have I?' I allowed myself a glimmer of hope that this might be worthwhile, my thoughts might just become visible to someone else and a huge burden might be lifted from my shoulders. My existence could be validated, and so could that of my clients.

In practice, with a profoundly disabled student, I found myself more able to make links, as I had kept copies of the Talking Mat sessions for us to peruse again. We were able to move forward from our previous simple interactions regarding his future; to involve thoughts, suggestions and feelings. Having a clearer grasp of the issues, I was able to direct him to a professional to discuss options regarding the practical issues, leaving us free to develop the therapeutic process. Movement forward and autonomy for my client.

Group for pupils aged 8-14 years experiencing loss and grief – Ruth Kennedy

After the death of a student, some of her peer group wanted ongoing support to help them cope with the loss. I didn't know the student who had died so I read her memorial service and found out more about her. There were four male students aged 11–15 years in the group, all wheelchair users, and two had no useable speech. We hadn't met before the group, so the first couple of weeks were spent getting to know each other. Communication was difficult – and hampered by teething troubles concerning logistics and setting.

However, I started and ended the group in the same way each week, which gave the students containment and security. I gave each student four pictures of feelings faces: angry, happy, sad, confused. By giving them these, all students were on an equal level and able to communicate how they were feeling. We greeted each other by saying hello, eye contact or reaching toward the person. We did the same at the end when we said goodbye. This enabled the students to say or show how they were feeling and acknowledge each other's feelings. I had planned to give them a small bag of feelings faces to select their face

from, but soon realised this wasn't going to work as they needed a lot of help to get the faces out of the bag, so I abandoned this idea and just put the faces in front of them. This worked well, as they were all able to point. I gave each student equal attention, making sure the students with speech difficulties were included and enabled to express what they wanted to as well as the other students.

During the sessions, we talked about the student who had died and the sorts of questions and feelings we have experienced or may experience when someone dies; we talked about other losses; we did relaxation and visualisations; I played relaxing music and read therapeutic stories. I kept activities simple and manageable so the students stayed interested and weren't under any pressure to communicate if they didn't want to. The students gradually settled and became much calmer and really seemed to be getting some benefit from attending the group.

For the last session we planned to write messages on helium balloons and let them go. I had bought the balloons the day before, but when I got them out, they were considerably smaller and seemed to have lost their helium and didn't float. This somehow felt quite symbolic of the way the group had been, not quite going to plan, but we carried on anyway. We decided to write messages on paper as well as on the balloons and then we went outside and tied them to a tree in the garden. The students seemed to enjoy this despite the flopped balloons, and we were able to laugh about it.

I feel I gave the students tools they can use whenever they are feeling troubled. I myself learnt not to have too high an expectation and to remain flexible, not to offer too many choices, and to stay calm, as this helps the students accept whatever happens. A second group is now underway, putting into practice the learning from the first group



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Working with art and imagery – Sally Caudrey

J sought counselling after the death of a friend at the college. In our first session, he described visiting his friend at the medical centre just before he died. He was left with a very powerful image of this last meeting, which he found overwhelming. Together, we used an NLP exercise to capture the image, taking some time to position it at a comfortable distance and then surround it with a containing border. In this way he was able to honour this important memory while achieving some control over it.

Imagery became a central part of the work with J. His disability left him with some control over his hand and arm movements, which was enough to enable him to complete a memorial sand tray for his friend.

In a later session, he described passing a workman in the corridor who was mending a door. He said this image had resonated with his feelings now in relation to his friend's death. I asked if he'd like to lead me in a drawing of the image, and sat alongside him while he verbally guided my pen, firstly in the length and width of the door and then in the detail of the kneeling workman and the positioning of the paint pot, pots of nails and shards of wood on the floor. He wanted the paint to be multi-coloured to symbolise his friend's personality, so that when it was applied there would still be a very visible but joyful reminder of his lost presence.

I mentioned gadgetry earlier, and this has also featured in my work with students so far. I have worked with a student whose wheelchair comes with what is essentially a computer screen, and the 'joystick' of the wheelchair becomes the 'mouse'. At least in this situation I do not have to guess, but again patience is needed as the sentence builds up on the screen. Although it is tempting to anticipate what might be the end of the sentence, so many times my presumption would have been wrong, where I would have misunderstood or perhaps taken the student in a different direction as she struggled to respond to my intervention rather than continue with her own thoughts. So I have had to learn to wait, 'sit on my hands' and be patient and really empathise with the difficulty of writing an essay on Macbeth one letter at a time, with hands that are hard to control and find it difficult to fix the cursor on the appropriate letter for long enough to engage it.

In the last 18 months, I have also remembered other ways of working which have slipped from my mind over time as verbal discourse has come to dominate my counselling practice. Helping students draw their thoughts, using picture representations, stones and shells, and role-play all have a valid place and can engage clients for whom speaking is not easy, or expressing their thoughts and feelings is difficult.

The members of the counselling team have all developed their own ways of engaging and being alongside their clients, and some of the work is described in this article. Those who work at Treloar over time are able to develop ways to meet the challenge, but for those on placement as either counsellor or play therapist the learning curve is very steep and it can really add to the pressure of the placement. Our counselling student, Jackie, felt very challenged to think about what non-verbal media meant to her, and came to the conclusion that 'it is not really about finding media that's 'all singing and all dancing'; it's about simple things that we all can relate to in daily life which empower us, giving us the triggers we need to release our innermost thoughts and let our imagination take control even if only for a short time'. For Ruth, on a play therapy placement, offering a bereavement group to students after the sudden death of one of their peers aged just nine, there were a lot of practical challenges in setting up a group: working with other staff across the organisation, the structure of the student day, and the challenge of finding a way for the students to communicate their feelings about their friend.

Treloar is an exciting and challenging place to work, and our student clients can teach us a great deal about life and the world we live in. I salute their courage and am inspired by their determination to move forward in life despite the

Creative ways of working with non-verbal media – Jackie Burke

One of my clients asked if we could use colours in our sessions as he felt using colour would help him express the intensity of his emotions. In the next session, I brought swatches of coloured material. He described each colour and emotion he attributed to it with great intensity and his language was very vivid in content. For him, finding the right media that would allow him free reign into his imaginative world empowered him in such a way that for the first time he felt truly understood on his level of comprehension.

This success has also moved me forward as a counsellor and has enabled me to use more non-verbal media in order to encourage more creative working from my clients. Another of my clients had become stuck and I had become stuck with her, and, even with supervision advice to the fore, I couldn't budge the stuckness until I introduced to her a box of shells and asked her to pick out shells that would represent all the people in her life that were significant. She spent a great deal of time and care picking each shell and then with no prompting from me went on to explain who each shell represented and why. Some of her choices took me by surprise and opened up her world to me on a level that was unseen and not felt before. For her, it relieved the stuckness and she was able to voice thoughts that had long been stuck in the back of her throat. It also enabled her to make sense for the first time of where she thought her place in the world was, as self-esteem issues had not allowed a voice, let alone a presence. As a counsellor, again this helped me move forward in tandem with the client, seeing into their world with a whole new perspective.



JOHNIER IMAGES/GETTY

odds so often stacked against them. It really is a place where people, staff at all levels, come and stay for years. That says a lot and I feel privileged to have the opportunity. ■

Anne Towers is head of counselling at Treloar and a BACP senior accredited practitioner.

Reference

1 Rogers C. On becoming a person. Boston: Houghton Mifflin; 1967.