Supporting a post-16 student with learning difficulties using human givens therapy

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Aims: *Supporting children and young people who develop mental health difficulties is a central aim of government policy, with statistics suggesting that those with learning difficulties are particularly vulnerable. Educational psychologists (EPs) are well-positioned to offer therapeutic support to post-16 students. This paper provides an example of using human givens (HG) therapy to promote the emotional health and wellbeing of one post-16 student.*

Method: *Within a single case study design, a HG-based intervention was offered to a self-referred, 17-year-old, male student, attending a specialist setting. Qualitative data was collected from multiple sources, including a process transcript of the sessions and researcher field notes, and analysed using thematic analysis.*

Findings: *Within this single case study, data suggested that the HG-based intervention had a positive impact on the student. Specifically, adaptation of the approach helped make achieving the student's self-set goal more accessible within the school context and supported his self-efficacy and motivation. Facilitators identified as supportive in delivering interventions included: use of tangible resources; clear steps to a goal; and embracing silence within sessions.*

Limitations: *This is a single case study design, with one 17-year -ld participant. The needs of other students, as well as their response to intervention, may vary. The fact that the lead author was the facilitator might engender positive bias.*

Conclusion: *The HG approach used in this paper could provide a template for EPs offering therapeutic support to students with learning difficulties.*

Keywords: *emotional health and wellbeing, learning difficulties, human givens, education psychology, therapeutic intervention.*

The role of the EP in supporting mental health and wellbeing

IN THE UK, mental health problems are responsible for the largest burden of disease, 28 per cent in comparison to 16 per cent each for cancer and heart disease (Ferrari et al., 2013). According to research, difficulties begin early and are considered to be amongst one of the major public health challenges of our time (Kessler et al., 2012). Taskforce (2016) reported there has been an increased prevalence in mental health difficulties in young people, with 90 per cent of secondary school headteachers reporting an increased occurrence of mental health problems amongst pupils, over the last five years. McGorry et al. (2013), identified the rate of mental health problems was disproportionately high in young people, but research has found that the mental health needs for this group tends to remain unmet (Patel et al., 2007). This is despite UK legislation to address disability rights, such as the Equality Act (2010), requiring that those with disabilities should not be discriminated against when accessing services.

The role of an educational psychologists (EP) has evolved due to amendments made in the Children's and Families Act

(Department for Education (DfE), 2014), which extended the legislation for children and young people (CYP) from 18 years to 25 years. This coincided with the publication of the *SEND Code of Practice* (DfE & Department of Health (DoH), 2015). A growing research base has started to explore the role of EPs in relation to working with young people in post-16 educational settings (Morris & Atkinson, 2018), with findings suggesting that EPs could make meaningful contributions to post-16 mental health strategy through three strands: support during transition, building capacity and offering individual therapeutic services.

Previous studies have explored the role of EPs working therapeutically with children and young people (Atkinson, et al. 2011; Atkinson, et al. 2014; Hoyne & Cunningham, 2018; Suldo, Friedrich, & Michalowski, 2010). Sharpe et al.'s (2016) large scale survey of mental health support for CYP in schools across England found that EPs are a central therapeutic resource, which may reflect their position as school-based practitioners. In a report by the DfE and DoH (2018), school and colleges were referred to as a non-stigmatising environment, suggesting that therapeutic intervention offered in such contexts could be perceived as more acceptable by CYP. Thus, there is an impetus for EPs to respond to this agenda as it directly affects educational providers. This is in line with the British Psychological Society (BPS, 2018), which called for a greater role for EPs to work directly with educational settings to promote mental health well-being for CYP. In 2016, the BPS's Division of Educational and Child Psychology (DECP) disseminated what is believed to be the first published guidance into how EPs can work therapeutically to support children and young people within educational and community settings (Dunsmuir & Hardy, 2016). The guidance promotes effective and ethical commissioning, multiagency assessment of need and promoting the agency of the young person through collaboration, joint target setting and appropriate communication.

Supporting the mental health of young people with learning difficulties

People can have learning difficulties from birth or develop them during infancy or childhood. They affect a person's development and are long-lasting. As a result, individuals typically require additional support with learning and often with daily activities throughout their life. However, there is considerable diversity regarding the actual definition and classifications of learning difficulties. The main difference is identifiable across health and education sectors and their choice of terminology. In the UK the term *learning disability* is still the most widely used and accepted (National Institute for Health and Care Excellence, 2015); however, the education sector tends to use the term *learning difficulty*. Learning difficulty is suited to education practice as is focuses on the learning processes rather than concepts relating to disability.

People with learning disabilities are at a significantly higher risk of developing mental health difficulties. According to the statistics by the National Health Service (NHS, 2017), over a third of 5–19 year-olds with mental health needs were recognised as having special educational needs (DfE, 2015). The National Institute for Clinical Excellence (NICE, 2016), identified psychological interventions as the most evidenced provision for promoting the mental health and well-being for people with learning disabilities. It recommended that psychological interventions are adapted to meet the needs and preferences of the client (for example through communication adaptations and flexibility around structure of the sessions). Within the *Feeling Down Report* (Foundation for People with a Learning Disabilities, 2014), families reported that psychological support for their CYP was valuable, further recognising the benefits of psychological interventions.

A survey by the Royal College of Psychiatrists (2004) found 83 per cent of respondents said there was a moderate or high demand for psychotherapy for people with learning disabilities. It is also imperative to optimise therapy for this population, because of the

Figure 1: RIGAAR Model of therapy

- Establishing rapport – including unconditional positive regard
- Information gathering – to gather information about the young person's situation
- Goal setting – goals should be positive, achievable and related to a need
- Accessing resources – promoting and remembering successes and achievements through identifying skills and strengths.
- Agreeing strategies for change – discussing and agreeing strategies which will potentially help the young person manage their situation.
- Rehearsing success – for example through role play, visualisation, guided imagery

higher prevalence rates of psychiatric disorders (Hatton & Taylor, 2005). Despite this, there is evidence to suggest people may be excluded from accessing psychological therapy because of their learning difficulty. Chinn et al. (2014) noted that people with learning disabilities have been discouraged from accessing traditional therapies, such as cognitive behavioural therapy (CBT) as it relies on language and thinking skills, which are considered too difficult for this population. A further barrier is the importance of the therapeutic relationship, which may require greater attention for those with learning difficulties who may have tended to experience relationships based on practical, rather than emotional support. Pert et al. (1997) found a lack of studies reporting that a collaborative relationship existed between clients with intellectual disabilities and the therapist. Additionally, because of difficulties in communication and understanding, therapy can be more time consuming.

Therapeutic support and the human givens approach

There are many therapeutic approaches that EPs report using (Atkinson et al., 2011; Hoyne & Cunningham, 2018) which could potentially help young people with learning difficulties.

One such approach is human givens (HG) therapy, established by Griffin and Tyrrell (2003) to integrate biological, psychological and social factors to promote mental health and wellbeing. It offers a practical framework for understanding the individual, as well as what society needs to do to promote positive mental health. A key distinction, from other approaches, is the concept that humans have a number of emotional needs that need to be met in a balanced way to promote emotional wellbeing. When these needs are not met mental health difficulties may occur (Griffin & Tyrrell, 2003). To aid the development of these emotional needs, the approach proposes humans have innate resources, which are promoted through the development of learning and life experiences (Griffin & Tyrrell, 2003). Perhaps because of its interactionist and holistic approach, the approach is beginning to attract the attention of EPs (Atkinson et al., 2011; Yates & Atkinson, 2011).

The HG approach follows a model known as RIGAAR to represent rapport-building, information gathering, goal setting, accessing resources, agreeing strategies and rehearsal (see Figure 1). One potential advantage of HG therapy is that there is limited prescription on the way these aspects should be addressed, which means that the therapy can be adapted to the needs of the young person and delivered in a practical and accessible way. For example, the 'rehearsal' stage typically involves visualisation or roleplay, but for a young person with learning difficulties, this could involve approaching a tricky situation in the company of a supportive adult. Similarly, accessing resources (finding strengths) could be achieved through ongoing conversations with a teacher or parent, as well as work with the young person. The approach contrasts with, for example, CBT, which puts emphasis on thought analysis such as

challenging negative automatic thoughts. HG therapy is more concerned with unconscious processes, which are explored using relaxation techniques, metaphorical language, and recalling individual strengths and positive thoughts, feelings and behaviours. This makes the therapy less cognitively demanding and potentially more accessible to young people with learning difficulties.

Yates and Atkinson (2011) reported EP use of the HG approach with three 14–16 year-old adolescents attending mainstream school, whom reported poor subjective wellbeing. They acknowledged that HG's focus on reducing emotional arousal, spotlighting the individual's strengths and teaching its application to real-life situations has potential advantages for working with young people. As a result of its flexible, practical and needs-led approach it may be useful for working with young people with learning difficulties. However, to date, there is no published research which considers using HG with this population.

This links to one of the disadvantages of using HG, which is that because it is a contemporary approach, it has yet to develop a substantial evidence base; although a systematic literature review conducted by Tsaroucha et al. (2012) concluded that HG could be considered by the NHS as a model of therapy in its own right. Understanding the need for evidence-based practice (EBP), this study provides an opportunity to contribute to this knowledge base by exploring the delivery of the HG approach to promote the emotional health and well-being of a post-16 student with learning difficulties.

Methodology

Design of the study

This study adopted a critical realist epistemological position as it lies on the continuum between positivist and relativism viewpoints and recognises that there is an external reality but individual opinion and beliefs influence how we interpret these realities (Maxwell, 2012).

It used an exploratory single case study design with an embedded unit of analysis, informed by Yin (2018). In the study, a self-referred young person participated in an HG-based intervention using the RIGAAR framework.

Drawing upon Yin's (2018) case study framework, the following components and stages of case study design were considered:

(i) Research question
(ii) Theoretical propositions.
(iii) Unit of analysis.
(iv) Gathering data to link to the propositions.
(v) The criteria for interpreting the findings ensuring validity of the data analysis.

The first three components will be explained in relation to this research. The fourth and fifth components are embedded within the data gathering and data analysis sections.

Research question

From the outset, the study sought to explore the following research question:

- What adaptations are needed to facilitate a young person with learning difficulties' participation in the HG intervention process?

Theoretical propositions

To date there has been little research specifically focusing on the use of psychological interventions to support young people with learning difficulties. However, relevant literature and discussions with staff at the school involved in the research, including the school EP, led to the development of the following propositions:

- Adaptations such as communication styles, structure of the sessions, and content of sessions, may need to be considered and implemented to meet individual needs and support the young person to access the intervention and promote change.
- EPs can utilise their bespoke skillset to adapt the HG approach to individual needs, including for those with learning difficulties.

Figure 2: Illustration of the unit of analysis

Context: special school sixth form provision Case: Post-16 student
Unit of analysis Content of the sessions in relation to RIGAAR

Unit of analysis

Within the single case study, the unit of analysis are shown in Figure 2.

Sampling and participant recruitment

The research took place in a special school for young people aged 11–19 in the north west of England, which was involved in the commissioning of the research. The school has an Ofsted rating of 'outstanding'. The school operates a self-referral system for its 16–19 year-old students for accessing emotional health and wellbeing support from the school EP. For this research the participant was recruited from their self-referral form and asked if they would like to take part in the research. The participant was a 17-year-old male, who has a diagnosis of autism and learning difficulties, as stated on his education, health and care plan (EHCP). Whilst not accessing the details of the EHCP, he was able to read simple sentences and engage in conversation with prompt, when needed. He will be referred to as Joe throughout the study to ensure his anonymity.

Data gathering methods

The intervention involved four sessions structured around the HG RIGAAR framework (Griffin & Tyrrell, 2003; see Figure 1). Sessions were delivered by the first author in the role of trainee EP (hereafter referred to as the facilitator), and were audio recorded and partially transcribed. Flexible collaborative working through the RIGAAR model allowed exploration of resources and strategies that could be utilised to help promote emotional needs. A child-friendly goal attainment scale (CGAS; Thomas & Atkinson, 2018a), an adapted version of the goal attainment scaling (Dunsmuir et al., 2009), was completed regularly, which facilitated progress monitoring and evaluation from the young person's perspective. After the first session, an evaluation sheet was added for the young person to complete at the end of each session.

To ensure that the intervention was identifiable as HG, the intervention was continually benchmarked against the RIGAAR model and regularly reviewed through discussed between the first author as facilitator, and the second author, an EP with a diploma in HG therapy, as supervisor.

Data analysis methods

Partial transcription was used to capture aspects of the therapy relevant to the research question (Emerson, et al. 1995). All data files were uploaded and analysed using the Nvivo analysis software (QSR, 2015). Data were analysed first inductively, and then deductively using the RIGAAR model as a framework. Portions of the data and codes were sent to a trainee EP colleague for inter-rater checking.

Ethics

Ethical approval was sought from the university ethics committee. Strict exclusion criteria were implemented, which specified: no young person with significant mental health problems, or whom school have any significant safeguarding concerns about, and to not have a poor attendance record, to ensure the intervention was ethically appropriate for the participant. The recruitment of a participant was guided by Morris et al.'s (1993) findings regarding what people with learning difficulties should be told about in order to give informed consent. Therefore, the participant had to demonstrate understanding around the purpose of the intervention nad the risks and benefits, and express a clear decision to participate with a rationale. This informa-

tion was included in a simplified information sheet incorporating verbal question and answers (Q&A) to clarify Joe's understanding of the research. Written assent was also obtained from the participant, as was parent/carer consent, due to Joe being under the age of 18-years-old and potentially vulnerable because of his learning difficulties. This process felt to help ensure Joe was sufficiently informed and adequately supported with regard to his participation in the study.

Findings

The sections below will detail the thematic analysis process; however, to orientate the reader, a short introductory paragraph will provide an overview of the intervention.

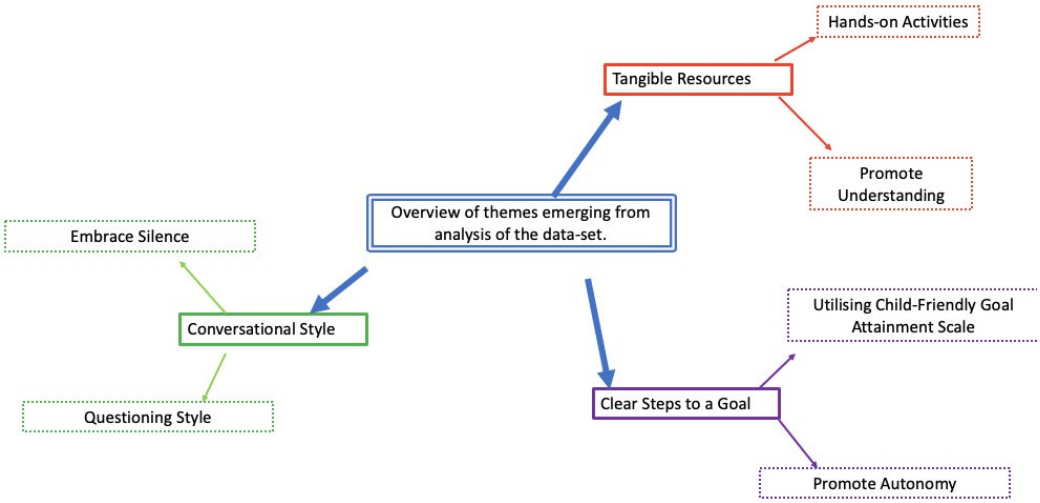
Overview of the intervention

The intervention compromised of four sessions, as well an informal preliminary visit to meet Joe and arrange mutually convenient times to meet. The sessions followed the RIGAAR framework, presented as a visual timetable at the start of each session. The 'information gathering' stage took longer than anticipated, highlighting the importance of the flexibility element of RIGAAR. From session 2 onwards Joe completed evaluation forms (Thomas & Atkinson, 2018b) at the end of sessions to gain his perspective and potentially identify areas to improve. Goal setting took two attempts, but ultimately the creation of goals during session three, using the CGAS, felt

Table 1: Overview of the session content in relation to RIGAAR

Session	Session content	Link to RIGAAR
1	• Prior familiarity in the setting. • Present visual timetable of session. • Hands-on card sorting activity (adapted from the emotional audit (Human Givens Institute, 2006). • 'About Me' activity – a worksheet with picture prompts of things people can do (reading, etc.)	Information gathering
2	• Present visual timetable linked to RIGAAR. • Scaling activity around anxiety provoking social situations. • Visual worksheet of psychoeducation. • Discussion about paranoid thoughts. • Evaluation form completed by young person.	Information gathering
3	• Present visual timetable linked to RIGAAR. • Creating of goals (CGAS). • Roleplay of meeting an unfamiliar person. • Evaluation form completed by young person.	Goal setting Access resources Agree strategies Rehearse strategies
4	• Present visual timetable linked to RIGAAR. • Recap of CGAS and reflection. • Use of one page profile to draw on his resources. • Use of metaphor to think about psychoeducation and paranoid thoughts. • Roleplay – read aloud a story based on the content of the metaphor and his personality. • Evaluation form completed by young person.	Access resources Agree strategies Rehearse strategies

Figure 3: Thematic map of inductive analysis



like a positive turning point. The freely available CGAS (Thomas & Atkinson, 2018a) comprises a five-step (0–4) scale clearly set out for the young person to understand. From this point Joe had tangible goals to work towards, which created a clearer aim to the sessions and remaining aspects of the RIGAAR. Joe created two goals: one around increasing confidence at meeting new people, and one around diminishing what he described as his 'paranoid thoughts'. By the end of the intervention, Joe successfully achieved a CGAS step by greeting new people he passed in the school corridor (but not making eye contact), and identified that his key worker could help by offering him reasons people liked him when he encountered intrusive thoughts. At the end of the final session, Joe wanted to continue to work towards 'not having paranoid thoughts anymore', suggesting a sense of ownership towards the goals and aims of the intervention.

Data analysis

In relation to the research question what adaptations are needed to facilitate the young person's participation in the HG intervention process? Figure 3 below shows an overview of the main themes derived through inductive analysis. In the subsequent description the themes are presented deductively using the RIGAAR framework, to provide a more logical account and make the findings accessible for the reader. Quotes are used to corroborate key themes and themes and subthemes are indicated in italics.

Rapport

To promote rapport, the facilitator spent two afternoons in the sixth form department becoming a familiar face within a safe context. Within sessions, the use of non-verbal communication was utilised, such as nodding of the head, eye contact and gesture, to demonstrate understanding without using additional language. All of these adaptations were undertaken to create a good rapport and safe space for Joe to share his inner thoughts and feelings. These included personal stories, such as that he had been rude to his mum in the morning before session four, and his feelings for another sixth form student.

Where session content was discussion-based, Joe's participation was limited. This was evident after the first transcript, during which his feelings of 'anxiety' were explored using discussion alone. However, when this was explored using tangible resources such as hands-on activities using a rating scale

to rank pre-written statements, it appeared to support participation and engagement.

During the initial session, it was apparent from Joe's responses that the initial questioning style was not helpful in eliciting information. Although the facilitator aimed towards the use of open questions within a conversational style, these were often too broad and possibly overwhelming, resulting in periods of awkward silence. In subsequent sessions closed, simple questions, alongside visual, hands-on activities (such as using a rating scale or a picture of a traffic light to present a metaphor relating to thought processes), elicited more meaningful information.

Evaluation forms were offered from session two onwards to provide a means of obtaining information from Joe's perspective. Joe was happy to complete these and appeared to have a clear understanding as to why the facilitator wanted such information as well as promoting a sense of autonomy within the sessions. Upon review of the evaluation forms, Joe shared that he felt listened to in all sessions, which felt important, given that recordings and field notes indicate that the balance of dialogue was weighted towards the facilitator.

Information gathering

Part of information gathering within the HG approach involves ascertaining which innate emotional needs are unmet. The traditional audit (Human Givens Institute, 2006) consists of a list of questions containing language a young person with learning difficulties might find difficult to interpret. Therefore, this activity was adapted and presented as a hands-on activity, of sorting simplified statements into a hierarchy of importance (available on request from the corresponding author). Overall, Joe appeared to benefit from tangible resources and hands-on activities. These allowed identification of Joe's unmet emotional needs which were focused around his difficulty to formulate relationships (defined in HG as 'emotional connection to others'), and his connection to the wider community. These underlying needs later featured within the goals set by Joe in his CGAS, suggesting that the adapted audit activity highlighted his underlying emotional needs which were promoted through the remaining sessions.

Notably, the sorting cards and scaling activities promoted understanding and the gathering of rich information. Joe referred to the cards he had placed at the top of his emotional audit hierarchy as relating to problems with his 'communication' and later 'anxiety'. These issues were explored using structured questioning and a scaling activity to gather more meaningful information, including that Joe felt anxiety 'Just at school probably', but was not sure if this was during lessons or break times. The scaling activity appeared to provide a scaffold for him to define scenarios he experienced as anxiety-provoking. By referencing a bespoke scale of anxiety-provoking situations provided for him, he prioritised working on feeling more confident when he met new people in a familiar environment, a statement he had personally added to the scale.

The notion to embrace silence was important. During session one, there were instances of 'awkward' silence, which the facilitator initially tended to fill with a simplified or rephrased question. After supervisory discussions with the second author, this strategy was revised so that silence was encouraged to allow processing time, but that explicit reassurance was offered. For example: 'Take your time… read them and have a think. I know there is a few to think about'. The verbal reassurance appeared to facilitate in the gathering of more meaningful information that may have been omitted had the facilitator continued to fill the silences.

On one occasion, Joe wanted to share an inner emotion, but phrased this as a question, asking for permission first. He used the conversation to broaden his understanding of his feelings; but it was the use of silence that gave him space to do this –

Joe: Yes maybe… Miss. Can I ask you a question?
Facilitator: Yes anytime.
Joe: I think I sometimes feel paranoid.
Facilitator: Oh, okay…
Joe: Is that right?
Facilitator: Well it depends on what it feels like… paranoia tends to feel like… [silence].
Joe: Like you think people are talking about you?
Facilitator: Yes, very well explained there.

The gathering of rich information took longer than anticipated and incorporated adaptations such as a simplified conversational style, embracing silence, and use of tangible resources. However, typically within the HG approach, at this point the perceived problem is explored in depth; for example, when it started, frequency and duration of the problem. However, Joe seemed reticent to talk about the history of his unhelpful thoughts, possibly because to provide a narrative account of this might have been difficult for him. Therefore, utilising the flexibility of the RIGAAR framework, the facilitator focused on the present, providing reflections around apparent triggers, such as social situations which prompted anxiety, and feelings that his friends and peers did not like him.

The importance of flexibility and responsiveness was recognised in enabling Joe's voice and giving him a sense of autonomy over the direction of discussions, which at times led to deviation from the session agenda (presented as a visual timetable). However, it had been explained to Joe that this might happen and was perfectly okay if it did.

Goal setting

It took longer than anticipated to formulate clear, meaningful goals. An original goal was created at the end of session 2, but on reflection felt driven and almost imposed on Joe due to the lack of time. This is exemplified in the following interchange:
Facilitator: Okay so thinking about a goal. Where are we at now?
Joe: Erm… [looks at statements, three second silence]. Want to communicate.
Facilitator: Yes, so we want to work on that, where are we at now in relation to communication and where do we want to get to?
Joe: [Five second silence]
Facilitator: Not to worry, but what we know is that you want to feel more confident communicating with new people.
Joe: Yes.
Facilitator: So we could work on this and think about strategies and resources that we could use to help you to achieve this…

After consideration of this interchange and the feeling that the goal-setting was too rushed and adult-driven, this was revisited in the next session. This time the CGAS template was used, alongside pre-written statements personal to Joe based on the information the facilitator had gathered. The pre-written statements were split into two categories: those around developing his ability to manage his anxiety around social communication, and one around thoughts that his peers did not like him. The statements varied in challenge, and Joe used these to help him complete the CGAS template. The pre-written statements provided structure and autonomy and Joe was able to additional goals or steps which were not already there. By the end of session three, Joe had identified clear steps to achieve his goal, which were meaningful and gradually increasing in difficulty. Encouragingly, during session 4, when utilising the CGAS, Joe identified making progress towards one of his goals, when he reported greeting an adult in the corridor.

The CGAS also helped promote autonomy by providing a visual cue for Joe, highlighting how he might achieve his goal. His first CGAS goal, 'I'll feel less worried to say ' Hi' to new people, in a place I know', was one of the pre-written statements, compared to the more aspirational 'To no longer have paranoid thoughts that my friends don't like me'. Joe had a sense of ownership towards these self-set goals and

was later able to rehearse steps towards this goal in real-life situations (see rehearsal). In the final evaluation, Joe rated the creation of goals as helpful, although he did not expand as to why.

Arguably two goals were a lot to work towards, given the short time frame of the intervention. However, it was Joe's decision to focus on both problems and it felt important to promote his sense of autonomy. This was also notable within session four when Joe selected to only pursue one target beyond the intervention, although the reasoning behind this was not fully explored and his decision not questioned.

Accessing resources

This aspect of RIGAAR seeks to identify what the client is good at in relation to their successes and qualities. This was initially difficult for Joe, who struggled to think beyond concrete strengths (e.g. good at writing). He was able to incorporate his enjoyment for writing into a helpful strategy for exploring his feelings, as opposed to just talking. During session four his key worker presented Joe's one page profile, which was beneficial when exploring his inner qualities and what people liked about him, as positive self-talk was something Joe struggled with –

Facilitator: Okay so can you think about why [friends] might like you, what `qualities you have? Looking at this one page profile from [key worker] may help you.

Joe: Er… [Three second silence, looking at the sheet]

Facilitator: Take your time; I imagine it's a while since you've seen this…

Joe: Yes… and being funny, I make people laugh.

Accessing strategies

Based on the information gathered, Joe's current strategy of not telling anyone about his paranoid thoughts was something he wanted to change. He related how initially a conversation with a friend had led him to the conclusion that 'no one likes me' and then when questioned he thought this comment was 'probably' true. When utilising the CGAS sheet, he adapted one of the steps, to make it more achievable for him:

Facilitator: So thinking… if [key worker] doesn't have the time to talk every day, could we find another strategy that could help?

Joe: Er… like writing things in a book or something?

Joe used ideas from his CGAS sheet, to think about how to stop the paranoid thoughts taking over during a traffic light metaphor activity, utilising hands-on activities to help him achieve his goals. Fieldwork diary notes indicated that he was able to share an idea about how his key worker could help him tackle his unhelpful thoughts by asking her to feedback reasons why people liked him, when he was having these thoughts. Further donated strategies offered by the facilitator, with Joe's permission, included the use of simplified psychoeducation to promote Joe's understanding of his thoughts and feelings. The use of a simple metaphor (a traffic light to reflect different thoughts) helped to conceptualise the problem and promote alternative, more helpful thoughts.

Rehearsal

Rehearsal techniques were used to provide opportunities for Joe to practise strategies, create positive experiences, and begin to think about change in the 'real world'. The use of roleplay to practise greeting a new person promoted laughter followed by positive self-talk. He then implemented this step in the 'real world' – specifically in the school corridor –

Facilitator: Did that make you feel good?

Joe: Yes it did [chuckles to himself].

The use of a traffic light metaphor was incorporated into a personalised story told by the facilitator using information gathered in the previous sessions. This enabled Joe to contribute additional strategies which could help to overcome unhelpful thoughts.

Facilitator: Okay, so from that story was there anything else you could do to help change and stop those red thoughts? Take your time…
Joe: Er… [Three second silence]. Think positive things about me and my friends.

Discussion

The discussion begins by considering how the findings address the research question and support the current literature base. From a case study perspective, it then considers rival explanations and study limitations. Finally, it offers consideration of the implications of the findings for EP practice, before concluding with a summary of study's contribution to knowledge and possible directions for future research.

In relation to the research question what adaptations are needed to facilitate a young person with learning difficulties' participation in the HG intervention process? findings were promising in suggesting that the HG approach could be adapted to promote emotional health and wellbeing for one young person with learning difficulties. The study was exploratory, and yet findings suggest that with care and consideration adaptations can facilitate engagement and autonomy, and lead to tangible outcomes. Additionally, it is acknowledged that, whilst following the HG framework, elements of this intervention were bespoke to Joe. This is consistent with recommendations for EP practice, that tailoring an intervention to a person's needs is an important aspect of delivering a therapeutic intervention (Dunsmuir & Hardy, 2016).

One of the main findings was the importance of making abstract concepts as concrete as possible. To ensure session content was accessible, visual, tangible, hands-on activities were utilised to offer concrete points of reference and reduce language demand. This was reflected in the richer information gathered when, for example, using a pictorial scaling activity as opposed to discussion alone. This is in accordance with the *Manual of Cognitive Behaviour Therapy for People with Mild Learning Disabilities and Common Mental Disorders* (Hassiotis, A., et al. 2012), which suggested extra support be provided in the form of visual aids. This study goes beyond such recommendations by including the use of pictorial scaling activities and sorting activity cards.

The CGAS framework supported Joe to identify and internalise steps to achieve his goals. The five incremental steps provided a way of measuring progress in a tangible way. Dunsmuir and Hardy (2016) outlined the importance of defining targets and monitoring progress. This allows the person to feel empowered to take control of the change process.

NICE (2016) guidelines recommend that psychological interventions are adapted to meet the needs and preferences of the person, and refer specifically to communication adaptations. These guidelines promote the use of clear and straightforward language, which based on these findings, could be extended to being mindful about the use of open-ended questions. While these are generally seen as a positive aspect of therapy in that they open up the discussion, promote autonomy and ensure that therapy follows the client's rather than the therapist's agenda (Miller & Rollnick, 2013), here they appeared confusing and overwhelming to Joe. Conversely, it will be important for EPs using additional closed questions to ensure that they monitor their own practice, and do not deny the young person agency and autonomy. A further finding from this case study was to openly acknowledge silent periods. This appeared to allow processing time, leading to the gathering of more meaningful responses.

This study was guided by an earlier article by Yates and Atkinson (2011), which found HG a useful intervention to deliver in a school environment for adolescents. Outcomes of this study support these findings, but also suggest HG might be appropriate for students attending special provision. However, consideration of the young person's emotional understanding should be undertaken

prior to commencement of the intervention. Here, the HG approach was facilitated by Joe's understanding of emotional vocabulary and self-awareness of his own thoughts and feelings. For a young person with greater difficulties in these areas, the intervention might have been less impactful in identifying and promoting unmet emotional needs.

It is important that motivational factors are considered in ascertaining why this intervention appeared successful. Because recruitment was via self-referral, Joe wanted to change and was motivated to engage with the intervention. Had he been invited to participate through a staff recommendation, as is often the case in the work of EPs (Atkinson & Woods, 2003), he might have been less inclined to identify and try potentially helpful strategies.

Limitations

With a single case study in a real-world setting, attributing any changes, or lack thereof, to the intervention under review is problematic. Any number of significant variables (or rival explanations) can be interacting simultaneously, acting as facilitators or barriers to towards change; therefore, such factors will be explored below.

One possible variable is the support received from the key worker who helped Joe achieve steps towards his goal. Notably, the school was Ofsted outstanding, renowned for its person-centred practice and systemic support, and its investment in the success of therapeutic support for its young people, as a commissioner of this research was clear. Progress may have been more difficult in a less supportive context.

Young people with learning difficulties have diverse and idiosyncratic needs. In this case, although Joe found some of the verbal demands difficult, he had many strengths which were facilitative of promising outcomes. He was aware of his feelings and able to articulate these. His written skills were strong and he was able to suggest helpful strategies, with a good level of insight as to whether these would be feasible. The extent to which the approach described here might be accessible to other students attending special school; for example, those with limited or no verbal language, warrants further exploration. This study was a small-scale preliminary study, with the idea of these findings facilitating a larger-scale replication study. There was limited time to collect the data, therefore the intervention sessions were not as spread out as initially anticipated and arguably insufficient time was provided for strategies to be implemented between sessions. Despite this, encouragingly, a step within the CGAS goal was achieved, suggesting with more time greater progress might have been possible. Because of the timeframe of this project, completed as part of a doctoral assignment, follow-up was not considered in the research design but this would have been beneficial to evaluate long-term impact.

It is recognised that the first author was also the facilitator in the intervention sessions. As consequence, researcher bias may be construed as an issue within the research design. Finally, the data gathered only incorporated Joe's perceptions, and in completing the evaluation forms, there could be implications of social desirability bias, although notably he did not rate all aspects on the scale highly. Further research could usefully incorporate perspectives of teaching staff and parents.

Conclusions

HG's person-centred emphasis to promote inner emotional needs and resources and its needs-led approach is in line with the SEND Code of Practice (DfE & DoH, 2015). As reported by Smiley (2005), the prevalence of mental health difficulties amongst people with learning disabilities is higher than the general population and EPs are well placed to offer support (Fallon et al., 2010).

Despite recognised limitations, this study begins to address the gap in research literature around EPs providing therapeutic support for young people with learning difficulties. Findings suggest

that EPs could adapt the RIGAAR framework with young people to promote their emotional wellbeing. Future research could consider its wider application to the post-16 community and also other possible applications of the RIGAAR model, for examples, in relation to the Preparing for Adulthood (2013) outcomes. In conclusion, the research presented here, provides a firm basis from which further research can be conducted.

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