

Child F is 12 years old and lives in Somerset with their mother, father and their two younger sisters. They are currently in mainstream school. Child F was referred to our services by the National Health Service with concerns about challenging behaviour and a poor sleeping pattern. It was stated that from a very early age they have demonstrated challenging behaviours and even in the pre-school period, their behaviours were sometimes aggressive both physically and verbally, particularly towards immediate members of their family. Child F came to the assessment with a diagnosis of right-sided hemiplegia and Cerebral Palsy. On the 3rd & 4th February bibic met Child F for a full developmental assessment with the first day of assessment at our national assessment centre in Langport and the second day was conducted via video-link. Over the course of the assessment Child F took part in various tests and their parents completed screeners, this also included observations and discussions throughout the day.

The therapist carried out different assessments that looked at Child F's difficulties in a holistic manner and how their difficulties are affecting them. These assessments looked at Child F's acquired knowledge, vocabulary, non-verbal reasoning, ability to plan, organise and problem solve, their memory and processing speeds as well as, auditory processing, anxiety, depression, anger, disruptive behaviour and self-concept. The therapist also carried out a screener that investigated the possibility of Sensory Processing Difficulties. Child F worked hard during the first day of the assessment process, at times, they showed some difficulties with their word finding and processing speed and showed a preference to be fiddling with objects whilst learning.

The results of the assessment illustrated that Child F has potential planning and organising difficulties, word finding difficulties and a slow speed of processing as well as difficulties with their executive functioning. It also showed that Child F has not established a clear auditory listening pathway, meaning that the verbal input she receives will be mixed which will impact on their ability to successfully express themselves, this and their difficulties with their executive functioning also has an effect on their mental health.

Regarding the possibility of Child F having Sensory Processing Disorder, a Sensory Profile 2 (3-15 Years) was completed. The results from the Sensory Profile showed that Child F has significant Sensory difficulties with most of the results in the much more than others or more than other category. These difficulties are in areas such as Visual where Child F almost always prefers to work in low lighting, opting to have the lights off and curtain closed. They are more bothered by bright lights than their peers and reports that they blink more frequently with lights she does not like. Another area Child F struggles with is their Social emotional with sensory processing which measures the persons expressiveness. Child F has great difficulty in this area which is documented in the mental health assessment that was also conducted, however, this is more of a reflection of how their sensory processing difficulties are also impacting upon their wellbeing. Child F can get frustrated quickly, resulting in strong emotional outbursts when they are unable to complete a task and therefore requires a lot of positive guidance to return to challenging situations. They are naturally anxious and exhibits self-doubt, but as a result of entering the teenage years they are exhibiting an attitude to not caring as this is easier than expressing how they truly feel.

At first Child F appeared reserved, however, once they felt more comfortable they displayed their friendly, confident and funny personality. They were able to open up to the therapist, articulating exceptionally well what they find challenging and their efforts were commendable. They also showed their vulnerable side and sadly showed the low self-worth they hold about themselves. This was a key area that needs drastic action in order for them to alleviate a considerable amount of anxiety, anger and low mood to help her have more positive thoughts.

Clear goals were set with the family to target their main areas of concern and The Goal Attainment Scale was used to measure the success of the therapy programme. The goals set were to reduce Child F's outbursts towards others by using appropriate releases of frustration and to reduce frustrations and behaviours by being able to use an alternative method to express themselves.

Because of the short amount of time between the assessment and now there has not been improvement as the full programme has not yet been fully put into place. So, the therapist is continuing to work closely with the family to support in any way they can.