

Intersectoral working in schools between education staff and primary healthcare professionals

Case study template

	Autism and Transdissiplication as autism to
Title of the initiative / case study	Autism and Transdisciplinarity: can autism be
	cured?
Country / Territory	France
Summary of the intersectoral initiative	I was contacted by the parents of a young autistic
	girl, then aged 12, who was violent towards the
	pupils in her class, her teacher and her mother,
	and was abandoned by the teaching staff. During
	the first year, for 2 hours 4 days a week, I met
	and accompanied this child, with the very active
	participation of her mother, and then acted as an
	intermediary between this young teenager and
	the educational team through meetings and SSEs.
	Following a change of class, a new educational
	team came in, with whom collaborative work was
	put in place, benefiting from my first year of
	support with this teenager. Through SSEs,
	meetings and emails, we exchanged information
	on the problems encountered by the pupil and on
	therapeutic and educational tools. As a result,
	our entire team was able to put this young girl at
	the centre of our care, with her school
	psychologist, teachers, AVS, parents and me, the
	hypnotherapist, all working with her. The work
	consisted of creating a teaching programme
	based on the teenager's personal autistic
	characteristics and highlighting the group link, i.e.
	between the health team and the educational
	team, and perhaps above all between these two
	teams and the child and her parents. This young
	girl found herself at the centre of her care.
Focus of the initiative	Autre (Objectif de l'intitative
	To establish this autistic teenager in a positive learning and pleasure dynamic on an individual,
	family and social level.
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Goal and objectives Overall goals and specific objectives.	Overall goals: That all the participants in this collaboration act according to the child's abilities and anxieties, establishing a deep bond over time and a climate of trust within which the child can grow. Establish the same trust and the same quality of relationship between the members of the team. Observe the impact of such collaboration Define the possibilities and difficulties of setting it up. observe how the child navigates within this system To question institutional habits Specific objectives: To share doubts and fears within the team Opening up to other disciplines and other ways of looking at autism Experiment with cross-disciplinarity through personal involvement and questioning Maintaining a professional identity within a sharing group that questions it Improving children's health Question autism from the angle of the relationship with others in institutions Defining the impact of transdisciplinary care on the child's health and the development of the disease Improving the way in which the child is listened to on a number of levels: emotional, physical, psychological and social
School setting	1
- Age group of students covered (0-18)	254
- Number of students in the school	354

-	Public (no fees) or Private (pay fees)?	Public
-	Location	Urbain
-	Socioeconomic environment	All types
- De - - -	Socioeconomic environment escription of the initiative What was the driver to start the initiative? Was it the pandemic, or something else? From when to when did the initiative take place? Does it continue now? Did it get funding? How was it funded? What type of activities took place e.g. health professionals seeing students or staff for consultations, health professionals training education staff, teachers training health professionals?	All types My professional career has enabled me to consider the impact of links and transdisciplinarity both in the care of children suffering from autistic disorders and in the more general management of symptoms, whether physiological or psychological. I've come into contact with psychoanalytical, behavioural and medical cultures, and I've noticed that very often each practitioner locks himself into his own discipline and locks his patient into it. I believe that each patient leads us to question our limits, while preserving our professional identity and that of other practitioners. At best, patients move from one therapist/doctor to another, without any shared vision making sense of this wandering. We need to move from a multidisciplinary approach to a transdisciplinary one. Following these observations, I developed ethnomedicine, considering transdisciplinarity as an object to be constructed and a method of care, bringing together teachers, psychoanalysts, psychiatrists, doctors, practitioners of traditional medicine such as Chinese medicine, massage practitioners, hypnotherapists, artists and sportspeople. Each member is socially involved through workshops, training courses, etc. Following this development of ethnomedicine, and in view of the encouraging successes, I naturally envisaged this collaboration, in the care of children suffering from autistic disorders (whom I have been accompanying for over 10 years), which was very much supported by the human qualities of listening and openness of the teacher. We both place a great deal of importance on relationships, both for her as part of the educational team and for me as part of the therapeutic team. This collaboration began in September 2019 and
		is ongoing. The educational team will be changing

at the start of the new school year, and we are currently starting this process to ensure continuity of support for this teenager.

All the team, except me, work in the secondary school, in special classes and SESSAD, and are therefore funded by the school. I myself am funded by the MDPH.

The collaboration is defined above all by the development of each person's ability to share their doubts, fears, anxieties and successes in a spirit of goodwill, because in this work it is necessary to expose one's weaknesses as well as one's strengths, accepting the differences and questions that touch the deepest part of each person. In this way, we hope to take into account the narcissistic dimension of each discipline. This requires time and meetings and, above all, acceptance of a pace of meeting that is specific to the group and the difficulties encountered by both the team and the pupil. This allows for the subsequent exchange of tools, comments, theories, references, etc., helping to create a common cultural sphere that is always in motion.

Partners

- Who are the partners involved?
- Who are the education professionals involved in the initiative?
- Who are the health professionals involved in the initiative?
- Where are the health professionals located? (e.g. In the school, in the community?)
- At what stage/s did intersectoral work happen (eg conceptualization, co-design, implementation or evaluation)?

The partners are the Collège des Courlis in Nevers and the Nièvre MDPH.

The education professionals involved are the school principal, the special needs teacher, the educators and the AVS.

The health professionals involved are the speech therapist, the school psychologist and the hypnotherapist.

The teacher and educators work in the school. The speech therapist works in her office. As for me, I work where this teenager lives, more specifically in her bedroom, a place where intrusions are minimal and where she can easily be herself.

The cross-sector work really began when we met the teacher. We shared a similar approach, focusing on the relationship with the pupil. It was during an initial SSE that we realised this and how complementary we were. It was therefore quite

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natural for us to share our approach and then the difficulties we encountered, as well as exchanging educational tools. Other health and education professionals, already working with either the teacher or the girl, joined this core group by sharing their difficulties and successes. Time then took its toll.

Results of the initiative

- What were the deliverables?
- Can you give some examples of actions resulting from the initiative?
- What do you think was the impact of the initiative, if any?

The expected results were first and foremost to improve the life and health of this young girl, as well as her family life, and perhaps, in the longer term, to be able to envisage schooling and a real status as a student, as well as a professional future.

The main achievement of this initiative is the confirmation of this success by the work begun to transfer this cross-disciplinary work to another educational team at a new school, IMP Pro, which is vocational in nature. Just yesterday, we met, an educator and the school psychologist, so that they could pass on our work and our approach to the girl in all its complexity to the new team, with the aim of continuing to place this pupil at the centre of her care. It will be very interesting to see how the new team will take on board this work, accept it and develop it in turn.

There's also no doubt that the past four years will leave their mark, and will perhaps bring about a change in the various people involved and perhaps also in the school's guidelines.

As for the real impact of this initiative, I think it's too early to say. This cross-disciplinary work calls on our deepest being and requires time.

Evaluation of the initiative

- Was the initiative evaluated? If Yes How, and by whom?
- Name two things that went well.
- Name two things that could be improved.
- What were the main <u>barriers</u> to intersectoral working?
- What were the main <u>facilitators</u> for intersectoral working?
- What advice would you give to others who would like to do a similar initiative?

Has the initiative been evaluated? Not scientifically. However, the teacher obviously assesses the progress and achievements of each pupil, as she does for all her pupils, including of course this pupil whom we supported. All her progress forms an integral part of her file. In addition, an annual report is sent to the MDPH.

Two things that went well:

What was important, I think, was the bond created between the young girl and the large team that supported her. They all listened to her, discussed the obstacles and, above all, allowed

her to talk about them and put into words what she was going through. They all helped her, as far as possible, to make sense of the events she was experiencing. This experimentation with the meaning of things led to a growing interest in words and others, and therefore in learning. Violence is no longer an issue and has disappeared without having been directly addressed. Another important element is the respect shown to the parents in this chaotic process, both in terms of respect for their daughter and for their suffering. This has also led to positive changes within the family circle. Two things that could be improved: More frequent meetings between professionals and parents. Establish exchange meetings between school management, support professionals and the MDPH. The main barriers were the MDPH's deafness to this cross-disciplinary work and its results, and perhaps the lack of communication (for various reasons) between the teacher and the SESSAD educators about the girl's actual schoolwork. Also, a lack of communication on my part about my schoolwork with the girl vis-à-vis the educators. My advice would be to communicate a lot about the results, without any pretence. I think that's the best way to meet people. Site web: Additional information if available: www.jeunesanteethnomedecine.fr Links to relevant websites Link to / title of relevant articles Article: Publication dans une revue spécialisée : Other relevant resources

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