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Working with children and young people with disability

Developing a relationally focused, strength based, neuroinformed and inclusive framework for children and young people experiencing neurodivergence and disability


June 2022
Territory Families
Youth Justice Induction




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The Australian Childhood Foundation acknowledges the Aboriginal and Torres Strait Islander peoples as the traditional custodians of this land and waters. We pay our respects to their elders past and present and to their children who are the leaders of tomorrow. We acknowledge their history and living culture and the many thousands of years in which they have raised their children to be safe and strong.




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Safety

The content of this training can evoke strong emotions and may trigger personal experiences of trauma.

Please be mindful of your own wellbeing during this training and if you need support please do what you need to do to feel safe. We are happy for you to talk to the facilitator if you need to.

Learning outcomes

Understanding disability and neurodivergence


- ADHD
- Autism Spectrum Disorder
- Fetal Alcohol Spectrum Disorders
- Physical disability

Explore responses to behaviour that are grounded in a needs-based approach

Integrate culturally safe and strong practices into response planning and implementation

Learn the importance of safety and trust- ensuring relationships are central to practice, and, practice is child centered

Building networks of support that neurobiologically enhance learning and relationships

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Neurodivergence and Disability

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The definition of 'Disability' under the Federal *Disability Discrimination Act 1992 (DDA)* is very broad to encompass physical, sensory, mental and intellectual disability.



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Young people with disabilities are a higher proportion of the youth justice population than in the population at large.

For example youth with FASD's are 19 times more likely to be incarcerated than non-affected peers.

For some young people, lack of an appropriate judicial response to their disability makes them vulnerable to cycling in and out of the family and criminal justice systems.

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Culture and Disability




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Culture is inclusion

- First Peoples with disability and their families are amongst the most seriously disadvantaged and disempowered members of the Australian community.
- Any support or intervention must be driven by the client and include the client's voice and testimony.
- A culture of inclusion acts as a buffer for the client

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Our Way Planning-First Peoples Disability Network

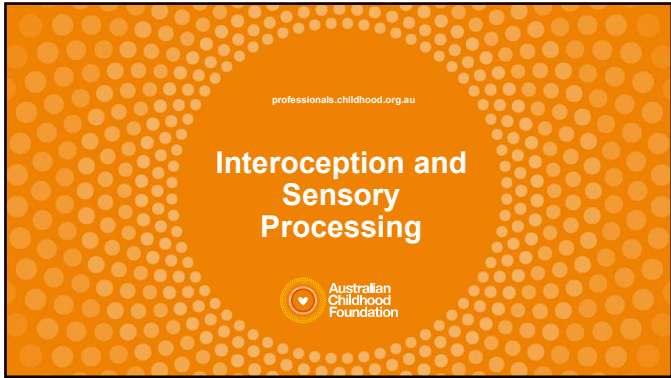
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Jimmy Galiingu Ganabarra
Elder
Galiwinku, Palbarra, NT

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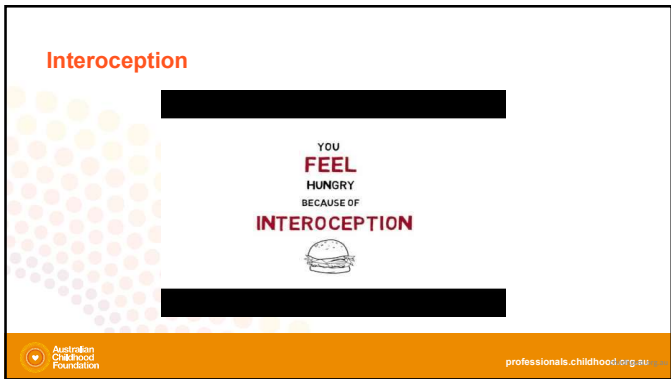
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Interoception

Low levels of interoception means a reduced capacity to understand or connect with the body in ways that would enable them to self-regulate.

Interoceptive awareness may directly inform the capacity to regulate arousal states.

It is important to integrate the teaching of interoception activities into developing interoceptive awareness.



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Interoceptive strategies for young people

Move	Tense & Stretch	Find your pulse	Yoga
Map your feelings	Mindfulness	Relaxation	How hungry am I?
	Breathing	When I get.....	




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Sensory needs

Many children and young people with ADHD and Autism also suffer from sensory processing disorder (SPD) making it difficult to process and act on information received from the senses.

Most children with SPD display elements of extremes where they suffer from sensory overload sometimes and seek stimulation at other times.

It is important to understand their sensory needs and implement strategies to enable a positive experience in the education or care setting.


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New Innovations in Intervention

Research and clinical experience suggest the efficacy of individually combining interoceptive awareness, sensory processing, behavioral (Khalsa et al., 2018) and trauma-informed treatment (Warner et al., 2014).

The need to **merge sensory integration with interoceptive awareness intervention** is supported by emerging clinical evidence demonstrating the effectiveness of sensory integration interventions in PTSD (Warner et al., 2014) and its recent inclusion as an evidence-based treatment for Autism Spectrum Disorder.



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ADHD

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Children with ADHD can be creative problem solvers, good public speakers, energetic and enthusiastic and have good conceptual skills and intuition.



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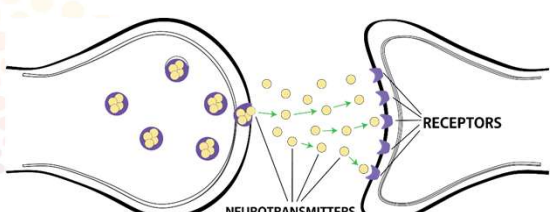
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STRENGTHS	STRENGTHS
Creative	Energetic
Intelligent	Eager to try new things
Problem solving	Hardworking
Determined	Perseverant
WEAKNESSES	WEAKNESSES
<ul style="list-style-type: none"> • Difficult dealing with change due to fear • May have problems with punctuality • Fear of expressing feelings • Inability to relax due to anxiety • May seem depressed and lack motivation 	<ul style="list-style-type: none"> • Difficulty connecting with others • Frustration that can lead to irritability or anger • Difficulty concentrating • May have learning difficulties • May seem depressed and lack motivation

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Brain signals affected by ADHD



NEUROTRANSMITTERS RECEPTORS

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Neurobiology of ADHD

- is complex and involves multiple brain pathways
- Pathogenesis in neurotransmitters dopamine and noradrenaline
- Altered dopamine signalling leads to altered reinforcement sensitivity

Dopamine
of interest
energy

Noradrenaline
attention
motivation
planning
reward

Serotonin
emotions
impulsivity

Hyperactivity
Compulsive movement
Impulsivity
Dysregulation
Risk taking

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Neuroscience of ADHD

3. Basal Ganglia

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ADHD Research

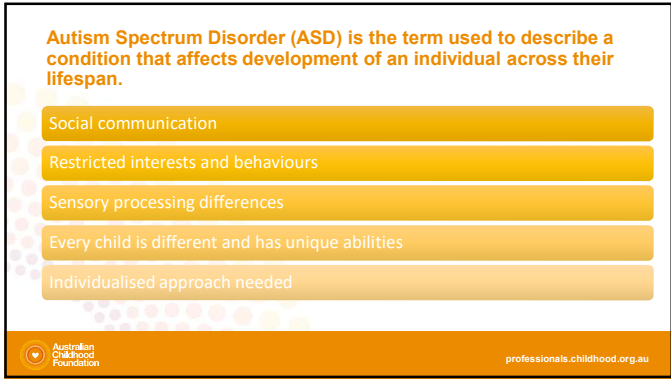
Traditional behavioural moderating techniques such as reward and punishment may not be effective:

- reinforcer quickly loses its value
- only short sequences of responses can be reinforced
- there is a short window where responses can be effectively received.

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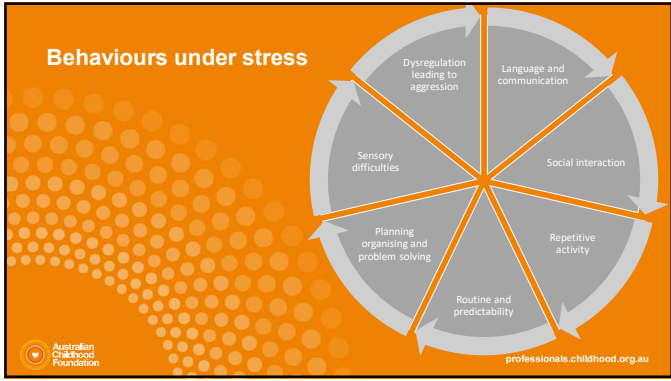
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Pathological Demand Avoidance

I have **pathological demand avoidance**, an autism spectrum condition affecting social interaction and communication. It can also mean I get lost in my imagination. My main challenge is that demands (you must/you need to/you have to) make me very anxious. It can look like aggression or being naughty, but actually I'm panicking.

Please be patient, allow me to make my own decisions where possible, give me time to process change, and help me calm down if needed.

Stickman Communications 2015

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How can you help?

Use	Use clear and simple language
List	List events sequentially
Give	Give one instruction at a time
Take	Take time to listen and communicate
Warn	Warn of changes or transitions
Simplify	Simplify the environment where possible
Offer	Offer a quiet space

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How to build a hug



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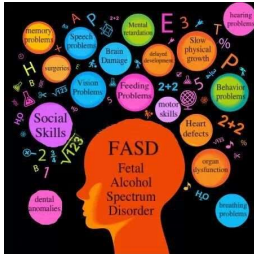
FASD

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10 Neurological impacts of FASD

- Brain structure and neurology
- Cognition
- Language
- Academic achievement
- Memory
- Attention
- Affect regulation
- Adaptive behaviours
- Executive function
- Motor skills



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Neurodevelopmental Challenges

- Structure
- Sequences
- Cause and affect
- Abstracts and generalisations
- Ongoing learning

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Marulu Strategy; an example of working in remote regions with FASD



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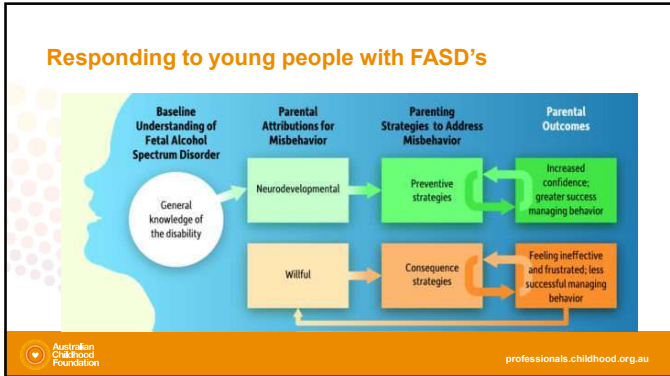
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FASD and intersectionality with youth justice



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- ### How to help...
- “ Use as few words as possible.
 - ⊖ Always clearly state what you want to happen—the desired behavior.
 - ⚠ Don't argue, debate, or negotiate.
 - ⊙ Being direct is good, but don't become too authoritarian, or doors will close quickly.
 - ↑ Don't expect the person to be reasonable or to 'act their age'.
 - ⚡ Go for a few "Yes" responses first. Use short questions you think the person will answer "Yes" to, just to get them out of being stuck in the "No" loop.
 - ⚖ Be nonjudgmental.
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How to help

Start with a clean slate:
Don't have any assumptions as to why the person is behaving the way they are. There is a good chance you may be incorrect

Don't get Frustrated:
Don't get frustrated that you just dealt with this same type of issue yesterday. It may seem like the same issue, but to the person it's likely a completely unique and unrelated crisis. It's not that they aren't paying attention; it's that their brain isn't letting them make the connection.

Remember nonverbals:
Be extra attentive to your nonverbal and paraverbal communication. The person with FASD may not understand all the words you're using when they're going through a crisis, but they are likely tuned in to your appearance and sound.

Keep in mind the strong Precipitating Factors related to the person's brain damage as a result of prenatal alcohol exposure. It can help you maintain your Rational Detachment in a tough situation.

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In brainstorming accommodations, here are some key questions to ask yourself:

How old is your child developmentally (which might be different than their chronological age)?

What are the secondary behaviors you see in this environment or with this specific situation?


What are your child's strengths and interests?

Based on all the information gathered from the above questions, what accommodations need to be implemented to help this child be successful?

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External Brain



The cognitive impairments in children with FASD can cause them to have poor memory, lack of impulse control, poor judgment, and difficulty with 'cause and effect' reasoning.


This means they often need support from others to help them think through decisions, behaviours, and consequences as well as help them remember their routine, schedule, and how to complete tasks assigned to them.

In other words, your child may need you or a trusted person to act as their External Brain.

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External Brain Strategies



Assess the level of need by making an inventory of your child's needs. Your child may need all, some, or few of the following External Brain functions - time-keeper, friend/chooser, money-manager, information-interpreter, hygienemonitor, and decision-maker.

Use tools: Schedules, agendas, behaviour charts, and whatever else works to give your child external cues about what he needs to do.

Educate others: Teach your child's siblings, teachers, principal, coach, etc. about FASD and the needs of your child so they can help support him.

Build a 'circle of support': Ask responsible and trusted people to act as External Brains for your child when you are not around.

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Strategies for building healthy brains

Brainstem & Diencephalon	Basic survival & sensory processing	Pacification or stimulation. Activities in the child's preferred sensory modality
Cerebellum	Coordination of movement	Using music, rhyme and movement activities
Limbic	Emotional processing	Building relational connection through plays, animals, games
Cortex	Thinking processes	Linking experiences and sensations to words and descriptions
Prefrontal cortex	Analytical and abstract thinking	Challenges and safe risk taking activities

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Try it!
Build an obstacle course for regulation



Push the wall

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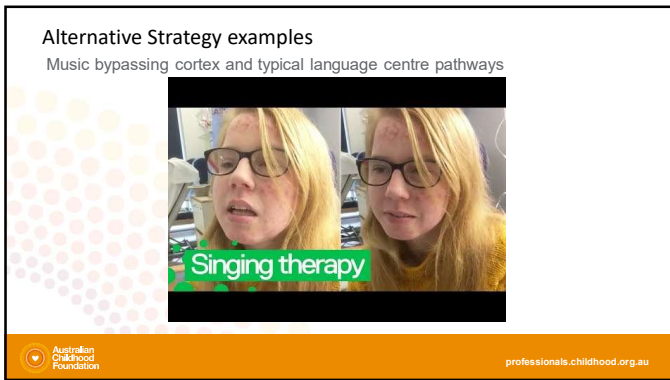
Trauma, Disability and me in Youth Justice

- The better integrated the different parts of the brain are the more adaptive we can be to our environment
- **Developmental trauma is dis-integrative, disconnecting, and disruptive** to both brain and body
- *Where has trauma touched my life?*
- *What does it mean for me, to be working with traumatised young people with a disability?*

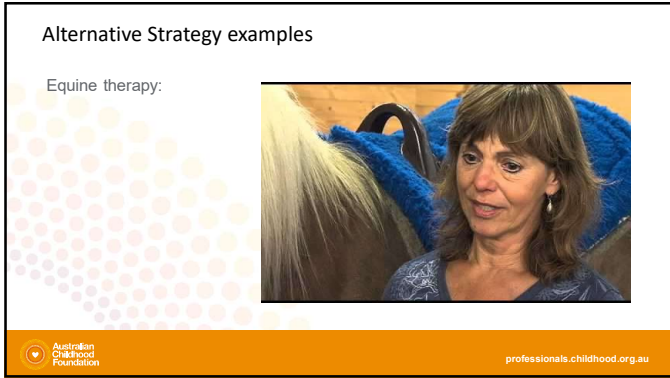
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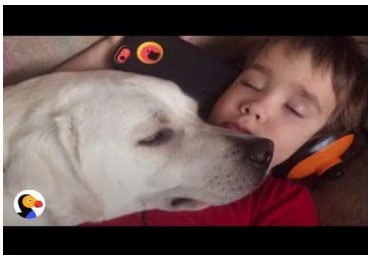
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Alternative Strategy examples

Animal assisted therapy:



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Resources:

<https://www.education.vic.gov.au/Documents/school/principals/participation/tipsmanagingadhdinclass.pdf>

<https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-support-planning/managing-health-education-and-care/neurodiversity/interoception>

https://www.education.sa.gov.au/sites/default/files/regulation-scale-hsp432-example-symbols-reduced-language.pdf?acsf_files_redirect

<https://www.understood.org/en/learning-thinking-differences/child-learning-disabilities/information-processing-issues/a-day-in-the-life-of-a-child-with-slow-processing-speed?fbclid=IwAR11F9TGQNugAsiMNX7sJhjFtyjioP3KjVeQTU2eKX2hE6cVJOY2CqpepSA>

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Resources:

<https://autismfriendlycharter.org.au/app/>

<https://www.spectrumnews.org/features/special-reports/autism-brain-region-by-region/>

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Find additional resources at:
<https://professionals.childhood.org.au/resources/>
<https://professionals.childhood.org.au/covid-19/>



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