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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

Teritory Families  
Youth Justice Induction August 2023



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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 payour 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.

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**Learning outcomes**

Understanding disability and neurodivergence


- ADHD
- Autism Spectrum Disorder
- Emotional 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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Children with disabilities are a higher proportion of the in-care population than in the population at large.

Some children enter care with disabilities caused by the abuse or neglect that brought them into the care system.

Some children who already have disabilities are relinquished into state care by parents who lack the resources to manage the parenting challenges they present.



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**Neurodevelopmental**

Neurodevelopmental disabilities" refer to a diverse group of conditions and disorders that begin in the early years of children's lives, and influence their development, often for life. As professionals working in the field of developmental disability we may fail to recognize and link two important and related concepts - "development" and "disability".

Theorists writing about human development have traditionally done so from the perspective of "normal" or "typical" development, with little attention to the many variations that include "disability"



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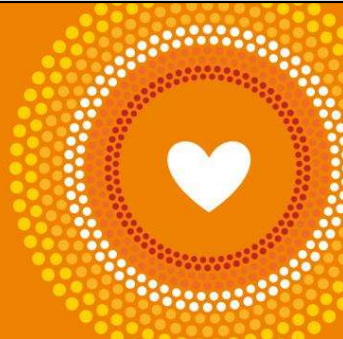

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**Culture and Disability**



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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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**Relational templates – SUMMARY**

- The brain develops in interaction/attachment to other human beings
- Attuned, responsive care by primary carer is critical. Becomes the template for all relationships throughout life
- Shame causes break in attunement. Needs to be repaired by primary carer & connection re-established

*Infant learns to self soothe, regulate stress and emotions, trust environment to meet needs, see world as safe enjoyable place, develops identity based on this*

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**Development impact on children and young people with disabilities**

- In the first years of life a child is learning the essential building blocks of development. Learning about:
  - the foundations of connection in building relationships
  - building early affect tolerance & regulation strategies through the co-regulation of his/her caregivers,
  - exploring his/her world
  - establishing foundational understanding for problem solving & awareness of objects and space,
  - basic awareness that he/she has the capacity to have an impact on the world (agency)

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**Children and young people with disabilities**

- In the absence of a safe environment the child's ability to explore the world is further impacted on.
- When the caregiver has been unpredictable, the child may sacrifice exploration to remain close to the caregiver
- A child whose carer is rejecting may explore regardless of the signs or cues of danger.

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**Development impacts on children and young people with disabilities**

- The child's communication bids are ineffective & caregivers responses may be inconsistent, and unpredictable, facial expressions, verbal cues and actions are inconsistent.
- The child is left with no frame in which to interpret communicative experiences.
- The child's adaption may be to communicate more strongly or to minimize communication altogether.
- Leading to interpersonal deficits, and as they interact with others they misread the expressions of others.

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**Children and young people with disabilities**

- In a stressed environment with inadequate soothing strategies and without available external regulation the child is exposed to overwhelming arousal.
- The connections being laid down and the child learns that emotions, are frightening and that arousal in the body is a potential danger.
- The young child may disconnect from or guard against physical experience or may express arousal and affect through behaviour and actions

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**Interception and  
Sensory  
Processing**

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**Interoception**



[Interoception: The New Topic in Autism - YouTube](#)

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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 (Khasa 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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STRENGTHS	STRENGTHS
 Creative	 Energetic
 Intelligent	 Eager to try other things
 Problem solving	 Hardworking
 Determined	 Perseverant
WEAKNESSES	WEAKNESSES
<ul style="list-style-type: none"><li>• Difficulty dealing with change due to fear</li><li>• May have anxiety and depression</li><li>• Fear of expressing feelings</li><li>• Difficulty focusing due to stress</li><li>• May have sleep and food problems</li></ul>	<ul style="list-style-type: none"><li>• Difficulty connecting with others</li><li>• Emotional lability due to inability to regulate</li><li>• Difficulty concentrating</li><li>• May have learning difficulties</li><li>• May have depression and feel isolated</li></ul>

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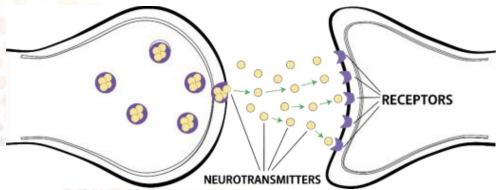
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Brain signals that may be affected by ADHD



RECEPTORS  
NEUROTRANSMITTERS

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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

The diagram features a funnel shape containing three circles: a red circle for 'Dopamine alertness', an orange circle for 'Noradrenaline attention, motivation, pleasure, reward', and a yellow circle for 'Serotonin decisions, compassion'. A red arrow points from the bottom of the funnel to a list of symptoms: 'Hyperactivity', 'Compulsive movement', 'Impulsivity', 'Dysregulation', and 'Risk taking'.

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### Neuroscience of ADHD

The cartoon character is a smiling, orange, round figure with arms and legs, standing on a small shadow. Above its head are several glowing yellow lightbulbs, suggesting ideas or neural activity.

[The Neuroscience of the ADHD Brain - YouTube](#)

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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.

The illustration shows a group of seven diverse children of various ethnicities and abilities, including one child in a wheelchair, standing together and smiling.

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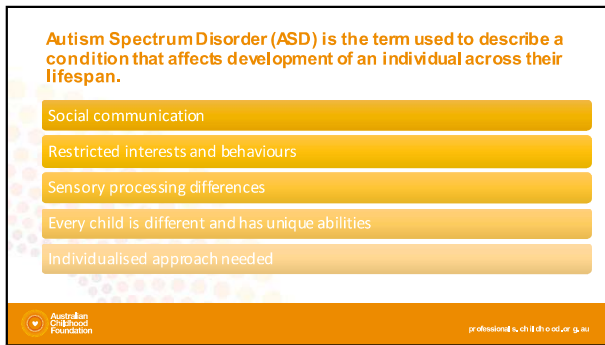
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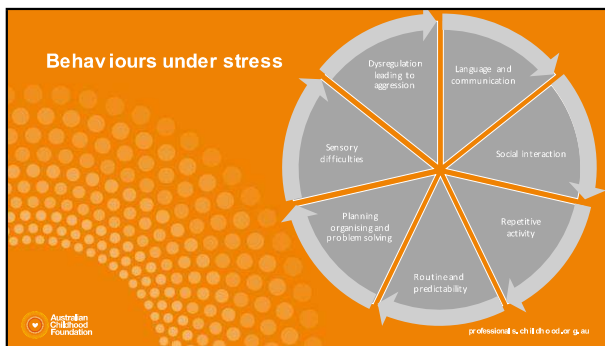
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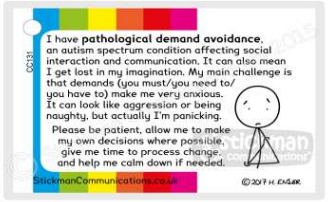
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**Pathological Demand Avoidance**



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.

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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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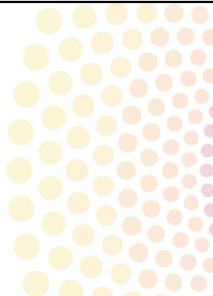

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How to build a hug



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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**

- [Variety - the Children's Charity & Kimberley Diamond Company - supporting the Marulu Strategy \(WA\) - YouTube](#)



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**FASD and intersectionality with youth justice**

- [FASD Youth Justice](#)



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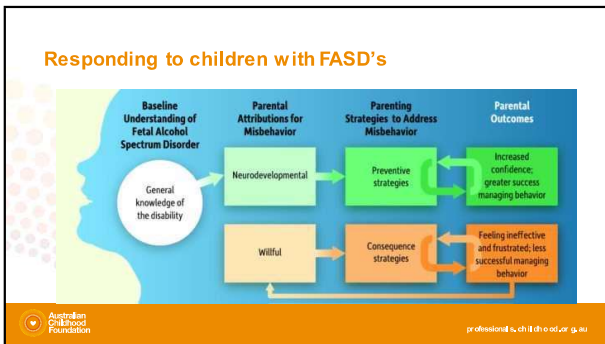
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### How to help...

- 🗨️ 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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### Trauma informed practice with children with a disability

- **Safety:** Ensuring physical and emotional safety
- **Relationships - Trustworthiness:** Maximising trustworthiness through relationships, task clarity, consistency and interpersonal boundaries
- **Collaboration:** Maximising collaboration and sharing power
- **Choice:** Maximising choice and control
- **Voice:** Prioritising the person's voice being heard and heeded.
- **Child focused/centred practice:** "Quality of Life Domains"



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# Responding Developmentally



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## Responding to Children with Disability

- Expressive communication. The child with disability and trauma may:
  - have difficulty being understood
  - not have words to express basic needs & wants, to tell others that they are in pain or bored
  - have difficulty expressing emotions
  - express themselves using gestures/facial expressions and body language that others don't understand or misinterpret
  - use their behaviour - often perceived them as being manipulative, rude, stubborn or non-compliant
  - Understand their health needs



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## Responding to Children with Disability

The child with disability and trauma may require:

- Requests broken down
- Key words emphasised
- Time to process and respond
- Language stimulation activities/opportunities
- Support of visual tools or adaptive technology



Children are special in every way. So if each and every child has a voice in Australia, please help them be heard. Safe and not to worry about language problems.

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**Responding cont...  
- Visual tools - hints**

Match the child's communication and cognitive development skills so they are able to be successful

- pre-intentional communicators - personal profiles or personal communication dictionaries
- intentional communicators - personal profiles, personal communication dictionaries & object chat books
- symbolic communicators - personal profiles, object/photo/symbol chat books



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

What is the task or expectation the child is expected to do (and failing at/"refusing" to do)?

What does the brain — anyone's brain — have to be able to do in order to successfully complete that task or meet that expectation?

What do you know about how your child's brain functions in those areas? Do they have those skills?

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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 the 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 the 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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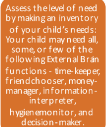
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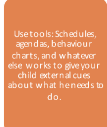
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### External Brain Strategies












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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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**Alternative Strategy examples**

- <https://www.facebook.com/rosie.hamilton1810/videos/1087681858104177/>  
music bypassing cortex and typical language centre pathways
- [https://m.youtube.com/watch?fbclid=IwAR2nRTnMhrS0sUcOFCOC-g6auAK\\_Q0ZCVPU09gKalmJ4V1nYMvwwZBK6JPY8&v=0vLvEXLApA](https://m.youtube.com/watch?fbclid=IwAR2nRTnMhrS0sUcOFCOC-g6auAK_Q0ZCVPU09gKalmJ4V1nYMvwwZBK6JPY8&v=0vLvEXLApA)  
obstacle course FASD
- Equine therapy:
- <https://www.youtube.com/watch?v=7Ycdbg-1HM>
- Animal assisted therapy:
- <https://www.youtube.com/watch?v=HW-neVrBiRU>
- <https://www.youtube.com/watch?v=A32uHbP6xiY>
- <https://www.youtube.com/watch?v=5YssM3BYu4>

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**Trauma, Disability and me in Care and Protection**

- 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 children with a disability?*



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**'Yarning About Disability'**  
book by  
**Caris Jalla**





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**Questions/reflections**  
What are you taking away from today?



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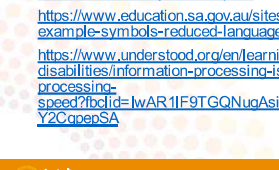
**Resources:**

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

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

[https://www.education.sa.gov.au/sites/default/files/regulation-scale-hsp432-example-symbols-reduced-language.pdf?acsf\\_files\\_redirect](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=IwAR1F9TGQNugAsiMNX7sJhF1yIjoP3KiVeQTU2eKX2hE6cVJOY2CqepSA>



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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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