

Respecting the developmental story for young people in Out of Home Care: an Occupational Therapist and Speech Pathologist Perspective

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Focus of Presentation

Explores the application of a neurodevelopmental-trauma informed lens from an Occupational Therapy & Speech Pathology perspective with a focus on 'rebuilding the brain' from the 'bottom-up' to support the empowerment of the young person through the provision of appropriate supports.

Session Outline

1. Inequities faced by children and young people in OOHC
2. Review neurodevelopmental theories and how this influences the role of a SP and OT
3. Understanding of regulation, interaction and communication
4. Strategies to support children with regulation, interaction and communication difficulties

Out of Home Care In Australia

In Australia (as of 30th June 2020):

- ◇ 8 per 1,000 children are in OOHC
- ◇ Approximately 6% of these children are in residential care

Types of Out of Home Care Placements in Australia:



Intensive Therapeutic Care

- ◆ A service system designed to support CYP recovering from trauma, neglect, abuse or adversity
- ◆ Replacing residential care across NSW
- ◆ For children 12+ with complex needs who are unable to be supported in foster care or require specialized and intensive supports to maintain stability in their care arrangements
- ◆ Centre of framework is trauma-informed care
- ◆ Goals are to decrease the time CYP spend in OOHC and provide clear pathways to permanency

Adversities faced by CYP in OOHC

- ◆ Children in OOHC experience increased difficulties with:
 - ◆ Complex psychological and behavioural problems
 - ◆ Poor regulation, delayed social, emotional and intellectual development
 - ◆ Delayed development of essential pre reading skills required for literacy
 - ◆ Confused identity formation
 - ◆ Low self-esteem and self-efficacy
 - ◆ Attachment disruption
 - ◆ Greater susceptibility to mental health complexities

Adversities faced by CYP in OOHC

- ◆ In a recent study in NSW of CYP in exiting residential care:
 - ◆ 80% identified to have behavioral difficulties
 - ◆ 67% identified to have below normal receptive vocabulary skills
 - ◆ 64% identified to have difficulties with non-verbal reasoning

Adversities faced by CYP in OOHC

More
than

4x

As likely to engage in self-harm, or be diagnosed with a hyperkinetic or conduct disorder

More
than

3x

As likely to be diagnosed with an emotional disorder or stress reactions

More
than

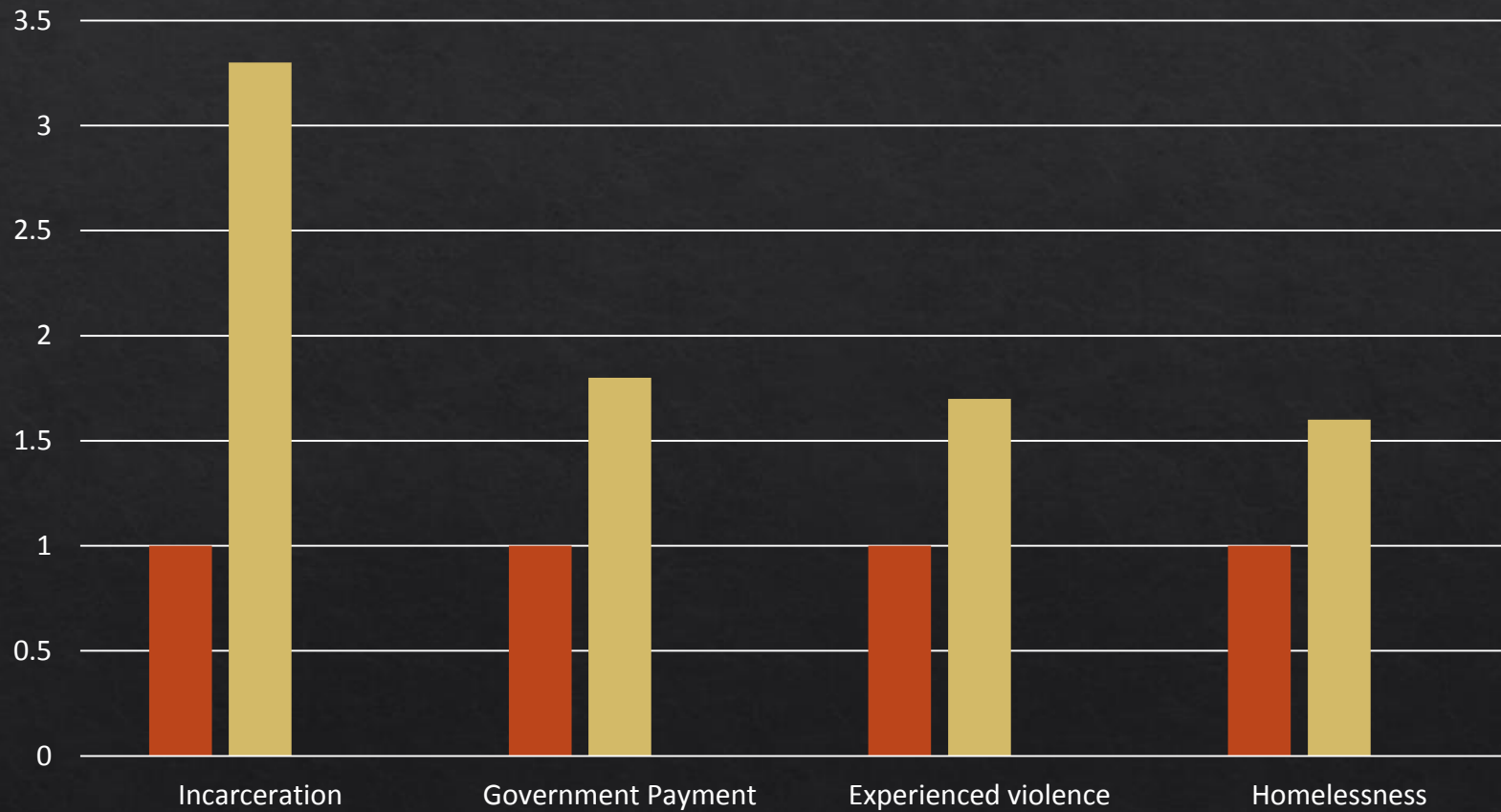
2x

As likely to be diagnosed with a developmental disorder

Aboriginal & Torres Strait Islander Australians

- ◆ The Stolen Generations are a particularly disadvantaged group of the Aboriginal and Torres Strait Islander population. Their forced removal from families and subsequent disconnection from Indigenous culture and land have had widespread negative impacts on their wellbeing and that of their families.

Impact of Removal from Family



Ongoing Inequities for Indigenous Australians

Aboriginal & Torres Strait Islander Children & Young People overrepresented in OOHC and child protection services

- ◊ 1 in 6 Indigenous children receive child protection services
- ◊ 1 in 18 Indigenous children are in OOHC

Inequities exist in:

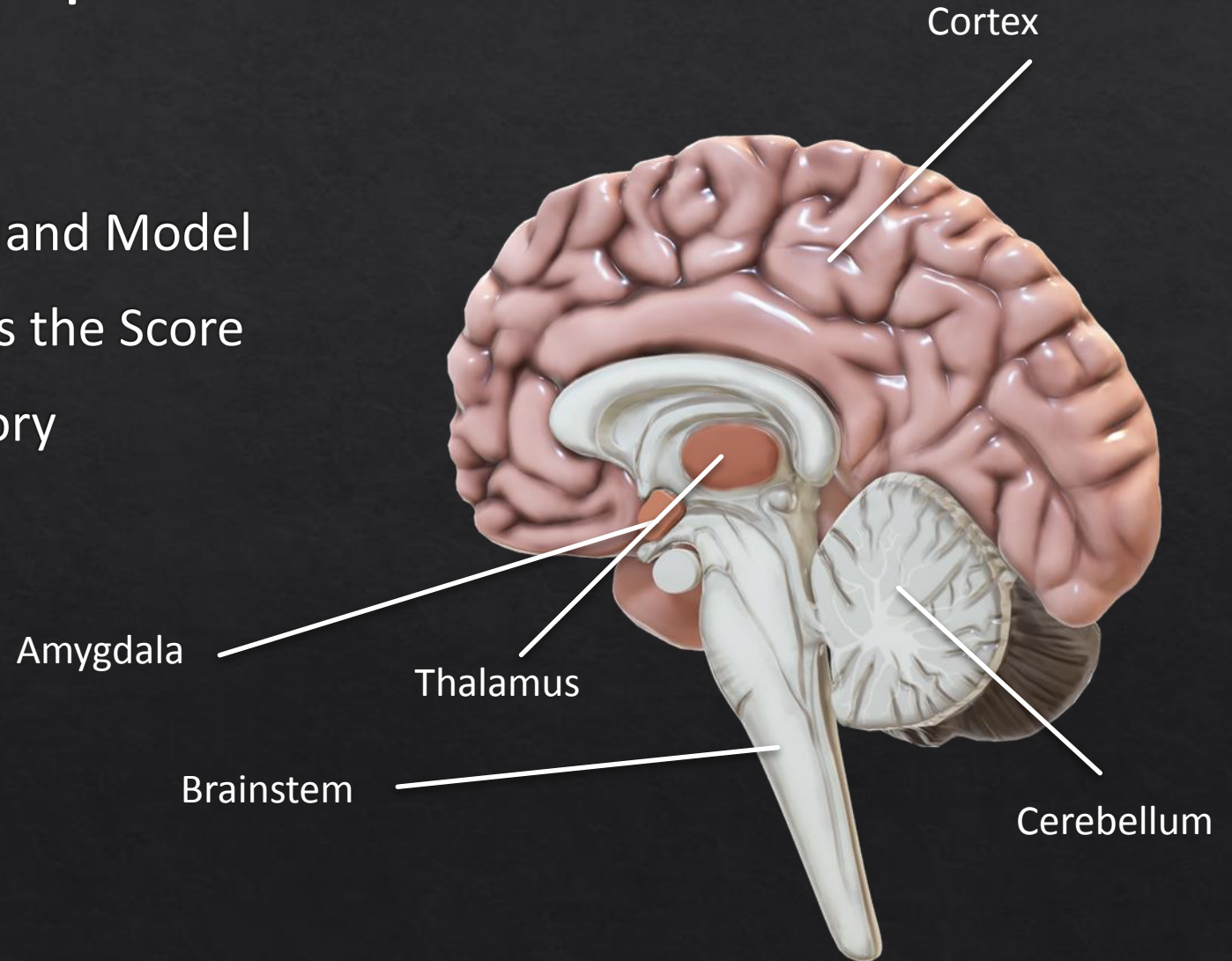
- Child mortality rate
- School attendance
- Education
- Employment
- Life Expectancy
- Literacy and Numeracy

Risk vs Resilience Factors for CYP in OOHC

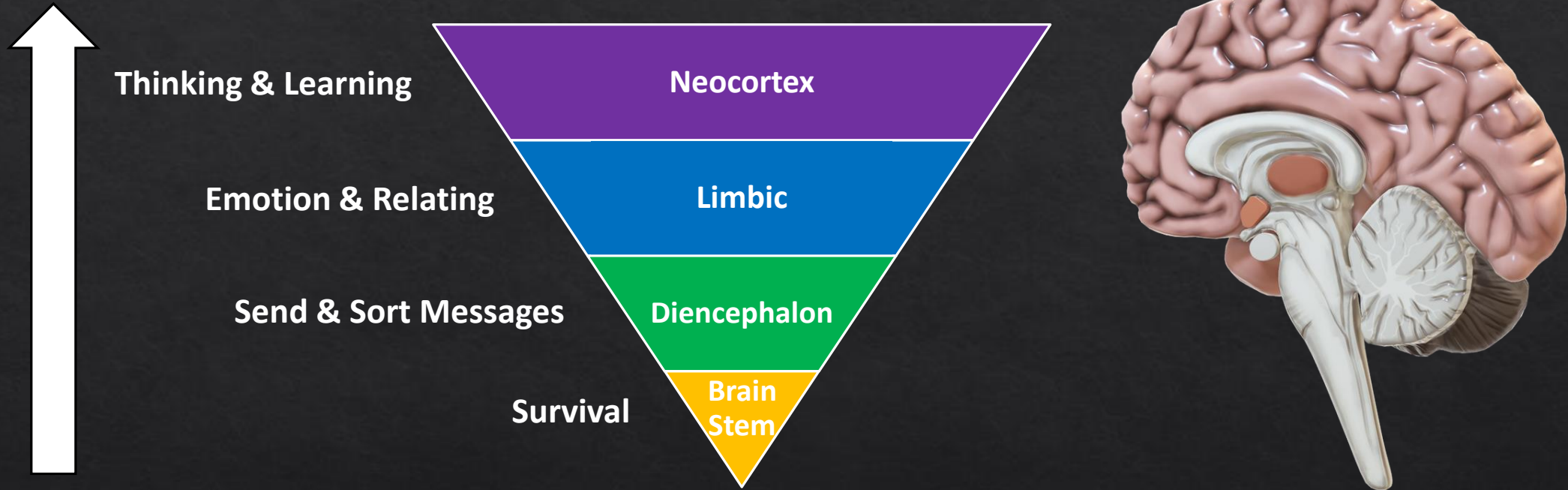
Resilience	Risk
Adoption	Placement Instability
Younger age entry into OOHC	Older age entry into OOHC
Strong Cultural Connection	Disconnection from Culture
Intelligence	Developmental Disability
Strong Caregiver Attachment	Low Socio-economic status
Strong peer relationships	Parental Mental Health Difficulties
Developing literacy skills in early life	Less rich early life language experiences
Higher level of self-efficacy	Lower self-efficacy

Neurodevelopmental Research

- ◇ Dr Bruce Perry- NMT
- ◇ Dr Dan Siegel- 4 s's of parenting, Hand Model
- ◇ Dr Bessel van der Kolk- Body Keeps the Score
- ◇ Dr Stephen Porges- Polyvagal Theory
- ◇ Dr Dan Hughes- PACE

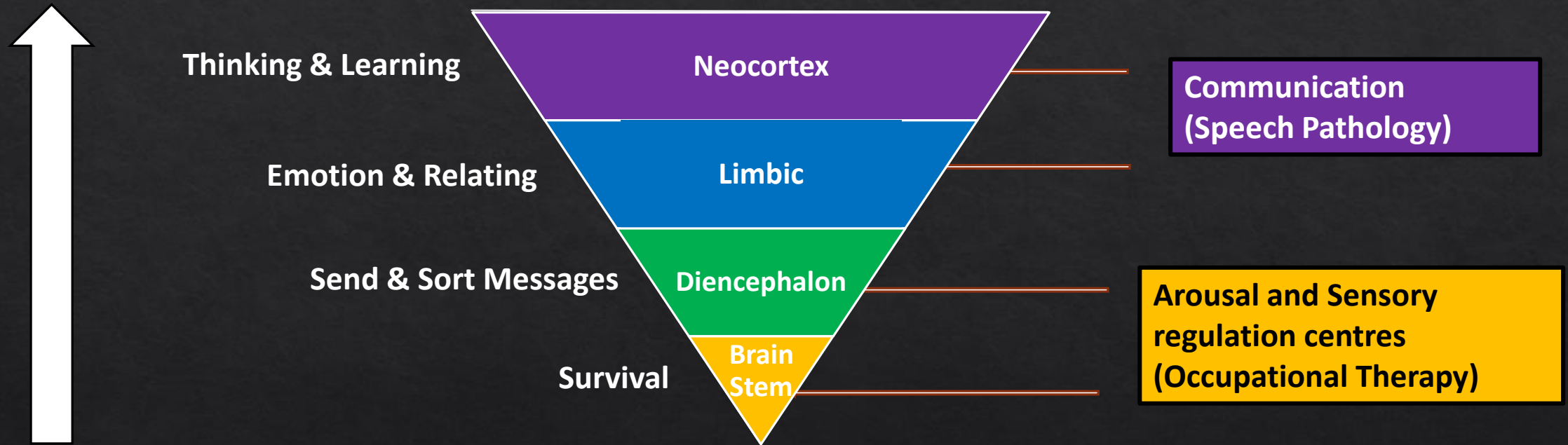


Bottom Up Model



“Regulate, Relate, Reason” – Bruce Perry

Bottom Up Model



“The experience of being human is embedded into the sensory events of our everyday lives”

Winnie Dunn, 2001

Note on terminology



Trauma: complex developmental trauma, the impact adverse traumatic experiences have on the development of the brain



Regulation: the ability to change how alert we feel in our body by modulating our sensory inputs



Regulate

Relate

Communicate

Sensory Inputs



Over-responds

- *More sensitive to stimuli*
- *Stimuli too intense/ overwhelming*

Responds appropriately

- *Notices stimuli and responds*

Under-responds

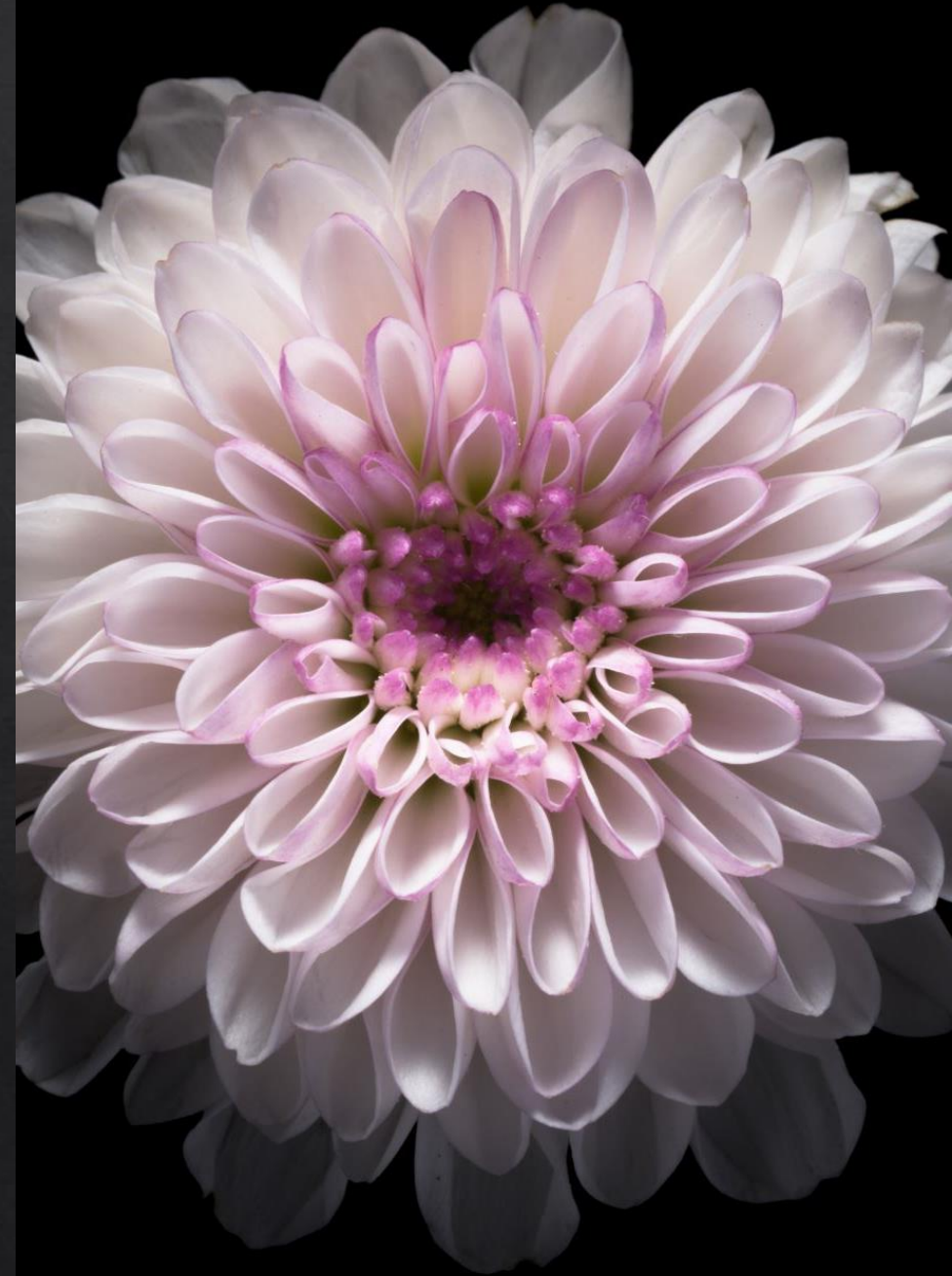
- *Less sensitive to stimuli*
- *Stimuli not intense enough*

Missed stimuli

- *Stimuli not detected*
- *No response*

Sensory Processing

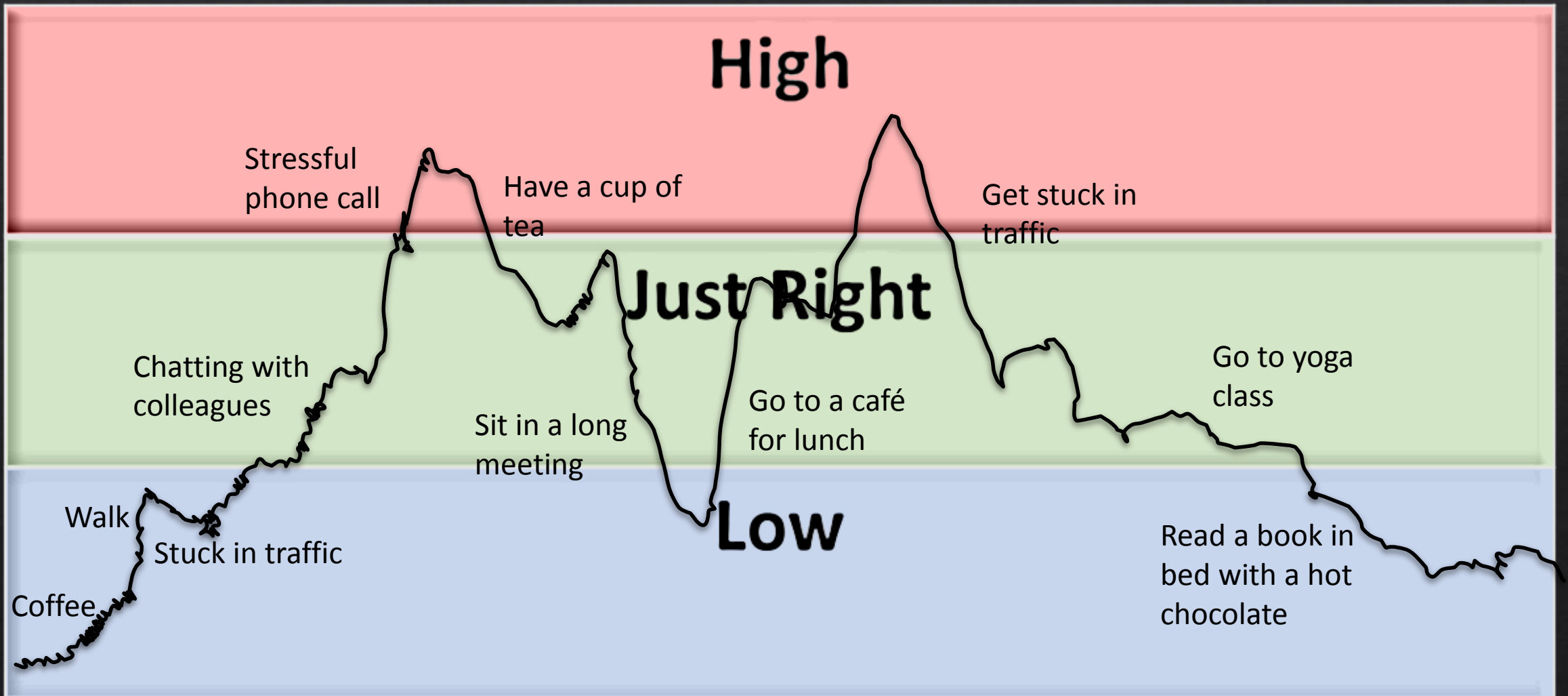
- ◆ Each person has a unique sensory profile
 - ◆ Sensations are experienced differently in different people
- ◆ Differences in sensory profiles can cause relational tension
- ◆ CYP who have experienced trauma are more likely to process sensory information differently and have



Occupational Therapy Literature about Sensory Modulation

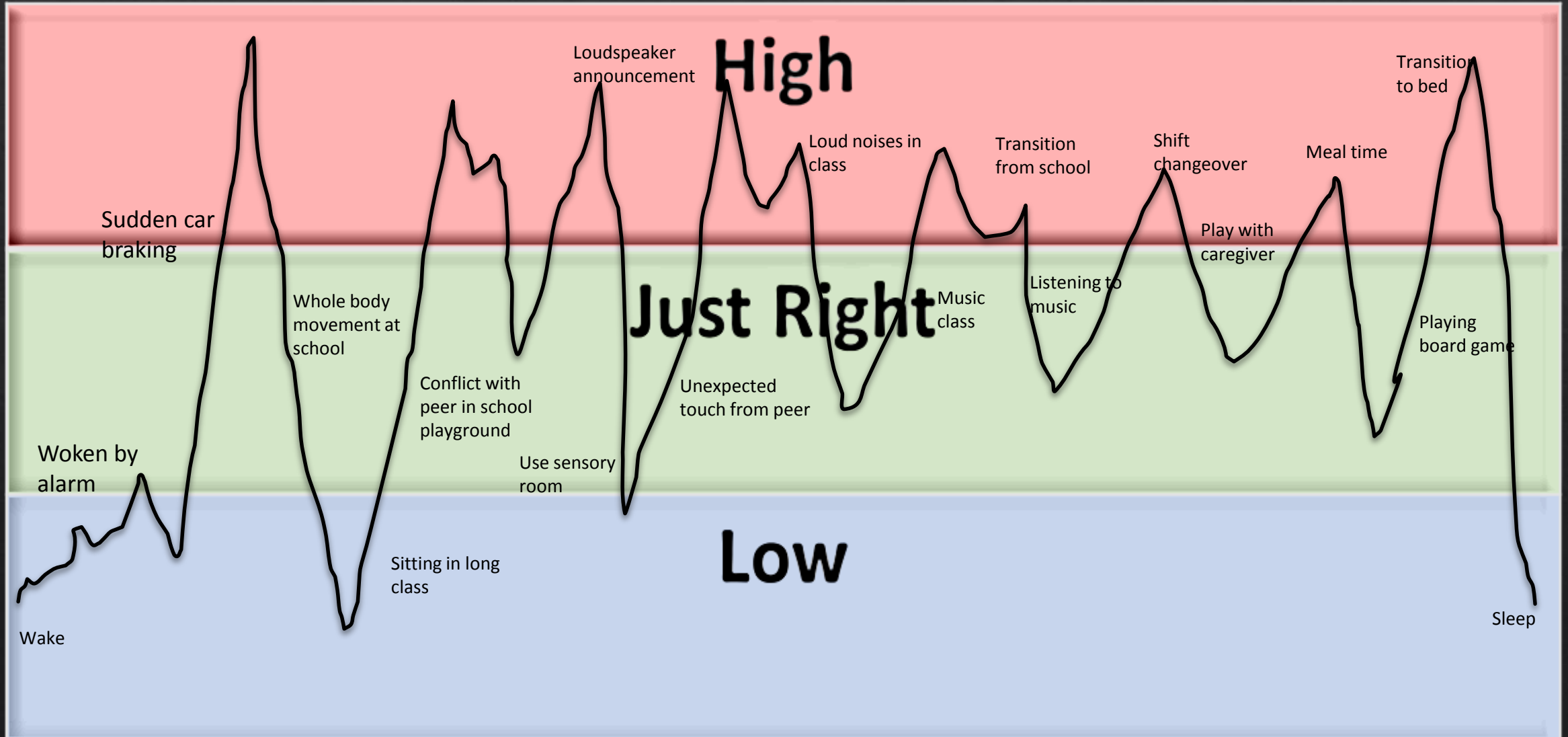
- ◆ Tina Champagne- Sensory Modulation & Trauma Informed Care
- ◆ Alert Program- Regulation, Foetal Alcohol Spectrum Disorder

Typical Day- House Manager



(Williams & Shellenberger, 1995)

Typical Day for CYP



(Williams & Shellenberger, 1995)

Arousal Levels

- ◆ How do we know if a child/ young person or even ourselves are **TOO HIGH?**
- ◆ How do we know if a child/young person or even ourselves are **TOO LOW?**
- ◆ How do we know if a child/young person or even ourselves are **JUST RIGHT?**



REGULATION: How to modulate arousal level

1. Identified yours and the child's arousal level

A regulated adult can regulate a dysregulated child

A dysregulated adult can dysregulate a regulated child

- ◊ Activities to bring a child down (from high → just right)
- ◊ Activities to bring a child up (from low → just right)

2. Proprioceptive activities help with either (high or low → just right). E.g. moving heavy furniture, chewing crunchy/ chewy foods, swimming, running, vacuuming, stirring thick batter, doing push ups,

REGULATION: How to modulate arousal level

- ◇ Proprioceptive activities
- ◇ Deep pressure is great for calming
- ◇ You are most likely to use strategies that work for you to change your arousal level
- ◇ Explore what activities the child or young person likes to do in their daily life, most activities have sensations embedded and try to notice if they use this to feel more energized and focused or to calm and relax



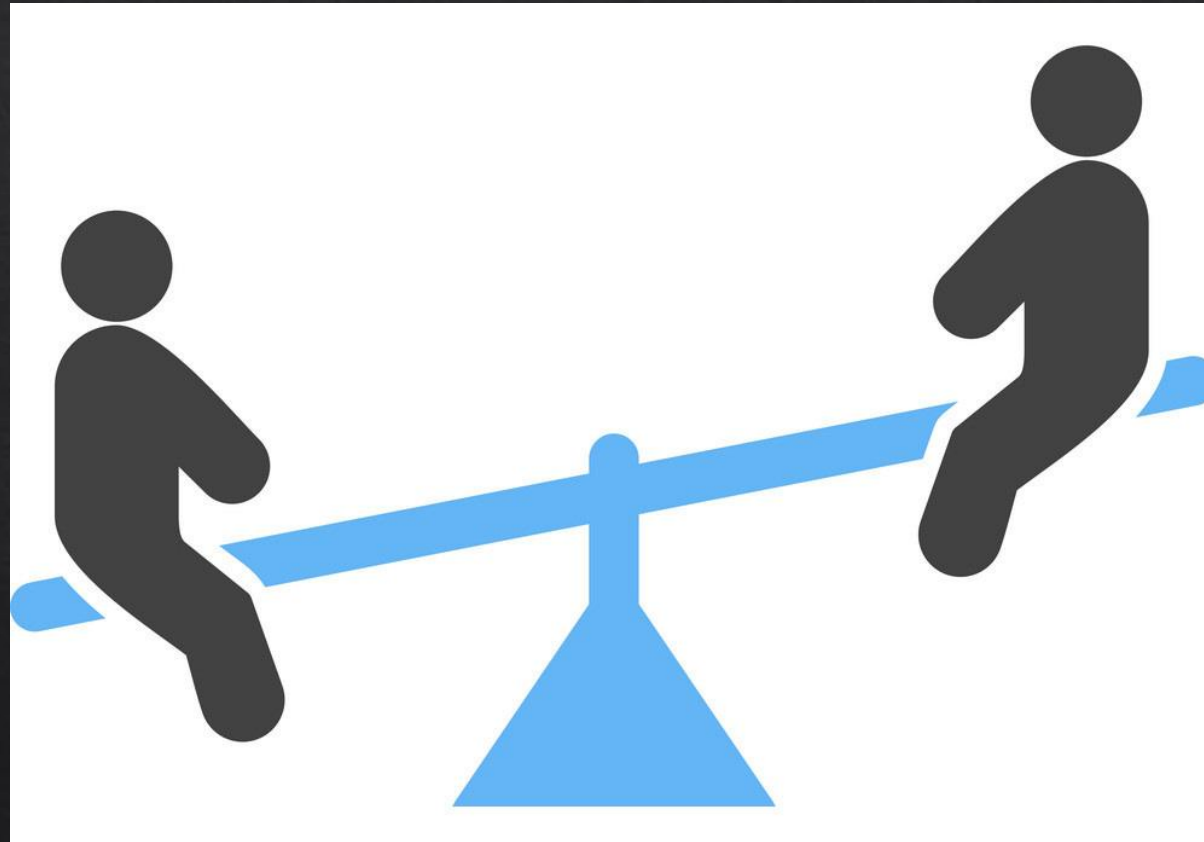


Regulate

Relate

Communicate

RELATE – how balanced is the interaction?



Child	Adult
<div></div>	<div><div>_____?</div><div>_____!</div><div>_____?</div><div>_____</div><div>_____</div><div>_____</div><div>_____</div><div>_____</div><div>_____?</div><div>_____?</div><div>_____</div><div>_____</div><div>_____?</div><div>_____?</div></div>

Play

- ◇ Play is the **occupation** for childhood
- ◇ Play supports the development and integration of: cognitive skills, communication skills, sensory skills, gross motor skills, fine motor skills, social/emotional maturity

Development of play

- ◇ Object permanence – peekaboo
- ◇ Cause and effect – stacking blocks and knocking over tower
- ◇ Sequenced play – train sets
- ◇ Symbolic play – pretending tissue box is a phone
- ◇ Imaginative play – creating stories e.g. tea set play
- ◇ Role play – playing teachers and students, doctors and patient





Regulate

Relate

Communicate

Think of a moment today when you interacted with someone...

What was the situation? **What** did you say?

“Good morning!”

“Coffee! Now! Please!”

“Have you seen my glasses?”

*“Don’t forget about the dinner with my
parents tonight”*

Why did you say it?

Greeting

Demand

Question

Reminder

How did you say it?

Gestures (a hug, pointing, a shrug)

Clear speech

Stuttered speech

Voice quality

Monotone

Who did you say it to?

Partner

Stranger

Friend

Colleague

Dog

Visuals – Curfew example

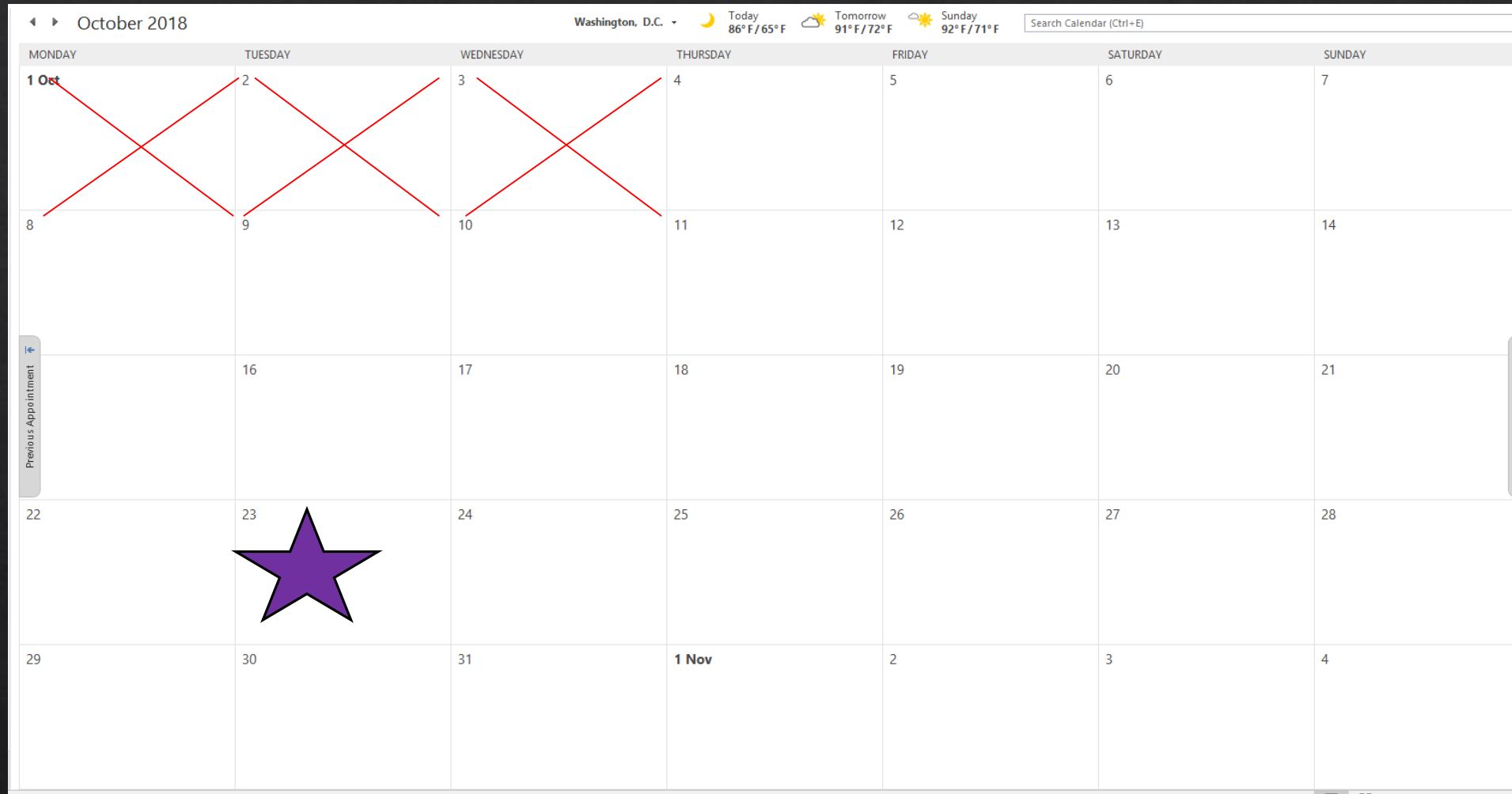
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Home							
Go out	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm	8am - 6pm
Home							

Visuals – Time

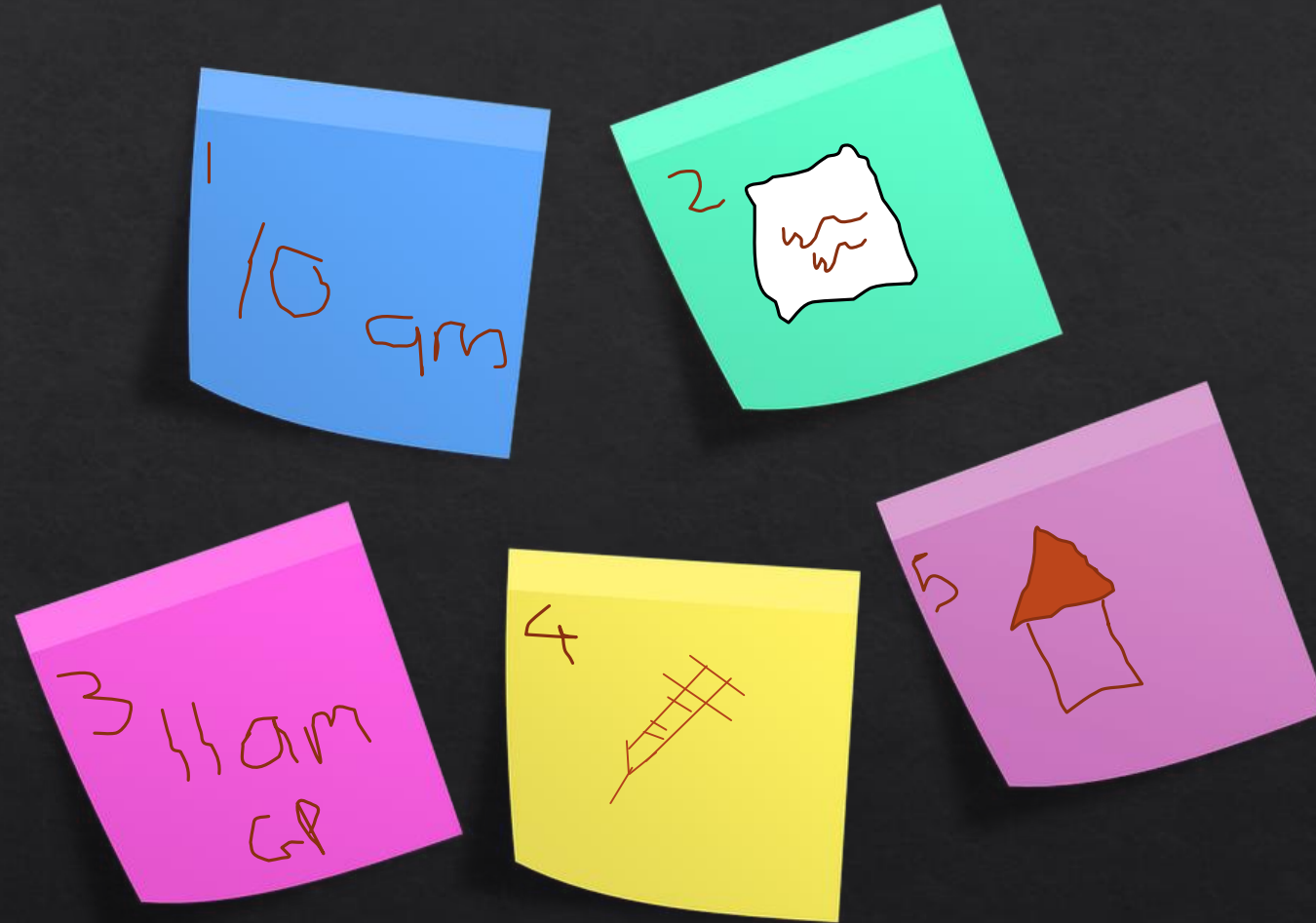
8	Breakfast
9	school
10	
11	
12 ^{PM}	Lunch
1	Swimming class
2	Go to the park
3	Free time
4	Homework time
5	Shower time
6	dinner

- How do we make it concrete?
 - Use of timers
 - Use of calendars (Days? Months? Weeks?)
 - Event markers (e.g. ★)
 - How to show the length of an event
 - Colours

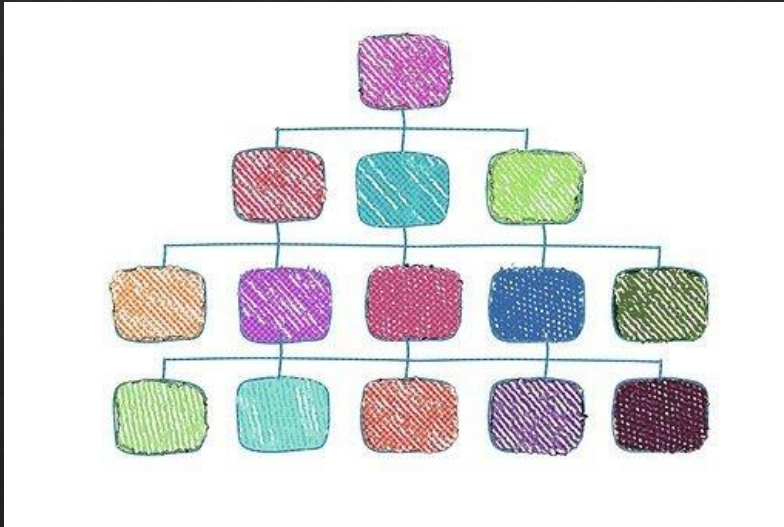
Visuals - Countdown



Visuals – Post it notes



Flowcharts, diagrams, key words



Summary of strategies

Step 1: What's my goal?

Step 2: What does the child need to succeed?

- ◇ Do I know the child's developmental age?
- ◇ Do I know their sensory profile and their preferences?
- ◇ Do I know their communication ability?

Step 3: What can I do to help the child succeed?

- ◇ How do I support their regulation?
- ◇ How do I relate to support the interaction?
- ◇ How do I communicate to achieve the goal?



A Final Reflection

*People not programs, change people: you
are born with the ability to change
someone's life- don't waste it*

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