Port Macquarie
Local Disability Symposium

FREW CONSULTANTS GROUP

SPECIALISTS IN MANAGING SEVERE BEHAVIOURS

Equity

We invest in resources that support all children with all disabilities to:

- Achieve their authentic sense of value
- Exercise their right to take a place of equity in their communities
- Access all opportunities that are available to others

Disability

To be deemed a disability, the impairment or condition must impact daily activities, communication and/or mobility. It can be a result of:

- DNA malfunction
- Physical trauma
- Early childhood neglect or abuse

NSW Department of Education

Disability Strategy
A living document

Improving outcomes for children
and young people, and their families

education.nsw.gov.au

NSW GOVERNMENT

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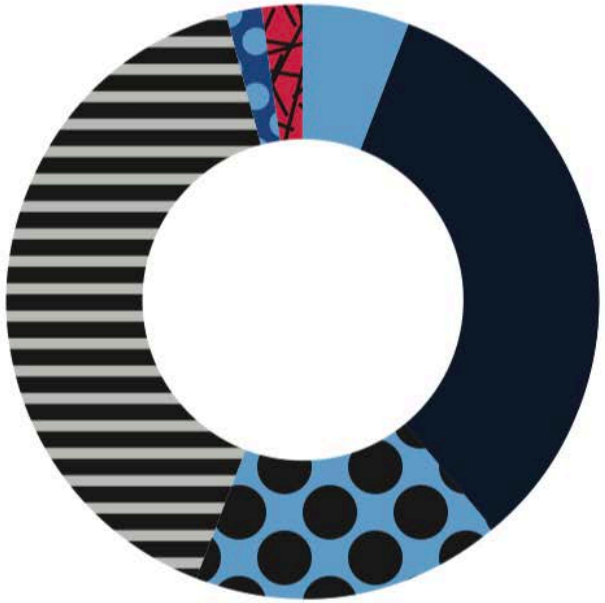
Students supported by funded programs distributed by disability type 2017[16]



- Behaviour **2%**
- Sensory **2%**
- Physical **6%**
- Autism **33%**
- Mental health **17%**
- Intellectual **40%**

References

16 Source: NSW Department of Education. Notes: Percentage of students enrolled with the respective primary disability over total numbers of students supported by funded programs in 2017.

The issue is that behaviour only accounts for 2% of the funding. The reality is that the disabilities associated with autism and mental health are predominantly expressed as dysfunctional behaviours in the classroom.

For the teacher dealing with these behaviours becomes a major issue that must be managed with before 'normal' teaching can take place.

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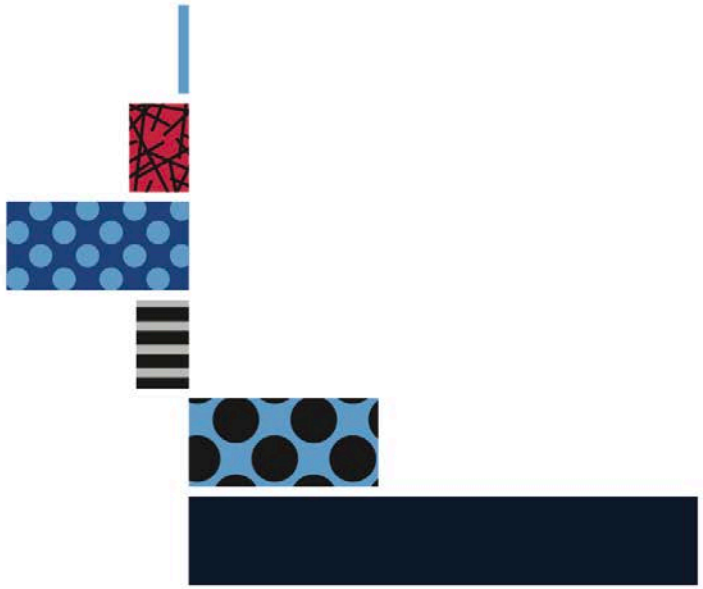
Average annual growth by disability type based on 2013-2017 funded programs[17]



- Physical **-0.3%**
- Sensory **-1.7%**
- Behaviour **-5.2%**
- Intellectual **-1.5%**
- Mental health **5.4%**
- Autism **14.5%**

References

17 Source: NSW Department of Education. Notes: Average annual growth rate of students enrolled with the respective primary disability between 2013-2017. Behaviour needs are captured in the program data, however, students do not require a disability diagnosis or confirmation to access specialist education services.

The funding 'growth' is also interesting. All <u>but</u> mental health and autism have dropped – behaviour has the highest relative decrease in funding.

I could find no definition in this document that defined 'behaviour' yet the manifestation of mental illness and autism is by dysfunctional behaviour.

How are these increases being used? I would suggest it will be used to deal with their presenting behaviours.

Mental Health

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Disorders that were most common and had the greatest impact on children and adolescents were assessed. These were:
Anxiety disorders

1. Social phobia
    - Separation anxiety disorder
    - Generalised anxiety disorder
    - Obsessive-compulsive disorder
    - Major depressive disorder
2. Attention-Deficit/Hyperactivity Disorder
    - (ADHD)
3. Conduct disorder.

The Mental Health of Children and Adolescents
Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing

Dysfunctional Behaviour

Good old - Wikipedia

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‘Abnormality (or dysfunctional behaviour) is a behavioural characteristic assigned to those with conditions regarded as rare or dysfunctional.

Behaviour is considered abnormal when it is atypical or out of the ordinary, consists of undesirable behaviour and results in impairment in the individual's functioning’.

Definition in respect to the impact of behaviour on others is ‘neglected’

Working Definition

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Dysfunctional behaviour is:

- Not the expected action that will achieve an outcome desired by an individual
- In conflict with the ‘norms’ of the environment in which it is expressed
- Likely to have an undesirable impact on other individual’s security
- Conduct that, if continued will deliver long-term harmful outcomes for the individual
- *Dysfunctional Behaviour is driven by malfunctioning decision-making linked to cognitive ‘damage’*
- *This normally occurs when children are exposed to damaging environments during their developmental years. In particular when they a raised with abusive/neglectful early childhood experiences*

The Influence of the Environment

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- Synapses are developed in response to unique environmental conditions
- The process of creating, strengthening and discarding synapses is how our brains adapt us to our unique environment

The brain will adapt to a negative environment just as easily as it will adapt to a positive environment

- Just as it is the environment that creates the damaged brain it is the environment that allows a degree of repair through epigenetics and neurogenesis

The brain will continue adaptation in response to environmental change

However, change to those areas created in early childhood are very difficult to change but over time new behaviours can dictate behaviour except in the most stressful situations

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ABUSE

- Abuse is any action that invalidates a person's worth.
- It is an assault on a person's physical or psychological boundaries.
- Abuse can be:
  - Physical - any invasion of a person's physical space
  - Emotional - occurs when a child's psychological boundaries are violated
  - Sexual - any unwanted touching or penetration of sexual organs or exposure to inappropriate sexual experiences or information
  - Intellectual - occurs when a child is placed in a situation they are developmentally incapable of success or when a significant other compares one child's performance against another child
  - Spiritual - when the parents put themselves above the child or they put the child above themselves

Neglect

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A Passive Form of Abuse

It is the lack of stimulation that is required to allow the child to learn how to:

- Achieve their authentic sense of value
- Exercise their right to take a place of equity in their communities
- Access all opportunities that are available to others

- There are periods in their developmental journey, ‘windows of opportunity’ when the neurological environment is primed to develop pathways that control behaviour
- If there is no appropriate stimulation to create the pathways then these neurons will be pruned and the opportunity to meet the developmental objective is lost.
- This includes all functions from sight, attachment and language

Notification of Abuse

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Table 2: Number of substantiations, states and territories, 2011-12 to 2015-16

Year	NSW	Vic.	Qld	WA [a]	SA	Tas.[b]	ACT	NT	Total
2011-12	23,175	9,075	6,598	2,759	2,139	1,025	861	1,705	48,420
2012-13	26,860	10,489	8,069	2,915	2,221	1,035	720	1,357	53,666
2013-14	26,215	11,952	7,406	3,267	2,737	778	449	1,634	54,438
2014-15	26,424	14,115	6,435	3,623	2,335	904	595	1,992	56,423
2015-16	30,226	14,888	6,104	4,582	1,857	868	627	1,797	60,989

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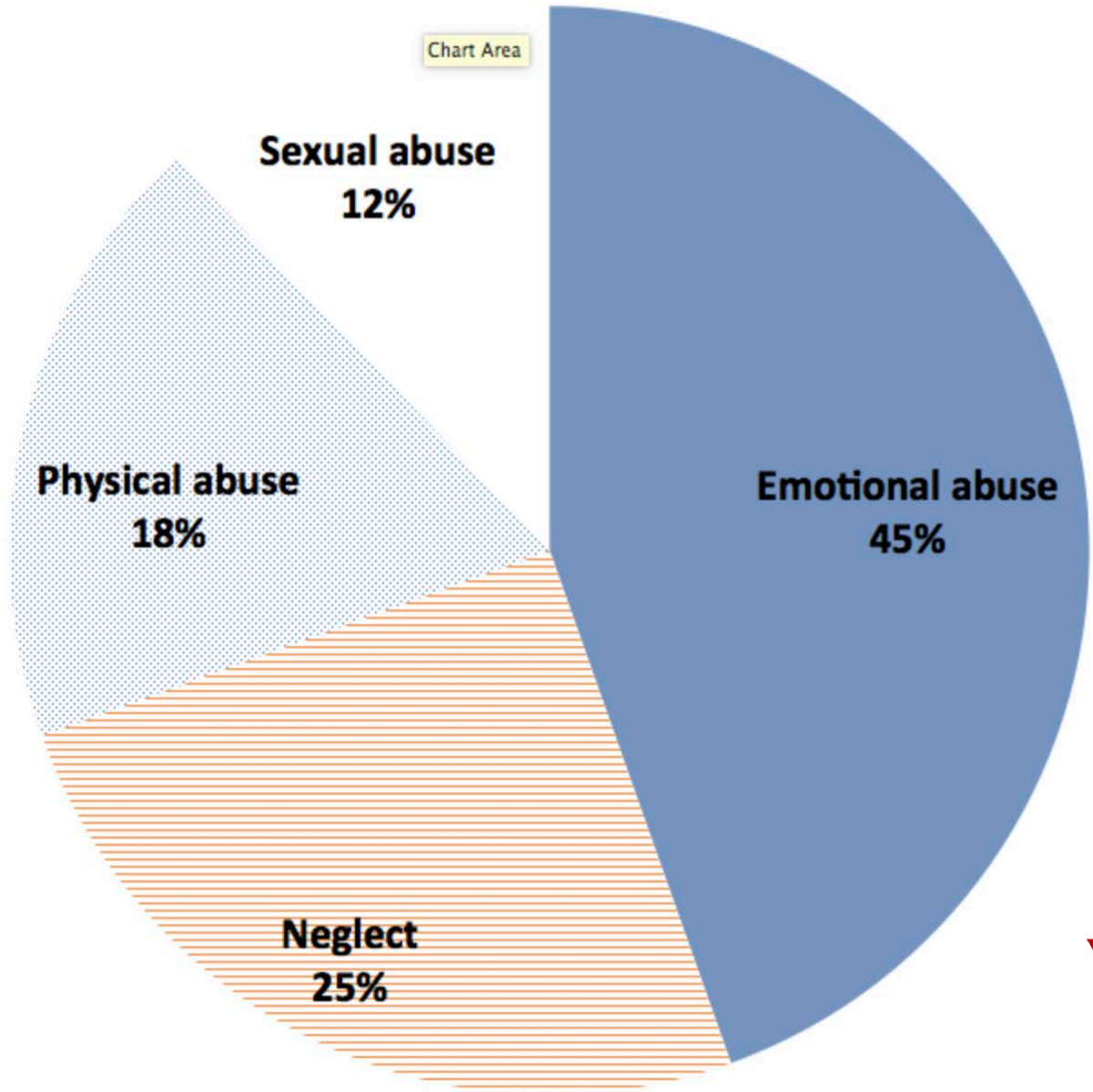
Types of Abuse

Table 3: Primary substantiated harm types in Australian states and territories, 2015-16

Harm type	NSW	Vic.	Qld	WA [a]	SA	Tas.	ACT	NT [b]	Australia
Emotional abuse	5,961	9.133	2,123	1,558	414	376	225	549	20,339
Neglect	5,677	583	2,217	1,168	691	255	136	676	11,403
Physical abuse	2,776	2,975	1.014	750	383	104	64	295	8,361
Sexual abuse	2,868	1,463	267	696	152	35	24	54	5,559
Not stated	0	0	0	26	1	25	0	0	52
Total	17,282	14,154	5,621	4,198	1,641	795	449	1,574	45,714

Figure 2: Percentage breakdown of primary substantiated harm types in Australia in 2015-16



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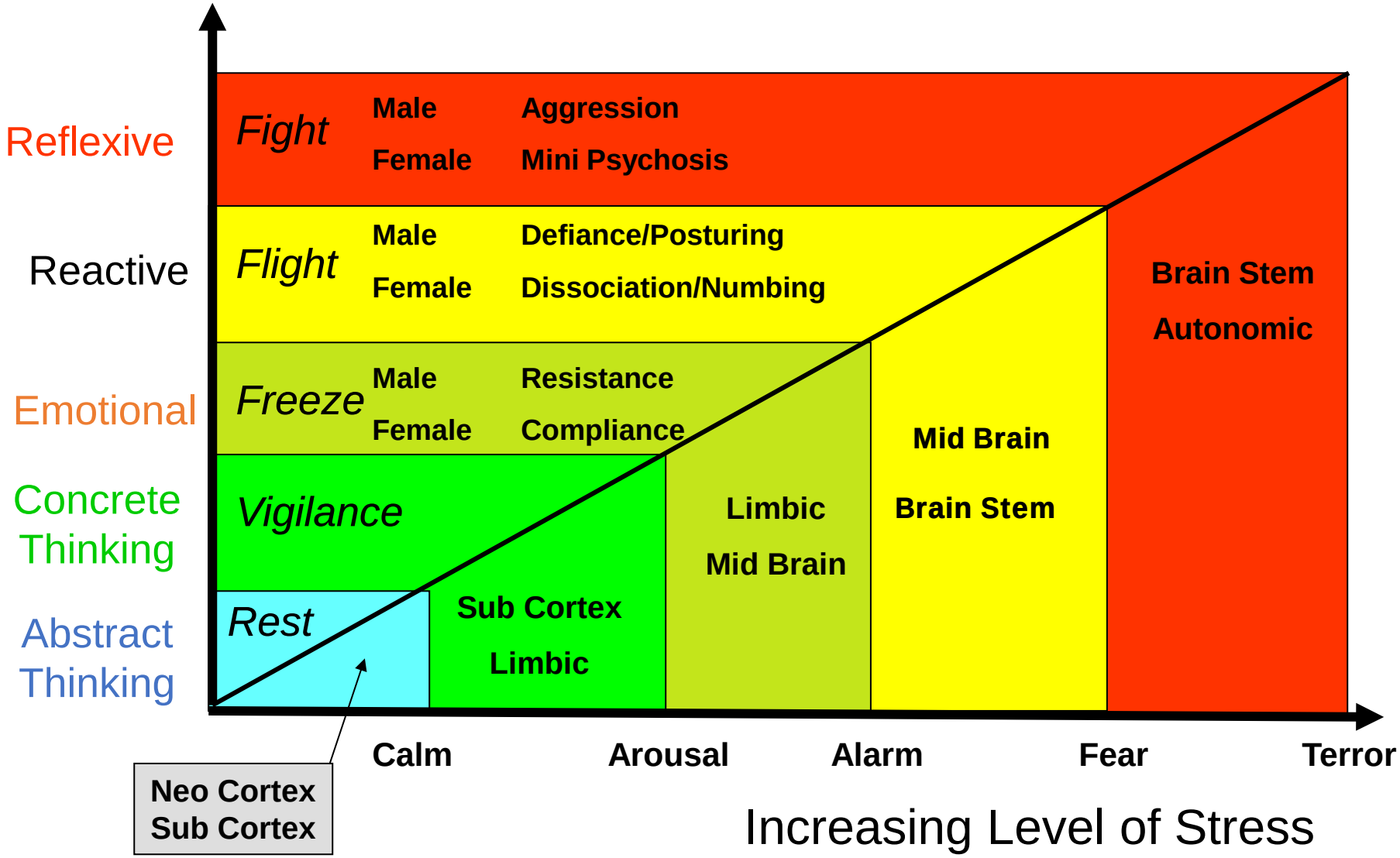
Frequency of Abuse

- Although numbers differ it seems to be between 15% to 43% of children will experience a traumatic event and up to 15% will develop PTSD
- In the school with 1,000 students mentioned above you would have 150 students with PTSD. IN a class of 30 you would have 4 -5 such students
- PTSD is not equally distributed across the landscape; in resource poor suburbs it is reported that up to 23% suffer PTSD

Studies consistently show that most violent crimes are committed by physically or sexually abused children - In the United States such abuse accounts for over 80% of the following groups:

- Convicted killers
- Adolescents in special settings because of their behaviour
- Men and women in hospital with a variety of mental illnesses

The Impact of Stress



Stress

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Moderate Stress
Motivates us to learn how to meet our needs in the current environment

Chronic Stress

- Prepares body for flight /fight response
- Brain awash with chemicals associated with a general adaptive response
- Cortisol is released to assist a return to homeostatic equilibrium but if the threat remains the extended the erosive property of cortisol has an erosive effect on the brain
- Continued stress results in a:
  - Reduction in the size of the hippocampus, frontal lobes and cerebellum
  - Increase in the size of the amygdala

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Neural Pathways

Chronic Stress

- Strengthens neuronal pathways that activate anxiety and/or fear
- Over-develops the regions of the brain that control the response to threat; children become become hyper-vigilant
- Prunes away materials that could have been used to build additional pathways and regions of the brain
- Result in an inability to respond to nurturing and kindness, neural structure for this has not been developed

Prolonged Stress

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The result of prolonged stress is most tragic if the threat is present under the following conditions:

- Caused by human actions directed at the child
- Continually repeated, the abuse never seems to cease
- Unpredictable, there is no warning the attack is coming
- Multifaceted, not the same technique of delivering the threat
- Sadistic, there is a sense of real cruelty

The final and perhaps the most significant cause of a child's toxic stress is that their primary caretaker perpetrates it.

Impact of Trauma or Severe Neglect on Infant Brain Development

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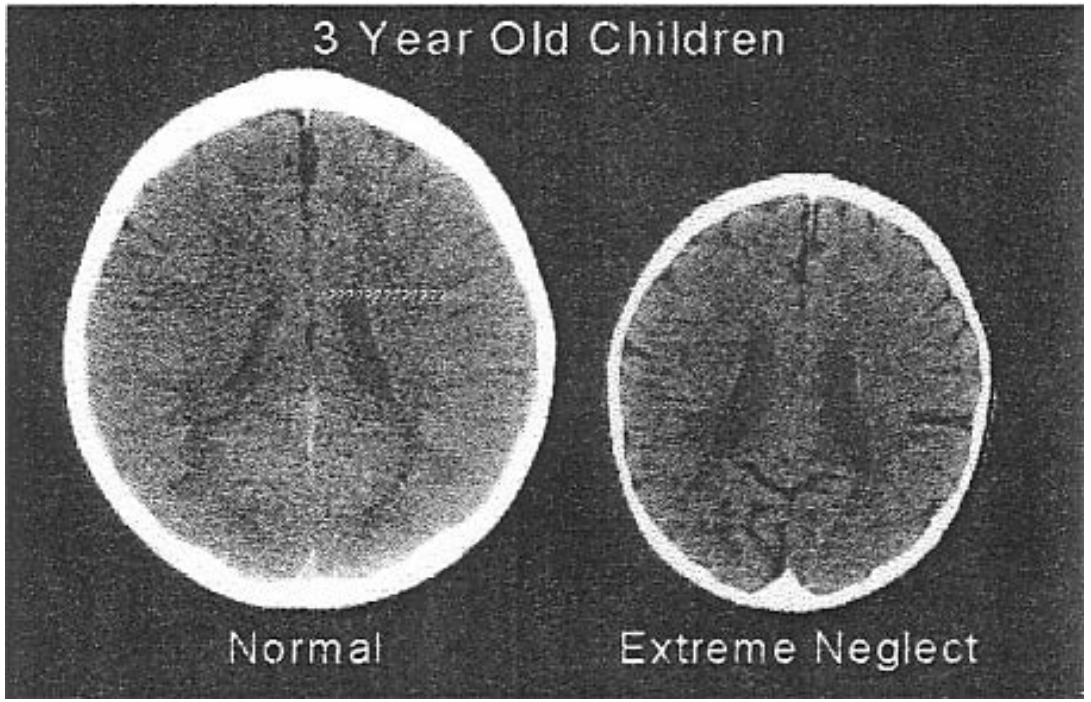
Permanent Intellectual Disability

- Amygdala is increased in size
- Hippocampus reported to have a 12% reduction in size
- Prefrontal lobes are 20% smaller and have lesions on the surface.
- Cerebellum is reduced in size



MRI of extremely sensory-deprivation and neglected child

Trauma

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- A psycho/emotional response to an event or experience that is deeply disturbing or distressing
- Generates overwhelming stress that exceeds an individual's capacity to cope with the situation
- Reduces the ability to process cognitive thoughts and emotions and creates a sense of hopelessness

Caused when individuals steady state of existence is shattered and the come face to face with:

- Human vulnerability in the natural world
- Human vulnerability through coming face to face with the human capacity for evil

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Post-Traumatic Stress Disorder

PTSD is a recognized disease classified as an anxiety disorder in the DSM-IV but has been re-labelled as a trauma and stressor related disorder in the updated issue. However, it remains the disorder related to stress and the diagnosis is made if a person experiences the following symptoms for a month after the traumatic event:

- Intrusive and distressing thoughts about the event, flashbacks and/or nightmares
- Active avoidance of people or places that are reminders of the trauma, withdrawal, dissociation and emotional numbness
- Hyper-vigilance, insomnia, agitation and anger outbursts

Children who suffer from PTSD also have exaggerated negative beliefs about themselves and they are reluctant to participate in positive activities. The have a loss of memory and the accompanying decline in cognitive efficiency.

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Childhood PTSD

Childhood PTSD is linked to almost every behavioural illness in the diagnostic manual used in psychiatry. These include disorders in the following key areas that impact on behaviours that teachers must manage:

- Attention Deficit Disorder
- Conduct Disorder
- Oppositional Defiance
- Dissociation
- Anxiety
- Depression

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Gender Difference

- Girls are more likely to be abused then boys
- Girls are more likely to internalize their feelings
- Boys that attract the most attention because they act out their pain
- Studies show that about 15% to 43% of girls and 14% to 43% of boys go through at least one trauma
- Of those children and teens who have had a trauma, 3% to 15% of girls and 1% to 6% of boys develop PTSD

Boys are over represented in the reporting of dysfunctional behaviour
and the provision of resources to support them

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Specific Disability

I am discussing a significant group of students who:

- Have significant brain damage
- Are vulnerable to elevated levels of threat
- Have entrenched behaviours that repulse and threaten others
- Have behaviours that push well-meaning people away
- Have behaviour that damages the physical and psychological wellbeing of other members of their community

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Shame

The underlying dynamic of shame is fear of rejection and/or being subjected to abuse

Not all experiences of the feeling of shame is unfair we should feel shame under the following conditions:

- When we act in a way that is not true to our character
- We make mistakes in interpersonal interactions because we are flawed and imperfect

This is healthy shame and protects us from abusing our community and promotes our empathy for others, helps us be more tolerant of their mistakes.

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Toxic Shame

Toxic Shame is a feeling of despair that is not based on any current reality. It is:

- A false message that creates a false sense of the person's value
- Put on us by our abusers
- A chronic, permanent state of personal loss
- Exaggerates our faults

Toxic shame is not a feeling of shame about what we have done,

it is a feeling of shame about what we believe we are

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Behaviour Consequences

Children with toxic shame:

- Discount their positive abilities; when they do something wrong it's because they are wrong
- They don't listen to compliments, they only hear criticisms and when they do something wrong it's because they are wrong
- They magnify their flaws
- They know that you know they are bad and so look for confirmation about their beliefs and maybe it's all they have heard. They read their shame into other's minds
- Judge themselves against perfection. If they make a mistake it's because they are a mistake

A child's sense of themselves is the best predictor of their achievements

Distribution of Conduct Disorder

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Table 6-2: 12-month prevalence of conduct disorder among 4-17 year-olds by family type

Family type	Prevalence (%)
Families with two parents or carers	1.4
Original family	1.0
Step family	4.4
Blended family	3.4
Other family	np
Families with one parent or carer	4.8

Table 6-3: 12-month prevalence of conduct disorder among 4-17 year-olds by household income

Household income before tax	Prevalence (%)
$130,000 or more per year	0.8
$52,000-$129,999 per year	1.7
Less than $52,000 per year	4.3

The Mental Health of Children and Adolescents
Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing

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Segregation

- The moral/ethical case for integration is undeniable, however for this to be equitable there needs to be sufficient resourcing
- There is no doubt the presence of students with severe behaviours affect the learning outcomes of others
- The current use of special settings for violent or severely disruptive kids is under resourced
- The current political stance of giving choice to parents drives the exodus to ‘private’ schools creating a system of residual comprehensive schools

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Equity for All Students

- Research that considered the distress caused by the presence of threatening classmates would in all probability increase this intellectual loss for the children in class with a dangerous student

- Research conducted on the negative impact distractions can have on intellectual performance ranges from a 13 – 14 IQ points reduction based on the Raven's Scale

- The impact of such a performance deficit would take a student with a superior IQ to perform at an average level and those with an average level to achieve at a borderline deficit level. This is a reflection of the classroom environment not the student's innate ability.

The Neglected Disability

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In our schools all disabilities are underfunded but this particular disability is extremely neglected for the following reasons:

- These children do not attract the empathetic support enjoyed by other disabilities. There are no real observable problems, they look healthy and they can behave 'if they want to' and so it is easy to think it is their fault.

- These children quite often pose a threat to the security and peaceful workings of the classroom. Other students are really disadvantaged to have these kids in class without support

- Teacher training is totally inadequate in preparing teachers for dealing with these children.

- There is a lack of provision of specialist settings for these students and there is no professional development for the staff that work in these settings.

Implications for Future Directions

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Appropriate teaching responses to managing behaviour in the classroom involves:

- Understanding the importance of a predictable, stable learning environment
- Understanding the effects of early childhood trauma on behaviour and emotions
- Understanding dysfunctional behaviour and emotions learned in early childhood will emerge in stressful situations
- Understanding students need to operate in a state of calm to learn
- Being able to identify and respond to dysfunctional behaviours and emotions

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What to Do

The teacher is not a therapist and unable to deal with these children in a one on one situation

What the teacher can do is:

- Create a classroom that is safe and secure by creating a very predictable supportive set of classroom procedures
- Create a family atmosphere in the class where kids look out for each other
- Teach the students about how the brain works
- Avoid intense competition
- Introduce more activities that stimulate the non-cognitive parts of the brain

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Conclusion

The example used magnifies the importance of resourcing schools to effectively deal with all disabilities

All children deserve the right to:

- Achieve their sense of value
- Exercise their right to take a place of equity in their communities
- Access all opportunities that are available to others

Notes on this talk are available at: https://www.frewconsultantsgroup.com.au