RESILIENCE IN THE FACE OF ADVERSITY – A STORY OF HOPE"

2ND OOHC FORUM CONFERENCE
LUMEAH SYDNEY

"Surely, it's just trauma and disrupted attachment !"

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Dr Stephanie Helfer

Clinical Psychologist – driving force for young people in OOHC everywhere

The Whole Elver Team

INTELLECTUAL DISABILITY IS BASED ON LEARNING

The inability to learn

TRAUMA IS BASED ON MEMORY

The inability to forget

MENTAL ILLNESS IS BASED ON THE **REGULATION** OF FEELINGS AND BEHAVIOUR

The inability to regulate feelings, thoughts and behaviour

THREE INABILITIES

- The inability to forget
- The inability to learn
- The inability to regulate feelings, thoughts and behaviour

THE TRIPLE HELIX OF **TRAUMA, DISABILITY AND MENTAL ILLNESS** IN OUT OF HOME CARE YOUTH

The Triple Helix of Out of Home Care Disability

OOHC Children have very high rates of neurodisability

OOHC Children all have substantial histories of complex abuse and neglect

Adolescence is the time of life when most serious mental illnesses emerge

The task is to keep all three in perspective simultaneously – the system around the child

THIS POPULATION – A CONVERGENCE OF ADVERSITY

1. High **COPMI genetic load** for mental illness
2. High exposure to ***in utero*** substances – FASD and marijuana
3. High level of maltreatment, including **early head injury**
4. High level of neurocognitive, communication and social disability
5. **High level of attachment and placement instability**
6. High level of substance abuse, including chroming
7. High incidence of adverse life events
8. High rate of adolescent pregnancy and early parenthood
9. High incidence of self harm, attempted suicide and completed suicide
10. High rate of early disengagement from school
11. High incidence of presentation to Emergency Departments
12. High levels of interaction with the Justice System and incarceration

THIS IS AN AT-RISK POPULATION OF CHILDREN – A CONVERGENCE OF ADVERSITY

High COPMI genetic load for mental illness	High exposure to *in utero* substances – FASD and marijuana	High level of maltreatment, including early head injury
High level of neurocognitive, communication and social disability	High level of attachment and placement instability with many parents incarcerated	High level of substance abuse, including chroming
High incidence of adverse life events	High incidence of self harm, attempted suicide and completed suicide	High levels of early disengagement from school
High level of adolescent pregnancy & parenthood	High incidence of presentation to Emergency Departments	High levels of repeat interaction with the Justice System and incarceration

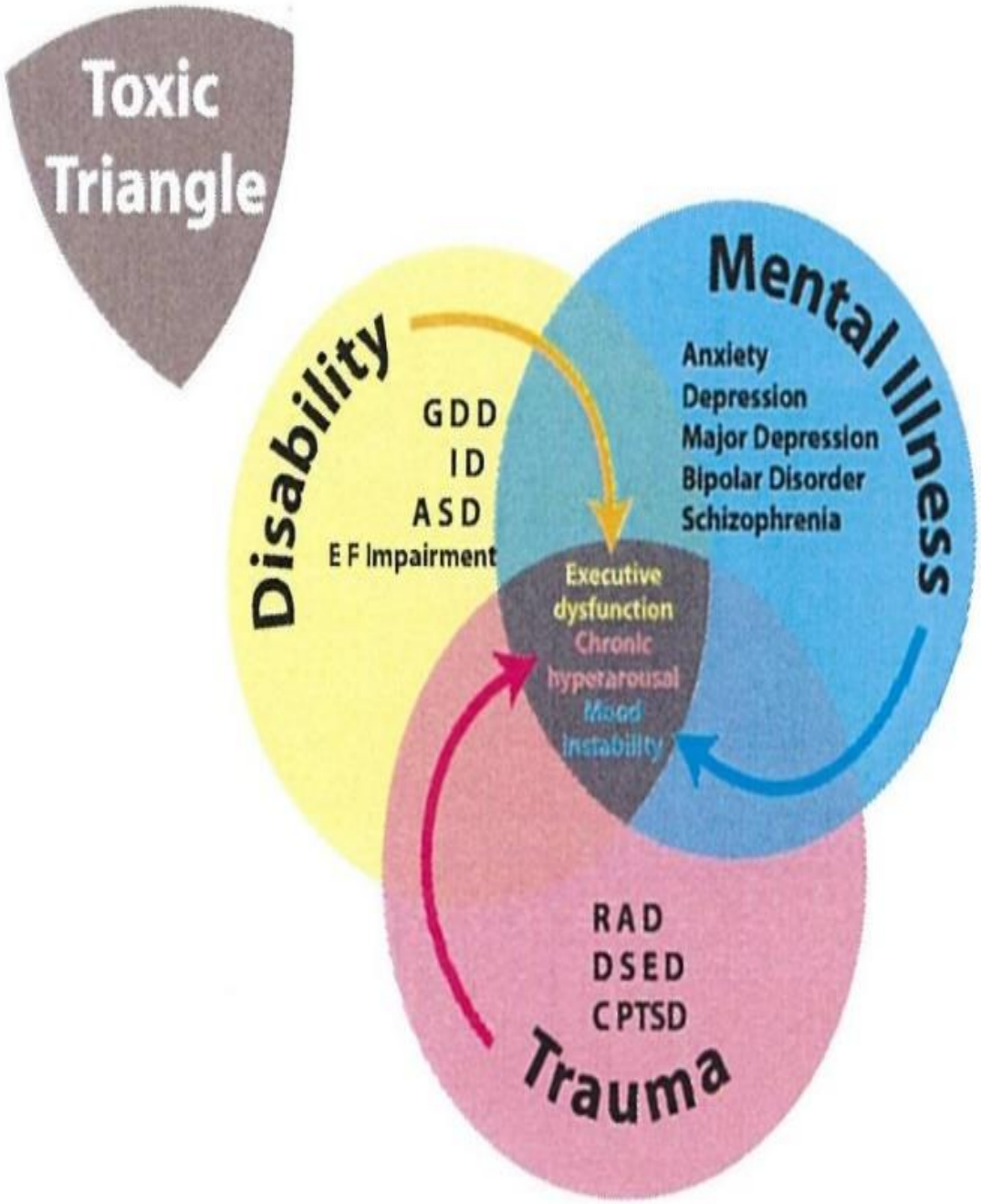
THE TOXIC TRIANGLE OF OOHC DISRUPTIVE DYSFUNCTION

Developmental Disabilities – development is the foundation but not all development is normal.

Emotional Trauma – the personal environment provides the protective and providing environment. But emotional and physical harm and the failure of provision of needs undermines normal development.

Emerging Mental Illness – adolescence provides the move to stability, resilience and independence. But this is the stage of life when most mental illness shows.

THE TOXIC TRIANGLE AND THE TREATMENT TARGETS



THE THREE TRAUMA SYNDROMES

Reactive Attachment Disorder (RAD)

SAFETY SEEKING and HARM AVOIDING – **the inhibited picture**

Disinhibited Social Engagement Disorder (DSED) – NURTURE SEEKING and SELF SOOTHING– **the disinhibited picture**

Complex Post Traumatic Stress Disorder (cPTSD) – STABILITY SEEKING – **the dysregulated picture** between nurture seeking and safety seeking and the desire to belong

THE LEVELS OF CARE

AND

THE FAILURE TO CARE

THE OPPORTUNITIES TO INTERVENE

The Family

The Extended Family

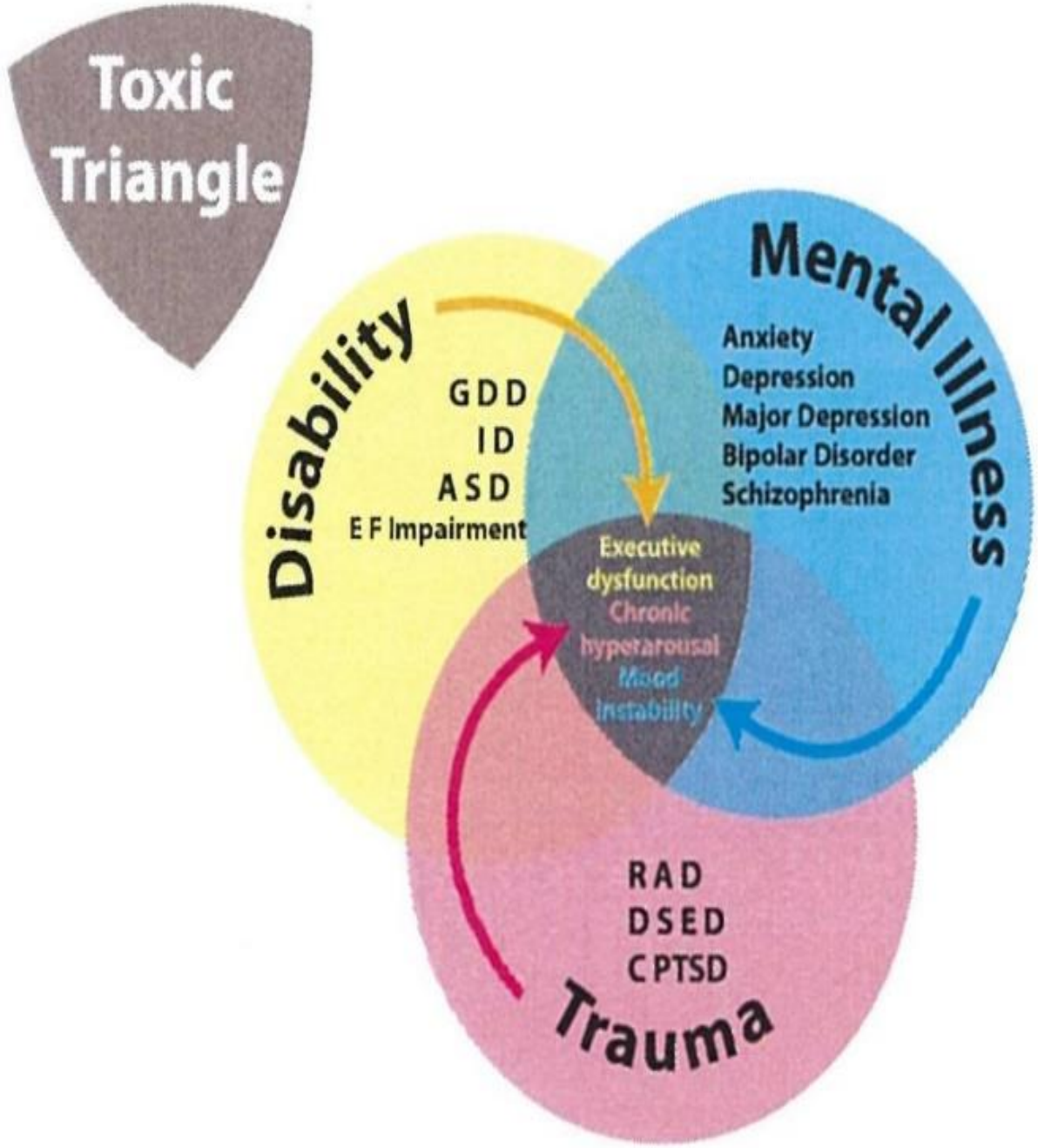
The Alternative Care – NGO, NFP and Government facilities

The Care System

The Health, Education and Justice Systems

The Community

THE TOXIC TRIANGLE AND THE TREATMENT TARGETS



THE COMMON TREATMENT TARGETS

- Inappropriate Expectations
- Chronic Hyperarousal
- Mood volatility
- Felt Insecurity
- Systemic anxiety

COMMON MEDIATING MECHANISM

Executive Dysfunction

THREE TYPES OF EXECUTIVE DYSFUNCTION
(ALL LOOK LIKE ADHD!)

Static Dysexecutive Syndrome

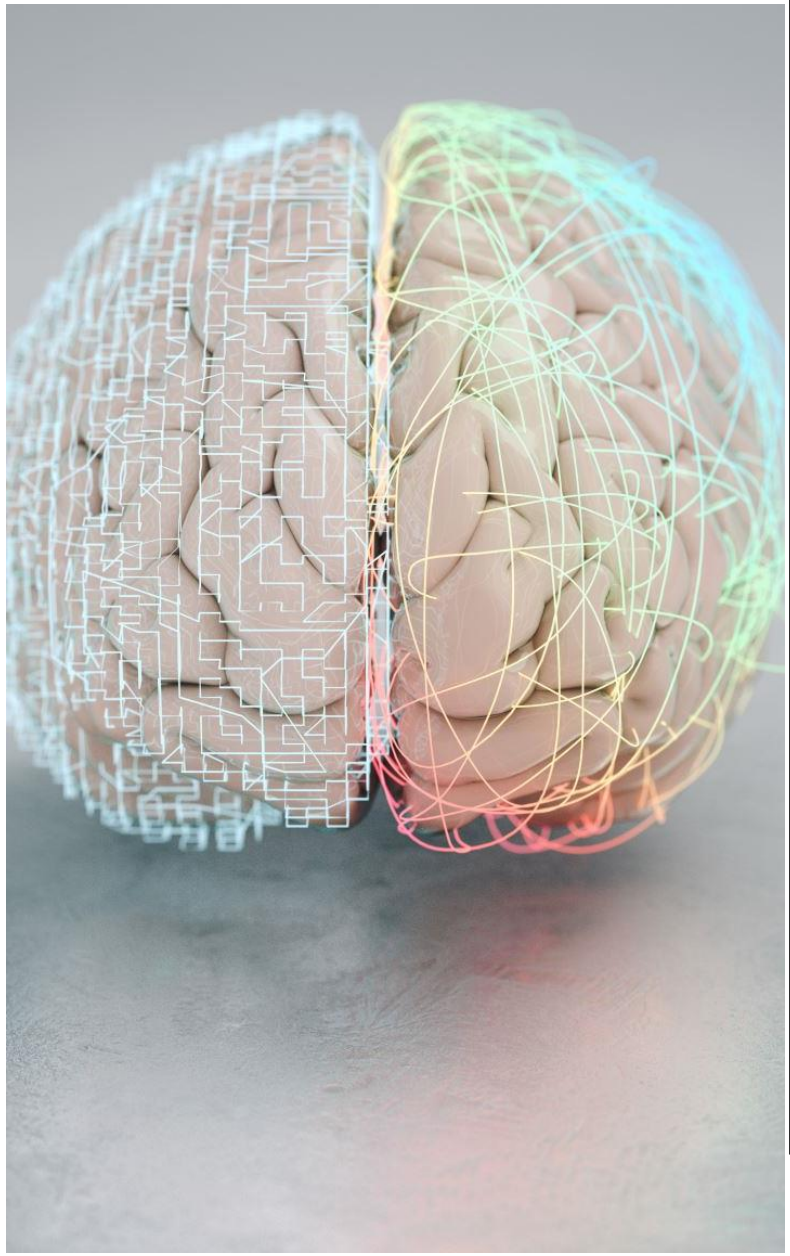
- with developmental disability, TBI, FASD may improve a little over time. **Requires environmental scaffolding.**

Environmentally-Responsive Dysexecutive Syndrome

This occurs with emotional trauma likely to improve steadily the earlier the environmental changes are implemented – **ideally before 8 years of age**

Fluctuating Dysexecutive Syndrome – with emerging mental illness which improves with treatment of the mental illness, **unless the mental illness remains chronically untreated.**

Executive Function



Executive function is what our brain does to prepare for what comes next in our lives:

- Intentions
- Anticipation
- Preparation
- Prioritization
- Sequencing
- Monitoring
- Concentration
- Problem Solving

Many of these functions are disrupted for children living in OOHC

DYSEXECUTIVE SYNDROME

- Dysexecutive syndrome is when our brain is unprepared for what comes next:

- **Intentions** are not formed but impulses rule us
- **Anticipation** is not seen and life blindsides us again and again
- **Preparation** is not made and so we are not ready
- **Prioritization** is not done; the non-essential is done first
- **Sequencing** is lost and everything takes longer
- **Monitoring** of self is lost leading to self-neglect & chaos
- **Concentration** is poor; hard stuff gets left
- **Problem Solving** is harder so problems don't get solved

CAUSES OF THE DYSEXECUTIVE SYNDROME

- FASD
- Traumatic brain injury to the frontal lobes
- Intellectual disability and autism
- Schizophrenia
- Bipolar disorder
- Encephalitis
- Meningitis
- Substance abuse – marijuana, MDMA and chronic cocaine abuse
- Aerosol and solvent sniffing (chroming)
- Don't forget the **Dysexecutive Environment**

WHAT DO WE DO ?

Neuro-disability – we give a realistic portrayal of the child's developmental capacity in each area of development – ***expectations are re-calibrated***

Trauma – we aim to address the **need for protection** first, **the need for nurture**, structure and supervision second and, after ***calming systemic anxiety***, we aim to get a long term reality-based plan and support for the future.

Mental Illness – we ***identify mental illness early*** before it can do too much damage to the executive system

WHAT DO WE DO WITH NEURODISABILITY?

Neuro-disability – we give a realistic portrayal of the child's developmental capacity in each area of development – ***expectations are re-calibrated, sometimes radically so***

All behaviour is interpreted first within the frame of development

All development is interpreted within adaptive function

THE HIERARCHY OF DEVELOPMENTAL FUNCTION

Adaptive Function

Global Development

Intellectual Function

Social Function

Communicative Function

Executive Function

WHAT DO WE DO WITH TRAUMA?

Trauma – we aim to address:

1. **the need for protection** first
2. **the need for nurture**, structure, stimulus regulation and supervision second
3. *and, after* ***calming systemic anxiety***
4. we aim to get **a long term reality-based plan** and support for the future.

WHAT DO WE DO WITH **EMERGING MENTAL ILLNESS?**

We *identify mental illness early* before it can do too much damage -

especially to executive systems

Emerging Mental Illness – adolescence is the stage of life when most mental illness shows

Adolescence is the stage of life when **most mental illness is missed**

Is it a tree or a seat?

The Hungry Tree at King's Inn in Dublin captures the problem:

When mental illness is **embedded** within trauma in the OOHC population

THE THREE REASONS MENTAL ILLNESS IS MISSED

Embedded in Development

Camouflaged in Trauma

Overshadowed by Behaviour

A THREEFOLD CORD IS NOT EASILY BROKEN

We cannot break Disability, the Trauma that has been and avoid many Mental Illnesses

But we can ply a new three-fold cord around the old

that dismantles the shame, provides the nurture and establishes the hope for the future

IT'S SO MUCH MORE

*It's **NOT JUST** trauma and disrupted attachment*

The trauma is huge

The attachment distortion and disruption is painfully large

And so are their other developmental and mental health needs