evolve

THERAPEUTIC SERVICES

working together, maximising potential

Queensland Government
Queensland Health

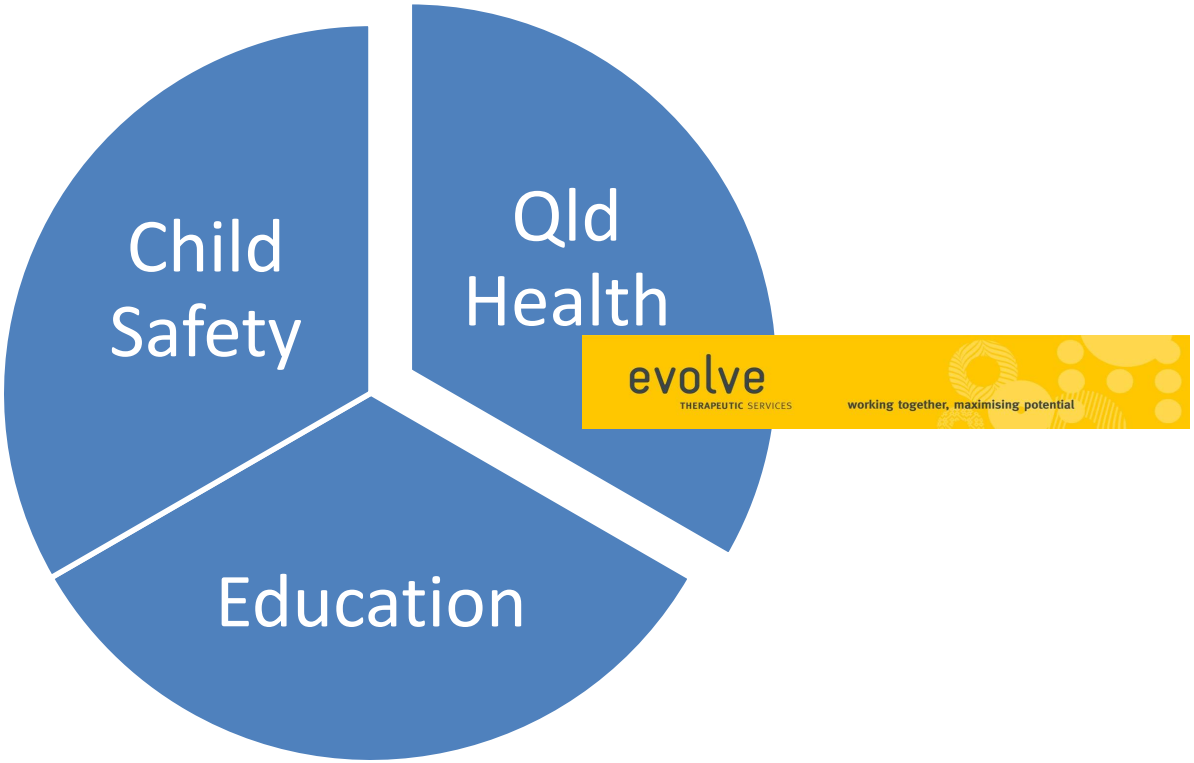
Acknowledgement to Country

"We honour the traditional custodians of the Gold Coast, the Yugambeh Speaking Peoples, the First Australians, whose lands, winds and waters we all now share; and pay tribute to their unique values, and their ancient and enduring cultures, which deepen and enrich the life of our community".

And pay our respect to the Elders past, present and emerging.

Evolve Interagency Services (EIS)

evolve INTERAGENCY SERVICES working together, maximising potential



Objective: To increase **mental health**, **behaviour support** and participation in **education** for children and young people in the care of **Child Safety Services**.

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Gold Coast Health
Building a healthier community

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THERAPEUTIC SERVICES
working together, maximising potential

Addressing the mental health needs of children in care

Presenter:
Evolve Therapeutic Services – Gold Coast
Tel: 5687 9300

October 2019

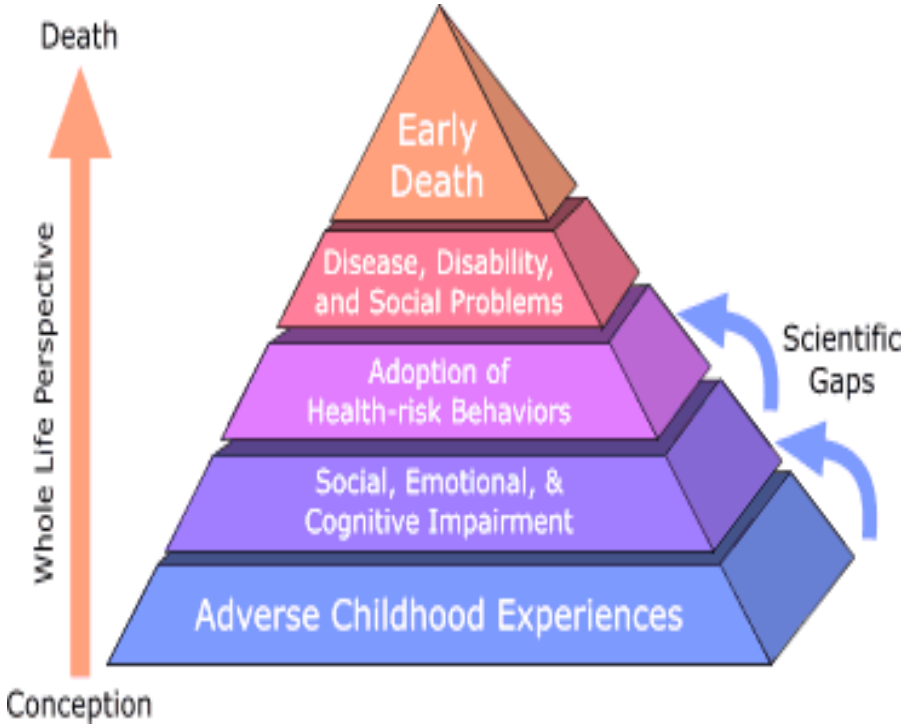
The ACE Study

The Adverse Childhood Experiences (ACE) Study (1980s-90s) was designed to assess the origins of risk factors that lead to poor health and social consequences

Growing up experiencing any of the following conditions in the household prior to age 18:

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Contact sexual abuse
4. An alcohol and/or drug abuser in the household
5. An incarcerated household member
6. Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
7. Mother is treated violently
8. One or no parents
9. Emotional neglect
10. Physical neglect

11-14. Extra conditions - peer victimization, peer isolation/rejection, community violence exposure, and low socioeconomic status (SES)



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Adverse Childhood Experiences (ACEs)

VIDEO CLIP

http://www.acesconnection.com/clip/adverse-childhood-experiences-6-min-substance-org-uk

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Mental health and physical health are inextricably linked and people with mental illnesses are more likely to develop physical illness and tend to die earlier than the general population

WHY???

- Lifestyle,
- Socioeconomic and
- System-level factors such as social stigma, Lack of health service integration, and a lack of clarity about who is responsible for physical health monitoring in people with mental illness

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Table 1: Chronic conditions of persons with and without mental illness in 2017–18		
Selected chronic condition	Persons with mental illness[a] (%)	Persons without mental illness (%)
Arthritis[b]	23.3	13
Asthma	18.2	9.5
Back problems[c]	27.7	13.5
Cancer (malignant neoplasms)	2.6	1.6
Chronic obstructive pulmonary disease[d]	5.2	1.8
Diabetes mellitus[e]	6.7	4.4
Heart, stroke and vascular disease[f]	7.1	4.2
Kidney disease	1.9	0.8
Osteoporosis	6.3	3.2

ABS 2018

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Other Implication of mental illness

Australian data suggests that up to 75% of homeless adults have a mental illness.

Analysis by the Productivity Commission found that of six major health conditions (cancer, cardiovascular, major injury, mental illness, diabetes, arthritis), **mental illness is associated with the lowest likelihood of being in the labour force**

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What can WE do about it?

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Identify Early

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Hyperarousal

A traumatised child may be hyper-aroused most or all of the time

WHAT DOES THIS LOOK LIKE?

- 'They go off for no reason at all'
- 'It's like she has two different personalities'
- 'He changes in an instant'

- Sleep problems, hyperactivity, unable to relax, poor concentration, always on alert
  - 'He can't concentrate on anything'
  - 'She is always in trouble at school for not listening and disrupting the class'
  - 'She is a terrible sleeper'
  - 'I can never get him to settle down'

Dissociation

The strongest defence mechanism the danger is inescapable the body prepairs for injury.

WHAT DOES THIS LOOK LIKE?

- ❑ "He/she is…
  - Numb/has no emotions
  - Withdrawn/Isolative/Shut off
  - Always sleeping
  - In a fantasy world
  - Always lying
  - A 'good' child"

Table 1: Scoring symptom scores on the SDQ for 4-17 year olds

	Not True	Somewhat True	Certainly True
Emotional problems scale			
Often complains of headaches… *(I get a lot of headaches…)*	0	1	2
Many worries… *(I worry a lot)*	0	1	2
Often unhappy, downhearted… *(I am often unhappy….)*	0	1	2
Nervous or clingy in new situations… *(I am nervous in new situations…)*	0	1	2
Many fears, easily scared *(I have many fears…)*	0	1	2
Conduct problems Scale			
Often has temper tantrums or hot tempers *(I get very angry)*	0	1	2
Generally obedient… *(I usually do as I am told)*	2	1	0
Often fights with other children… *(I fight a lot)*	0	1	2
Often lies or cheats *(I am often accused of lying or cheating)*	0	1	2
Steals from home, school or elsewhere *(I take things that are not mine)*	0	1	2
Hyperactivity scale			
Restless, overactive… *(I am restless…)*	0	1	2
Constantly fidgeting or squirming *(I am constantly fidgeting….)*	0	1	2
Easily distracted, concentration wanders *(I am easily distracted)*	0	1	2
Thinks things out before acting *(I think before I do things)*	2	1	0
Sees tasks through to the end… *(I finish the work I am doing)*	2	1	0
Peer problems scale			
Rather solitary, tends to play alone *(I am usually on my own)*	0	1	2
Has at least one good friend *(I have one goof friend or more)*	2	1	0
Generally liked by other children *(Other people my age generally like me)*	2	1	0
Picked on or bullied… *(Other children or young people pick on me)*	0	1	2
Gets on better with adults than with other children *(I get on better with adults than with people my age)*	0	1	2
Prosocial scale			
Considerate of other people's feelings *(I try to be nice to other people)*	0	1	2
Shares readily with other children… *(I usually share with others)*	0	1	2
Helpful if someone is hurt… *(I am helpful is someone is hurt…)*	0	1	2
Kind to younger children *(I am kind to younger children)*	0	1	2
Often volunteers to help others… *(I often volunteer to help others)*	0	1	2

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Table 3: Categorising SDQ scores for 4-17 year olds

	Original three-band categorisation			Newer four-band categorisation			
	Normal	Borderline	Abnormal	Close to average	Slightly raised (/slightly lowered)	High (/Low)	Very high (very low)
Parent completed SDQ							
Total difficulties score	0-13	14-16	17-40	0-13	14-16	17-19	20-40
Emotional problems score	0-3	4	5-10	0-3	4	5-6	7-10
Conduct problems score	0-2	3	4-10	0-2	3	4-5	6-10
Hyperactivity score	0-5	6	7-10	0-5	6-7	8	9-10
Peer problems score	0-2	3	4-10	0-2	3	4	5-10
Prosocial score	6-10	5	0-4	8-10	7	6	0-5
Impact score	0	1	2-10	0	1	2	3-10
Teacher completed SDQ							
Total difficulties score	0-11	12-15	16-40	0-11	12-15	16-18	19-40
Emotional problems score	0-4	5	6-10	0-3	4	5	6-10
Conduct problems score	0-2	3	4-10	0-2	3	4	5-10
Hyperactivity score	0-5	6	7-10	0-5	6-7	8	9-10
Peer problems score	0-3	4	5-10	0-2	3-4	5	6-10
Prosocial score	6-10	5	0-4	6-10	5	4	0-3
Impact score	0	1	2-10	0	1	2	3-10
Self-completed SDQ							
Total difficulties score	0-15	16-19	20-40	0-14	15-17	18-19	20-40
Emotional problems score	0-5	6	7-10	0-4	5	6	7-10
Conduct problems score	0-3	4	5-10	0-3	4	5	6-10
Hyperactivity score	0-5	6	7-10	0-5	6	7	8-10
Peer problems score	0-3	4-5	6-10	0-2	3	4	5-10
Prosocial score	6-10	5	0-4	7-10	6	5	0-4
Impact score	0	1	2-10	0	1	2	3-10

Note that both these systems only provide a rough and ready way of screening for disorders:

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Intervene Early

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Selecting the right intervention at the time

PYRAMID of NEEDS

A hierarchy of needs. Assess where child is to guide choice of interventions.

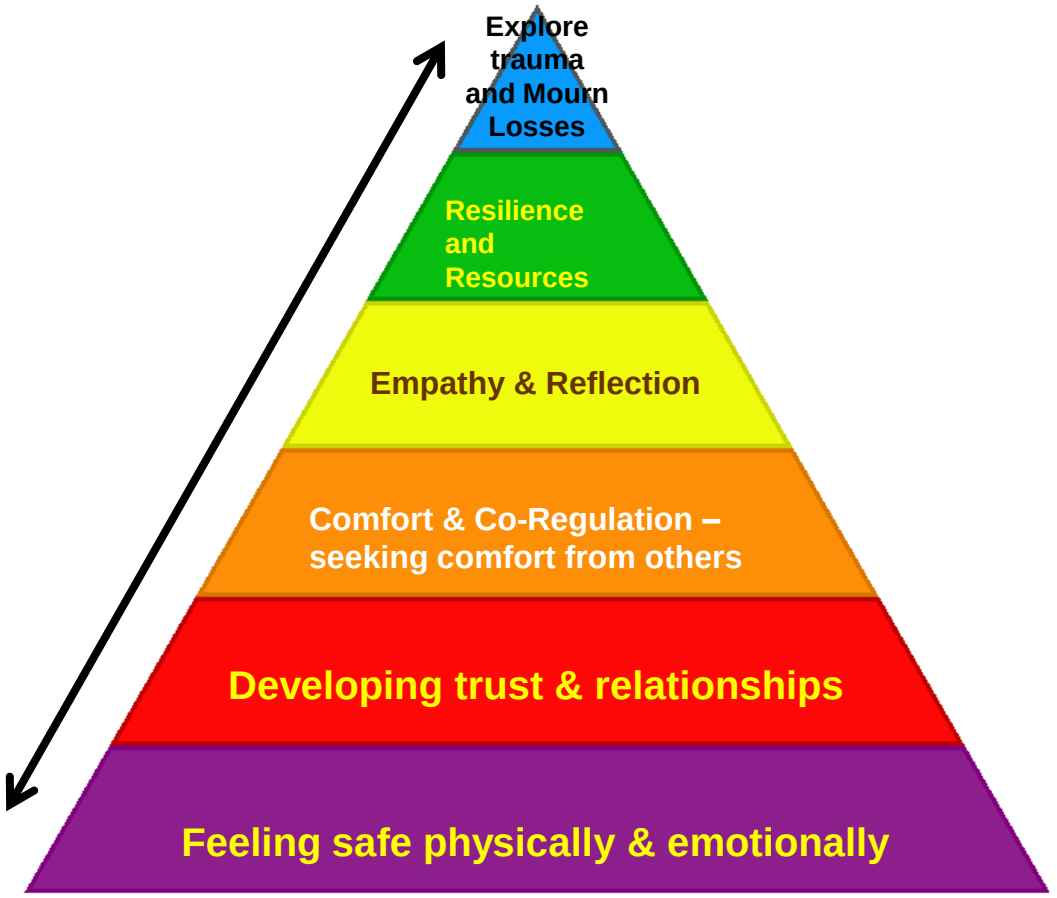
Children move up and down in response to current circumstances.

Kim Golding 2007

Handout –

Pyramid of Needs + Questions

The Needs of Foster / Kinship / Resi Children



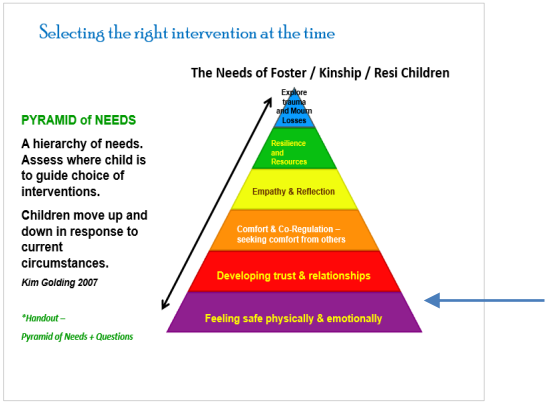
Developing safety

A lack of safety looks like:

- dissociation, hypervigilance dominating the presentation for the young person

- Carer feeling scared out of control worried the child is a psychopath fear for themselves other children

- The school, CSO, carer blaming each other



What To Do

- Ensure safety for all those around (ensure everyone is listened to respected and acknowledged)
- Education social support self care
- Get everyone together Supporting each other
- Must feel safe in control to provide felt safety for others

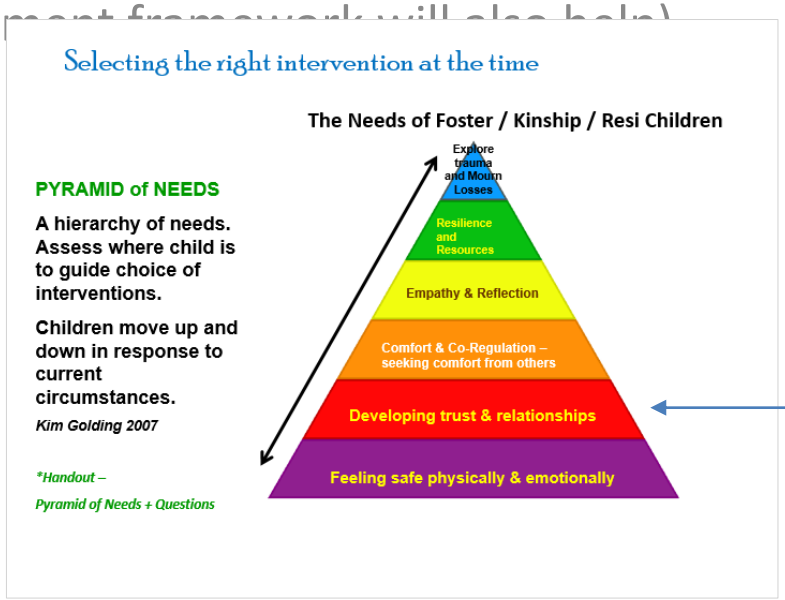
What Could Help

- In the case of all systems frightened and blaming and child presentation dominated with hyper or hypo vigilance (ETS referral)
- Carer feeling worried concerned at times but not all times across all areas of life (foster care support, mini c stars, quest other education)
- Balance of structure and nurture kinder wiser stronger (PCIT, circle of security other parenting programs could help So long as acknowledged program for children who may have difficulty with trust and safety)

Building Relationship

- Difficulties at this level looks like disconnection no trust weary of others intent

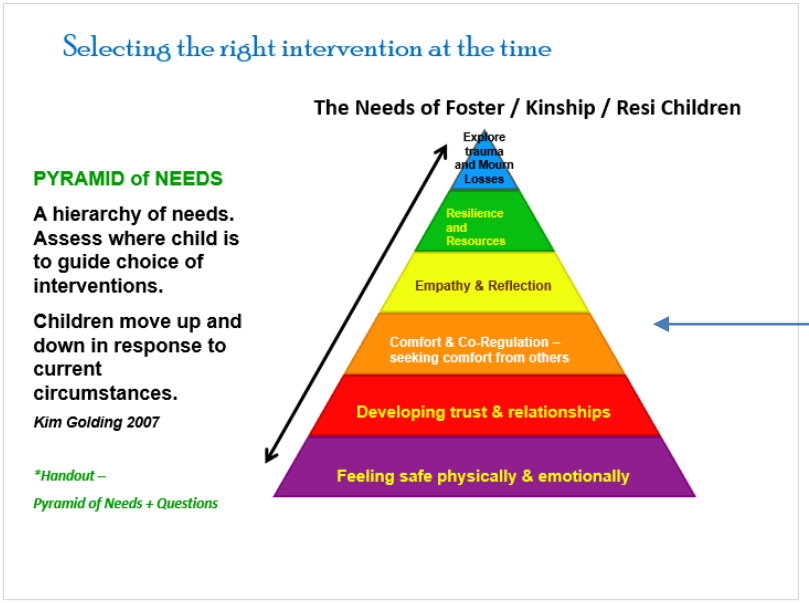
- Intervention: Connecting with the world that the young person shows you (Dyadic Therapy could help DDP Theraplay MBTF could help parenting programs that use attachment framework will also help)



Comfort And Co-regulation

- This level looks like starting to build connections but ongoing significant behaviours, signs of progress the child may reach out and be soothed by adults in their lives

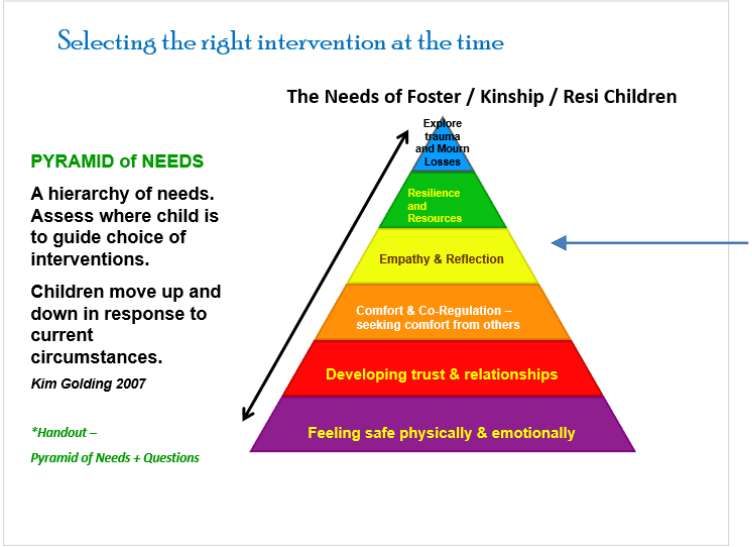
- What could help: OT assessments programs such as just right state or zones of regulation Mindfulness, speech therapist work on emotional literacy speech assessment.



Empathy and Reflection

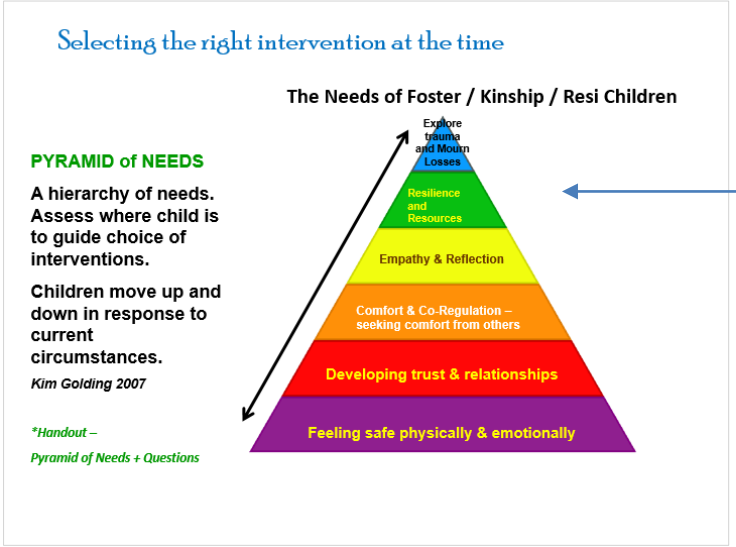
- This level looks like young person is secure enough to talk about times when they became overwhelmed and used challenging behaviours

- Help is proving the non judgmental reflective relationship (therapeutic support to understand what's happening now)



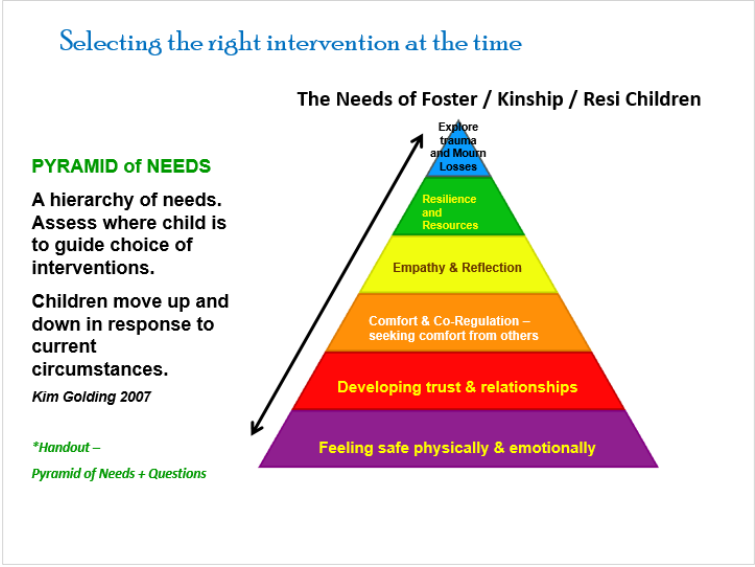
Resilience And Resources

- This level looks like life is no longer one explosion to the next but triggers are still evident and overwhelming at times
- Help is about not avoiding triggers but building on resources to cope.
- Noticing what they are good at times when they show calm focus and patience making the child and those that support them aware of same (TF CBT DDP strength based approaches)



Explore Trauma and Losses

Top of the pyramid is making sense or creating a new understanding of the trauma. (Play therapy, TF-CBT DDP life story work ect)



POSSIBLE REFERRAL PATHWAYS: FOR MENTAL HEALTH SUPPORTS

Private psychology – Mental health care or PSP
parenting programs ie Circle of security, PCIT,(available through Griffith uni clinic https://www.griffith.edu.au/griffith-health/clinics/psychology-clinic-gold-coast
Foster care agencies
Benevolent society
Community centres
Child development Centre for under 8s
NDIS early intervention services for under 8
Non – Government Therapeutic programs services: Lighthouse Paradise Kids, Act for Kids, Bravehearts, HOPES
Foster carer training and support via foster care agencies of ETS
Consideration of prosocial activities

https://www.mycommunitydirectory.com.au/Queensland/Gold_Coast

Gold Coast
Evolve Therapeutic Services

Nicole McAlister
Professional Development Coordinator (Social Worker)

Level 5, Southport Health Precinct
16-30 High Street, Southport Qld 4215
PO Box 554, Southport Qld 4215
Tel: 5687 9300

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