



News from the FCAV/PPSS Carer Help Line

Hi,

Earlier this year I had the opportunity to represent FCAV at the Australian Foster Care Conference in Fremantle WA. The following is a summary of an all-day workshop I attended conducted by Dr Larry K Brendtro Ph.D. You can learn more about Dr Brendtro at <http://www.solution-tree.com/Public/ProfDev.aspx?ShowBio=true&authorid=1136>, but in the meantime I hope you can enjoy and benefit from the key learning's I took from this presentation.

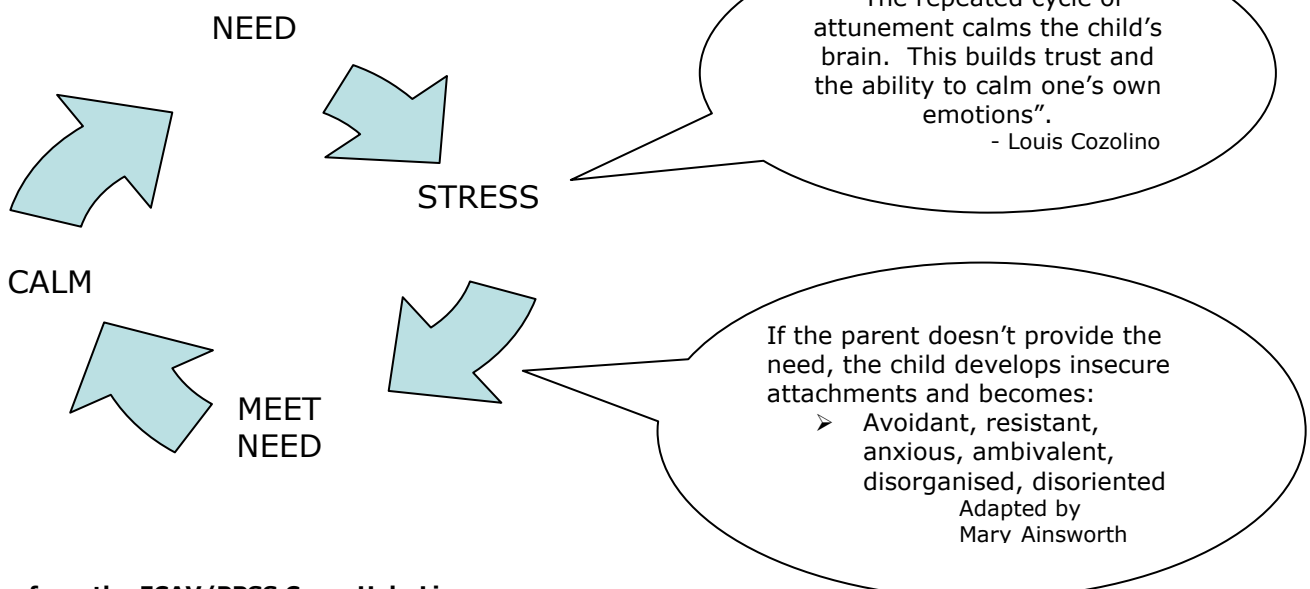
Regards,
Beth

Response Ability Pathways (RAP), with Dr Larry Brendtro

The Outside Kid Vs the Inside Kid

- We need to ensure we look beyond the behaviours of the Outside Kid to see the realities and hurts of the Inside Kid.
- We often mirror behaviours – we respond with anger to the angry child, thus the process goes in a circle.
- The human brain has a 'pain centre' where all emotional, physical pain is recognised. The pain centre for the Inside Kid will be effected by the following external realities: poverty, privilege, cultural assault, racism, 'trained to hate' by others (particularly parents), home alone or 'latch key' existence, sexualised childhood, survival on the streets, betrayal, drugs, self-harm, internalised pain, acting-out pain, ending the pain, adult-wary, peers replace family, media vales reign, deviant peer influence or 'elder death disorder'.
- Buoyant Kids – rise to the surface; 'pop up'; thrive when given opportunity.
- Beset Kids – distrustful; misuse opportunities; tread water; too damaged – need more help.
- Trust or Trauma – a lack of one will inevitably lead to the other.
- Brains of children are designed to be dependant on other s for the first 20 years or so. In the past, children were cared for by parents and elders (grandparents, extended friends, etc), however increasingly this is no longer the case. Many children spend time after school with peers rather than in a home environment with a 'stay-at-home' parent, so the influences on the development of this child are very different.

The Attunement Cycle



Trauma

"Trauma: A psychologically distressing event involving intense fear, terror or helplessness".
- Bruce Perry

Relationship Trauma

I – Simple Trauma: One overwhelming traumatic event.

II – Complex Trauma: Ongoing exposure to fear and helplessness.

Relationship trauma can have many different and varied diagnoses, most of which can be traced back to the publication: Diagnostic and Statistical Manual of Mental Disorders, Edition IV (DSM - IV).

Children are labelled very quickly in order to explain away the behaviours, leaving carers feeling intimidated and helpless to assist the child. All of the following disorders relate back to Relationship Trauma:

- Anxiety Disorder
- Attachment Disorder
- Attention Deficit Hyperactivity Disorder
- Bipolar
- Borderline Personality Disorder
- Conduct Disorder
- Depression
- Disruptive Behaviour Disorder
- Oppositional Defiant Disorder
- Post Traumatic Stress Disorder
- Separation Anxiety Disorder



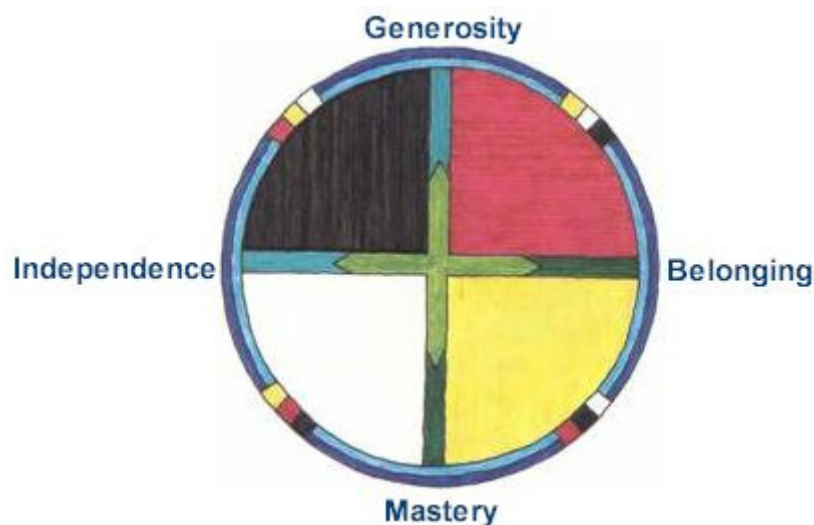
To combat these disorders we must build positive relationships with children.

The main impact of trauma is the inability to control emotions and impulsive behaviour. Traumatized children cannot control their emotions, and tend to display characteristics such as: hyper-vigilance, sense of betrayal, private logic of self blame (this is often due to a lack of available elders to reinforce actual truth and logic).

Normal brains screen out irrelevant information and focus on what is important. But, the overly sensitized amygdala of traumatized children loses the ability to discriminate between safety and danger. Instead, it falsely signals danger and hostility everywhere.

The Circle of Courage

Human beings of all races, creeds and cultures have 4 universal needs.
These needs make up The Circle of Courage



Trauma silences language
Traumatised children rarely discuss their fears. Secure children learn a complex vocabulary to describe how they feel.
Art can be a huge voice for traumatised children.
- Dr Larry Brendtro

"Faced with a range of challenging behaviours caregivers have a tendency to deal with their frustration by retaliating in ways that often uncannily repeat the children's early trauma".
- Dr Bessel van der Kolk

"Treatment for traumatised children must start by creating an atmosphere of safety. This is done in the context of a predictable, respectful relationship".
- Perry & Szalavitz

Restorative Attachments
"The more healthy relationships a child has, the more likely he will be to recover".
- Bruce Perry

Autism & Asberger's Syndrome

- Social difficulties such as: problems with peer relationships, social give and take, making eye contact, reading facial expressions, spontaneous sharing.
- Narrow interests (Autism)
- Stereotypes behaviours
- Confusion in language and thinking
- Lonely
- Many talents and interests (Asberger's), but not many friends. Kids and teachers need to understand Asberger's in order to support and help these kids.
- Gender differences – Boys are 4 times more likely to have Asberger's and 10 time more likely to be identified due to more aggressive behaviour. Girls are often overlooked as their social withdrawal may be seen as shyness.

Drugs

5. Users search for a way to 'end the

"Kids enchanted with chemicals are in a 'relationship' with drugs".
- J.C. Chambers

1. Users 'flirt' with drugs

4. Users realise they are in an 'abusive relationship with

3. Users 'commit' to a life with drugs

2. Users 'go steady' with drugs

Depression

The Diagnostic and Statistical Manual of Mental Disorders, Edition IV (DSM - IV) diagnosis of depression ignores normal sadness caused by upsetting life events. Genuine depression is sadness without a cause. Sadness is a normal part of human nature designed to cope with stress resulting from loss such as:

- Attachment – love and friendship
- Failure to achieve important goals
- Loss of power or prestige
- Loss of purpose to life

RAP – Response Ability Pathways

✓ **DO** **Respond to Needs** × **DON'T** **React to Problems**

A check of the elements of the Circle of courage for a child is the equivalent of checking their emotional 'vital signs'.

Pathways to Responsibility

Foundations: **Connect**
 Clarify
 Restore

- You must connect with kids if they are going to hear you.
- 'Relationship' can be a very long process with these kids, but we can connect quite quickly if we know how.
- RAP training helps build strategies to connect with kids.

If you can be there to reinterpret the child's reality you can alter how they perceive the event in the long term, and, if you can effect this reality while it is still fresh, the child will not carry the false reality with them through life.

Example:

A 12 year old boy is with his grandmother in the supermarket when she collapses and dies moments later from a heart attack. Upon his arrival at the supermarket, the grandfather, in his grief remarks, "Why did you bring her out shopping? You know she was not well. The boy's internal reality now says – "You killed your grandmother – it is your fault she died".

When talking with the boy later Dr Brendtro asked about the grandmother and what her health had been like. The boy mentioned she often spoke of dying and remarked "I am not long for this world". In addition, the boy remarked that the grandmother went to the shops every day as she liked to talk with the store owner.

Dr Brendtro asked the boy what he did when his grandmother collapsed. The boy said he sat down beside his grandmother and held her hand. The boy said he told his grandmother that he loved her and then she died.

Dr Brendtro commented to the boy that his face was the last face his grandmother saw and that because of him she was not alone when she died, but rather, she was with someone she loved and that loved her.

In doing this, Dr Brendtro was able to alter the boy's reality. He no longer sees the death of his grandmother as his fault, but rather as an experience that he shared with someone important in his life – he is no longer responsible for her death in his mind.

Resilience

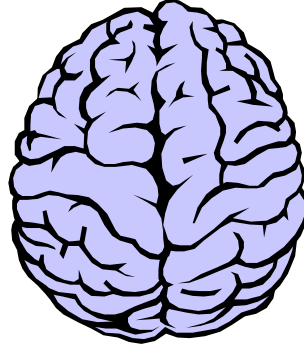
Children have very resilient brains, which are designed to overcome problems.

The Triune Brain

We have three 'different' brains for three different functions

→ The Logic Brain

This part of the brain handles ongoing learning. It allows us to learn and absorb new information.



→ The Survival Brain

This part of the brain develops very early. It manages breathing, fight/flight responses, etc. This brain is also known as the 'Reptile Brain'.

→ The Emotional Brain

This part of the brain identifies good experiences / options from bad ones and is then programmed to repeat good experiences.

This part of the brain takes 20 years to finish developing.

Altruism

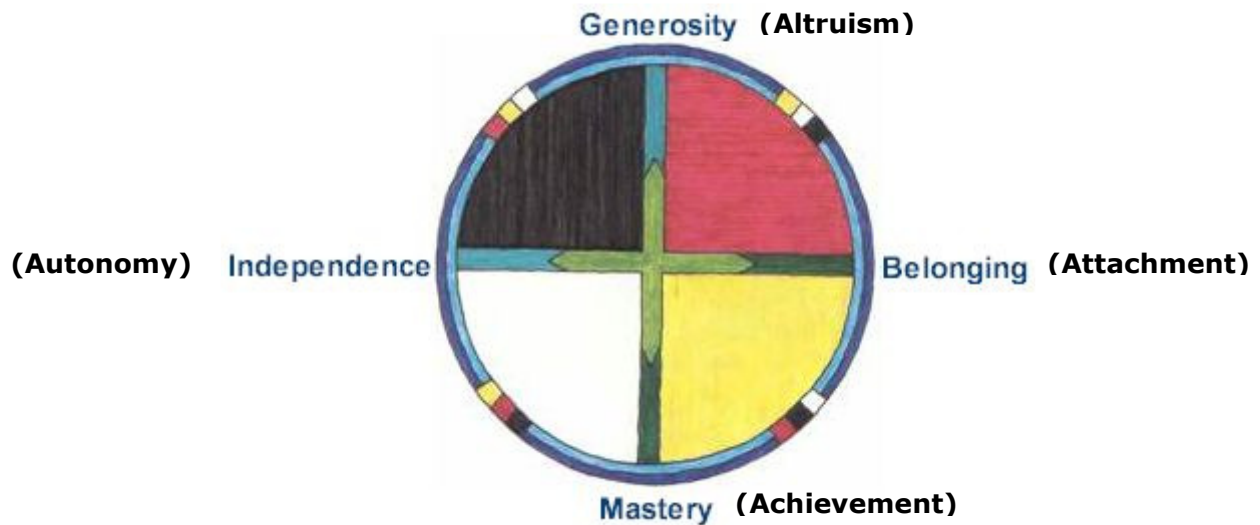
Altruism is inborn.

A German study of 18 month old children was conducted during which the children watched an adult drop a clothes peg on the ground. When the adult appeared upset at having dropped the clothes peg, every child responded by picking up the clothes peg and giving it back to the adult.

The study showed the children wanted to help.

The Resilience Code

The Resilience Code mirrors the Circle of Courage



It is our natural instinct to want to:

- Achieve
- Be independent
- To want to belong
- To help others

Belonging

No one is treated like a nobody

Mastery

Problems are opportunities

Independence

Only responsibility builds responsibility

Generosity

No one hurts and all try to help

I will present further information from the Conference in the next edition of 'News from the PPSS/FCAV Carer Help Line, and in the meantime, remember we are only a phone call away if you need us:

FCAV/PPSS Carer Help Line

Ph: (03)9489 9770

Mon-Fri: 9am to 5pm