

# Working Better Together

MHPN's inaugural conference for mental health practitioners

@MHPNConference



## Trauma: The Impact of Adverse Childhood Experiences content stream

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Emerging Minds Webinar Series

# Infant and Child Mental Health

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**Emerging  
Minds.**

**National Workforce  
Centre for Child  
Mental Health**



**Webinar 7**

# **The effects of adverse experiences on children**

7:15 pm to 8:30 pm AEST  
Thursday 23<sup>rd</sup> May 2019

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**Emerging  
Minds.**

**National Workforce  
Centre for Child  
Mental Health**



Emerging Minds and MHPN wishes to acknowledge the Traditional Custodians of the lands across Australia upon which our webinar presenters and participants are located.

We wish to pay respect to the Elders past, present and future for the memories, the traditions, the culture and hopes of Indigenous Australia.

This webinar is the first activity in the Trauma: The Impact of Adverse Childhood Experiences stream in MHPN's online conference *Working Better Together*.



# Tonight's panel



**Professor Kirsty Douglas**  
General Practitioner,  
Australian National  
University



**Nicola Palfrey**  
Psychologist,  
Emerging Minds



**Dr Elisabeth Hoehn**  
Psychiatrist and Medical  
Director Queensland Centre  
for Perinatal and Infant  
Mental Health



**Facilitator: Dan Moss**  
Workforce Development Manager,  
Emerging Minds

# Learning outcomes

At the webinar's completion participants will be able to:

- Define the key characteristics of adverse childhood experiences (ACEs), their prevalence and their impact on children in Australia.
- Identify evidence-based effective co-ordinated practice for early intervention and prevention for children who have or are experiencing adverse childhood experiences.
- Implement strategies to support parents and children to make sense of adversity in order to promote resilience and recovery.

# What is an ACE?

An adverse childhood experience (ACE) is a potentially stressful or traumatic event experienced during childhood, which:

- can produce chronic or 'toxic' stress responses in children that persist throughout the life-course
- can have potentially profound impacts on later development of chronic diseases, mental health issues and problematic social functioning.

The most widely recognised and researched ACEs are:

- childhood physical, sexual and emotional abuse
- physical neglect and emotional neglect
- exposure to family violence
- parental substance abuse
- parental mental illness
- parental separation or divorce, and parental incarceration.

# GP's perspective

## A GP's perspective on GP roles



Prof Kirsty Douglas

- As a GP you are providing care for parents and Thy
- Provide a safe space for parents to talk, share fears and doubts and to be heard
- Educate and link to resources to provide parents with greater understanding and support
- Refer to external supports when and if needed – know your local resources
- Provide medical care
- Model a caring profession relationship with boundaries for Thy
- Help with perspective – the long game – a difficult start is not a diagnosis



# GP's perspective

## Initial thoughts on the scenario



Prof Kirsty Douglas

- Thy's history includes ACEs – she wouldn't be in foster care otherwise
- Thy's behaviour is consistent with a child who has been exposed to ACEs:
  - Inappropriate affection – indicator of attachment issues? – learned ways to keep safe? Seeking reassurance – be aware of sexualised behaviour
  - Outbursts, disengaged – ?? Communicating distress through behaviour
- Acknowledge the challenges the parents and family face – it is hard
- Recognise and celebrate the value of their contribution to Thy's wellbeing for now and into the future. They can make a difference.



# GP's perspective



Prof Kirsty Douglas

## Initial thoughts on the scenario cont...

- Don't try to see these families in 15 min – automatically book a long consultation, even if it is not asked for
- When and if referring to psychologist/social worker etc - developing a small hopefully stable team of support that communicates well
- Know your local resources
  - Circle of Security™ (if you can get in)
  - Child psychologist (if affordable)
  - Child and family centres

# GP's perspective



Prof Kirsty Douglas

## Initial help in responding to outbursts

- At these times try to provide consistent caring responses – set boundaries and make explicit expectations but avoid shame. You can withhold approval of behaviour but not care and concern.
- Ask foster parents to reflect and observe the experiences or activities that seem to trigger Thy's disengaged or aggressive outbursts.
- Encourage parents to be vigilant at times when she is affectionate with strangers.

# Psychologist's perspective

## What do we know?



Nicola Palfrey

Thy has experienced multiple ACEs in her short life:

- Living with carers with AOD dependence
- Chaotic lifestyle
- 'Unsafe'
- Placed in foster care
  
- Brief description indicates signs of attachment insecurity

# Psychologist's perspective

## Disorganised attachment?



Nicola Palfrey

- Child often been exposed to violence, abuse and/or chaos
  - What does this mean for Thy?
    - No one consistent strategy meant her needs would get met
    - Needs to try different strategies and approaches to different situations
    - 'Precocious'; aggressive; friendly; controlling
- Behaviours often last longer than they are adaptive

# Psychologist's perspective

## Where to start?

- Support foster parents in understanding impact of early adversities on:
  - Attachment style
  - View of self/internal working model
  - Approach to relationships
  - Behaviour as communication
- Reinforce need to ensure Thy's safety by stating and reinforcing appropriate boundaries – explicitly taught without shame



Nicola Palfrey



# Psychologist's perspective

## Some concepts that can be helpful

- Back handed compliment
- Parallel process:
  - Need for support for foster parents in order to be able to support Thy
  - 'Better off with another family' – reflection of Thy's experience
- Anger as a secondary emotion
- Developmental vs chronological age



Nicola Palfrey

# Psychologist's perspective



Nicola Palfrey

## Working together

- Working with foster parents; Thy and dyadic work with foster- parents and Thy
- Attachment based frameworks such as Circle of Security™ can be extremely useful
- Building sense of competence in communication and connection
- Working alongside
- Addressing the unsaid; DDP – ‘other kids...’
- Working with hope!





# Psychiatrist's perspective

## Risk versus resilience



Dr Elisabeth Hoehn

- To achieve social and emotional wellbeing & long-term physical and emotional health – Resilience must outweigh Risk
- Adverse Childhood Experiences can contribute to poor lifelong outcomes in physical health, mental health and beyond health
- Individual risk factors may impinge on development, but the most detrimental outcome is the accumulation of multiple risk factors on a single child
- Four or more risk factors result in significant escalation in risk
- In Thy's case, she has been exposed to considerable adversity and has more than four risk factors.

# Psychiatrist's perspective



Dr Elisabeth Hoehn

## Brain development

- Brain development is genetically activated, but is directly influenced by social experiences and the child's environment
- The brain develops in a predictable, sequential bottom-up fashion. Simple systems and pathways develop first, then are integrated into more complex ones
- The brain changes throughout life, but it is the rapid changes in the first three years of life that create the core brain architecture
- Adverse experiences can disrupt healthy brain development, particularly areas where there are 'sensitive' developmental windows such as language and the orbitofrontal cortex, which is involved in motivational behaviour such as feeding and drinking, reward - and punishment-related behaviour, and therefore in the control of emotional and social behaviour
- Thy struggles to control her emotional distress and engage in appropriate social interactions, and is very likely to have damage to her language centres and orbitofrontal cortex.



# Psychiatrist's perspective

## Self-Regulation and executive function



Dr Elisabeth Hoehn

- Self-regulation and executive function are brain control processes by which we learn to influence our emotional expression, manage complex tasks, stay focused, empathise with others and understand the impact of our actions and modify them
- Infants aren't born with these control processes, but rely on their care-givers to regulate their internal physiological states. This co-regulation helps the infant develop a template for future self-regulation and resilience
- Adverse experiences can impair the development of self-regulation and executive function
- Thy has lacked sufficient experiences of co-regulation from her biological parents compromising the development of her executive functioning and her capacity to self-regulate her emotions and behaviour
- Thy presents with social & emotional delays and struggles to safely use adults to soothe her emotional distress.



# Psychiatrist's perspective

## Toxic stress

- When the body's stress management system is activated, there is an increase in heart rate, blood pressure, stress hormones (cortisol) and proteins associated with inflammation. These responses prepare the body to deal with threat and are essential for survival
- When a young child's stress response systems are activated within an environment of supportive relationships with adults, these physiological effects are buffered and brought back down to baseline. The result is the development of healthy stress response systems
- Stress can be positive, tolerable or toxic
- Positive stress is brief and mild, while tolerable stress is serious but temporary. In both cases the responses return to baseline when the threat is resolved and their impact is buffered by supportive relationships.



Dr Elisabeth Hoehn

# Psychiatrist's perspective

## Toxic stress

- Toxic stress occurs when the stress response is extreme and long-lasting, and buffering relationships are unavailable to the child
- Toxic stress can damage and weaken the brain's architecture and control systems, impacting learning, emotional regulation, behaviour and health
- When toxic stress is chronic, or is triggered by multiple sources, it can have a cumulative effect on an individual's physical and mental health for their lifetime
- Thy has experienced toxic stress in her early years living with her biological parents
- This has impacted Thy's body, brain development, emotional regulation, social interactions and behaviour.



Dr Elisabeth Hoehn

# Psychiatrist's perspective

## Repairing ruptures, building resilience



Dr Elisabeth Hoehn

Positive outcomes for children in the face of adversity can be achieved by:

- Ensuring the presence of positive and supportive relationships with caring adults
  - Supporting the child to develop a sense of mastery, control and self-efficacy
  - Creating a coherent narrative for the child
  - Providing the child with opportunities and support to repair and strengthen weakened brain architecture
  - Scaffolding the child to build adaptive skills for self-regulation and executive functioning
  - Maintaining hope with the child
- For Thy, a warm, positive, stable and committed relationship with her foster parents is the single most important factor to reverse the damaging effects of the toxic stress she experienced and help her develop resilience.



# Q&A session



**Professor Kirsty Douglas**  
General Practitioner,  
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**Facilitator: Dan Moss**  
Workforce Development Manager,  
Emerging Minds

# Resources and further reading

Other supporting resources associated with this webinar can be found in the Supporting Resources Tab at the bottom of the screen.

For more information about Emerging Minds, visit [www.emergingminds.com.au](http://www.emergingminds.com.au)

For further activities in the Trauma stream, visit: [www.mhpnconference.org.au](http://www.mhpnconference.org.au)

Don't miss *Working with Parents who Experienced Adverse Childhood Experiences* Thursday 6 June at 7.15 pm when we discuss Thy's parents' perspective.



# Thank you for participating

- Please ensure you complete the *feedback survey* before you log out.  
**Click the Feedback Survey tab** at the top of the screen to open the survey.
- Certificates of Attendance for this webinar will be issued as part of MHPN's conference and will be available within six weeks.
- Each participant will be sent a link to the recording of this webinar and associated online resources within four weeks.
- Visit [www.mhpnconference.org.au](http://www.mhpnconference.org.au) for details on the our upcoming webinars on trauma and adverse childhood experience.

This webinar was co-produced by MHPN and Emerging Minds for the Emerging Minds: National Workforce Centre for Child Mental Health (NWCCMH) project. The NWCCMH is led by Emerging Minds and delivered in partnership with the Australian Institute of Family Studies (AIFS), the Australian National University (ANU), the Parenting Research Centre (PRC) and the Royal Australian College of General Practitioners (RACGP).

The NWCCMH is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

# Thank You

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