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Protecting Children

Building Brains

**A neurobiological framework for
working therapeutically with children
and young people with problem sexual
behaviour**



The Australian Childhood Foundation



- Independent children's charity
- Committed to prevention of child abuse & neglect
- Provides specialised counselling to children and young people who have experienced abuse, and their families
- Also undertakes advocacy for children who experience abuse, research & education in child abuse, and prevention programs



Summary of Paper



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- Understanding the importance of a secure relationship in the development of attuned responses
- The impact of trauma and disrupted attachments on the child's development particularly on their capacity to regulate emotions
- The development of problem sexual behaviour in children and young people with poor self regulatory capacity



Summary of Paper



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- Brief overview of Australian Childhood Foundation Model for intervention with children and young people with trauma histories
- Use of case study to illustrate the use of this model with children and young people with problem sexual behaviour





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Importance of language

Suggested terminology which separates children from the behaviours they are exhibiting:

Child with the behaviour

- Child who engages in/displays problem sexual behaviour

Young Person

- Young child engaging in sexually harmful and /or abusive behaviour

Other child involved

- other child affected by the behaviour or who is on the receiving end



Importance of a secure relationship



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- Secure relationship is central to the development of a positive self , empathic and sensitive interaction, and adaptive and flexible emotional regulation skill
- A safe loving caregiver , who acts in a sensitive and attuned manner and makes an effort to repair ruptures in the relationship, is modelling appropriate emotional regulation (Fredrich 2006)



Importance of a secure relationship



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- As a result the child learns to independently regulate their emotions (auto regulation) or seek out carers to assist them at times of distress (interactive regulation)
- A caregiver's capacity to help a child regulate their emotions reinforces neurobiological connections thereby helping a child deal with future stressful experiences
- Attachment Theory can be viewed as a theory of arousal regulation (Schoore and Schoore ,2008)





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Impact of relational trauma

- Poor attachment relationships can lead to significant difficulties in affect regulation, disruptive relationships and impact on brain development
- These children do not know how to enlist other people for support -people are sources of terror and or gratification and they lack empathy
- There has been a link between disruptive attachments and subsequent development of problem sexual behaviours (Marshall 1989)





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Impact of relational trauma

- Problem sexual behaviour may represent a distorted attempt to meet fundamental relational needs at times of stress
- Many of the children and young people engaging in problem have had experiences of trauma and disruptions in primary relationships
- Important to address trauma and relational experiences as well as problem sexual behaviour in order for new learning and narratives to occur (Creeden 2005)





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“ young children with sexual behaviour problems are generally trying to solve feelings of confusion anger, anxiety... through their acting out behaviours...These children need adults who understand them and to whom they can talk---fundamental to this problem ...is a lack of close attachment...generally the parents are not attuned to the children’s needs and worries

(Johnson and Doonan 2006)



Problem sexual behaviour and relational trauma



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- The attachment ,care giving and sexual behavioural systems are interrelated
- Early attachment disruptions as well as significant trauma histories can lead to inadequate differentiation of the three systems
- Children when distressed to activate their sexual behaviour system in an attempt to achieve affective stasis
- (Smallbone 2005)



Problem sexual behaviour and relational trauma



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- The pleasurable aspect of activating the sexual behavioural system reinforces this pattern as means of coping with periods of stress and arousal
- Child's exposure to a sexually stimulating environment and the availability of caregiver to help them understand and find alternative means of coping also affects the development of this behaviour



Impact of trauma on neurobiological development



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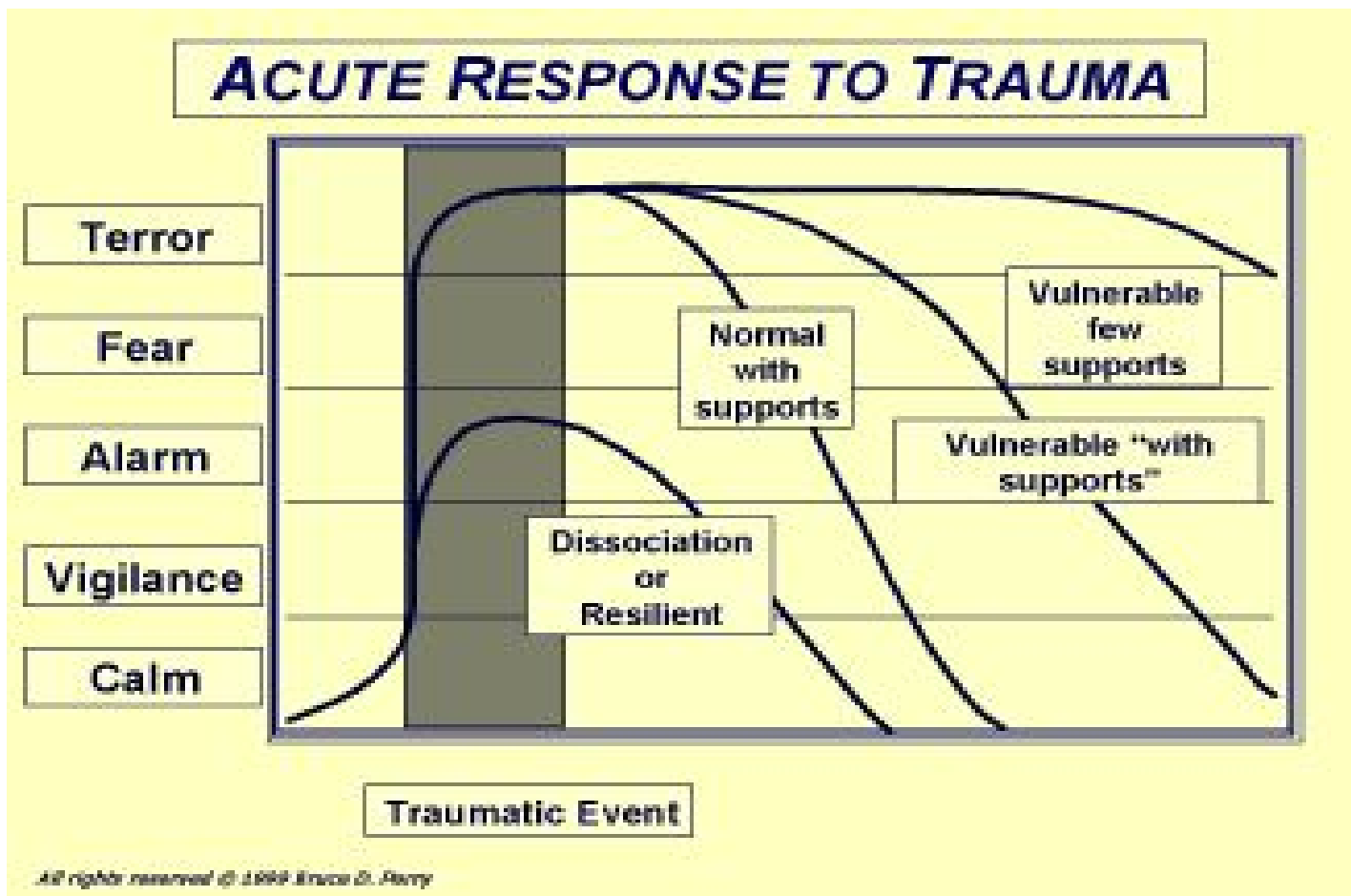
- The child's trauma experience can affect neurobiological development as a result of a variety of trauma associations and triggers
- There is a physiological response to past triggers that impacts on child's ability to attend , regulate arousal and impacts on memory processing
- Important to understand the impact of trauma on arousal - hyper arousal or dissociative states. These responses lead to a diminished capacity to self regulate



Response to trauma



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Understanding the arousal system



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- Children construct internal templates to regulate their arousal levels
- These maps breakdown at moderate and high levels of stress and when they do not have feelings acknowledged and are supported by a caregiver
- Children's behaviour then becomes reactive- they act instead of planning , show their wishes in their behaviour rather than discussing it



Understanding the arousal System



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- The behaviour of traumatised children can become focused around the avoidance of threat and or relief of stress
- Some children regulate their arousal by engaging in sexualised behaviour
- Problem sexual behaviour can be seen as a substitute action to regulate arousal during times of stress and anxiety



Understanding the arousal system



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- Working with children and young people with problem sexual behaviour need to understand more broadly how emotional and physiological arousal impacts on the development of problematic behaviour- not just sexual arousal



Dys-regulated Arousal

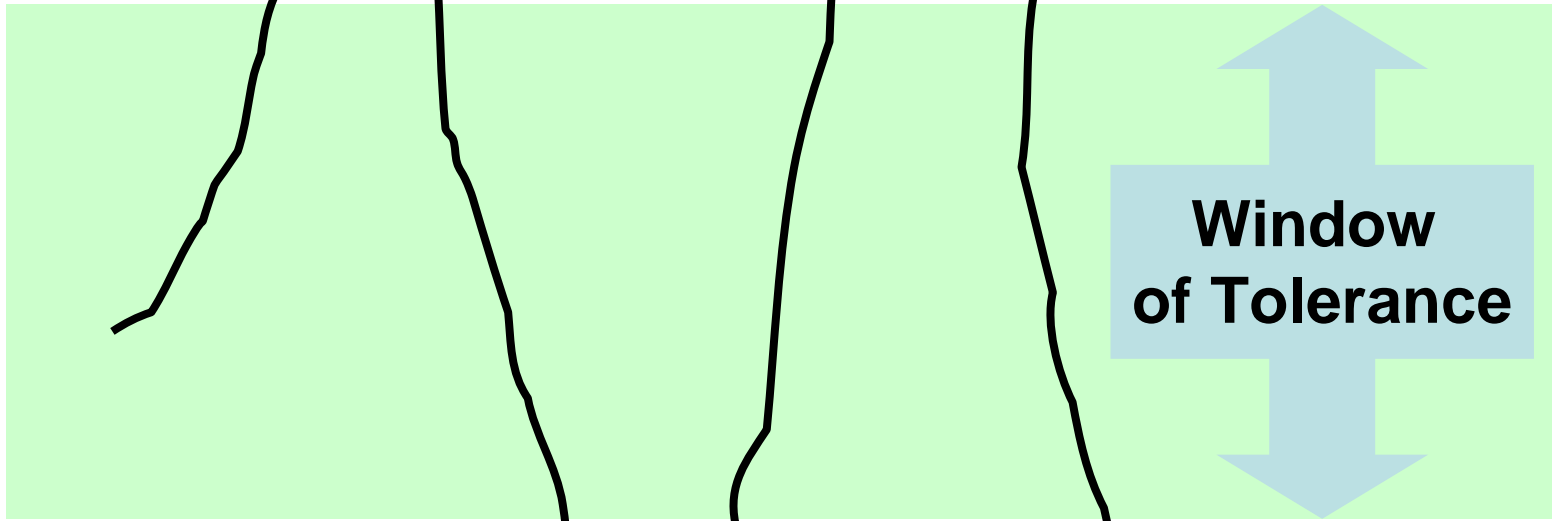


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Fight or Flight Hyper-vigilant, action-orientated, impulsive, emotionally flooded, reactive, defensive, self-destructive

Freeze Physically immobilized, frozen, tense musculature

**Sympathetic
Hyper-arousal**



Window
of Tolerance

**A
R
O
U
S
A
L**

Submit Collapsed, weak, defeated, flat affect, numb, empty, helpless, hopeless

**Parasympathetic
Hypo-arousal**



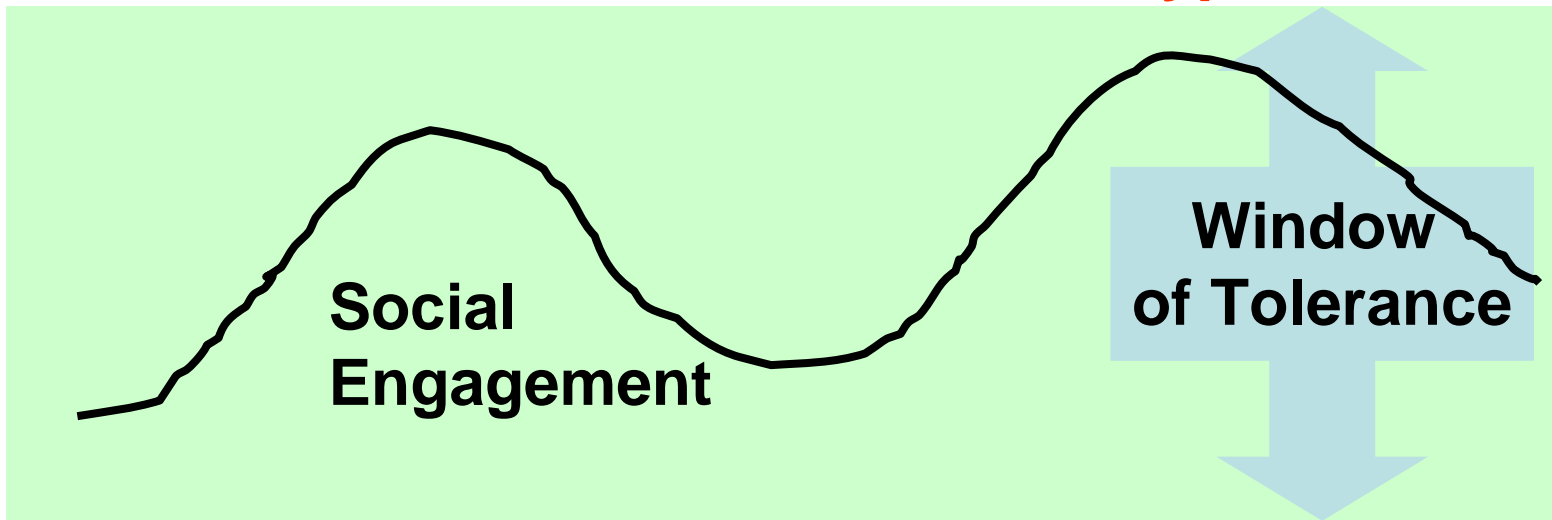
Regulated Arousal



Fight or Flight hyper-vigilant, action-orientated, impulsive, emotionally flooded, reactive, defensive, self-destructive

Freeze Physically immobilized, frozen, tense musculature
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**Sympathetic
Hyper-arousal**



Submit Collapsed, weak, defeated, flat affect, numb, empty, helpless, hopeless

**Parasympathetic
Hypo-arousal**



Goal of therapeutic intervention



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- Working with children with problem sexual behaviour-
Aim is to increase the window of tolerance so that they utilise social engagement system appropriately during periods of stress rather than hyper arousal or hypo arousal subsystem
- By reducing a child's arousal and increasing their window of tolerance , improves a child's attention, memory and relational capacity





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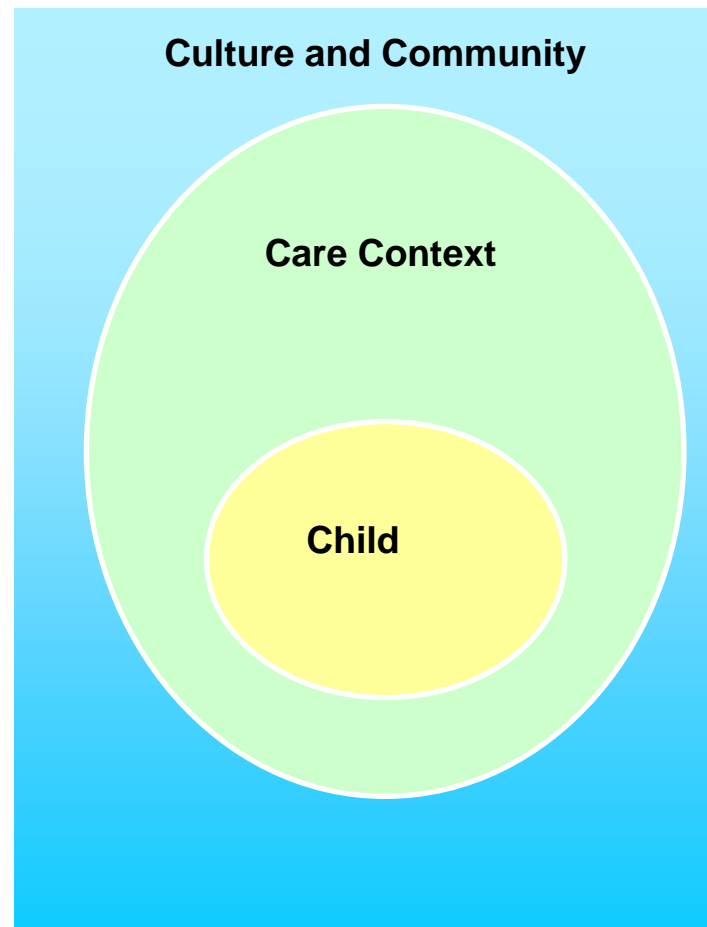


"All these things
are like Homework,
You just need
to Practice"

ACF – Conceptual Model of Assessment & Intervention



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Trauma Focussed Model of Assessment & Intervention



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- Assessment
- Therapeutic Intervention with Child
- Systemic Intervention
 - Care Context
 - Community Network



Phases of intervention



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- Safety and Containment
- Symptom Reduction and Regulation
- Processing and Management of Traumatic Memory
- Promoting Ongoing Recovery

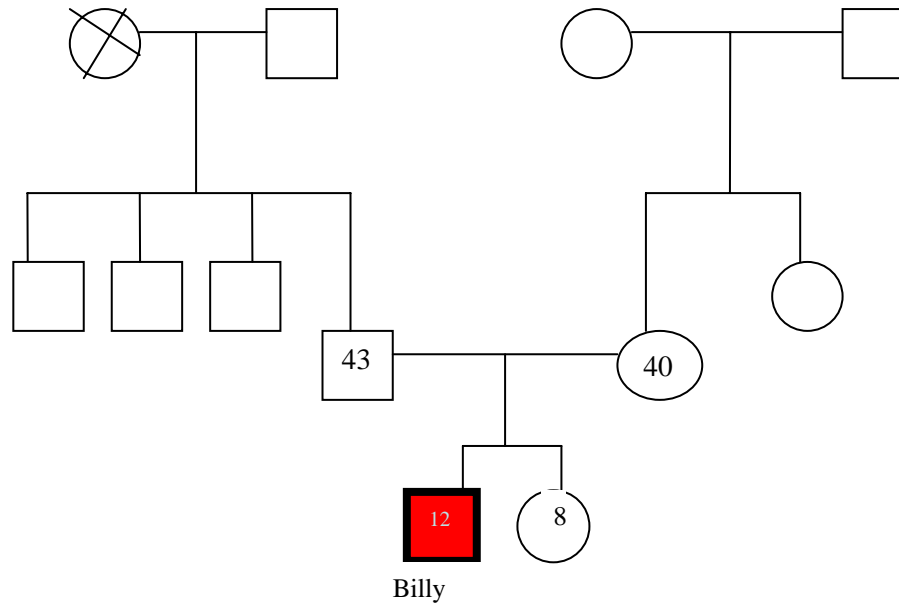
(Adapted from Cairns 2002 and Creedon 2006)



Genogram of Billy's Family



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Referral Information for Billy



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- Billy aged ten was referred for engaging in oral sex with his eight year old sister. He had also previously been touching a number of other girls on their genitals
- Both parents and his school were struggling to understand the behaviour and put in appropriate supervision and boundaries
- Billy had acknowledged some of the behaviour, was highly anxious and had difficulties at school

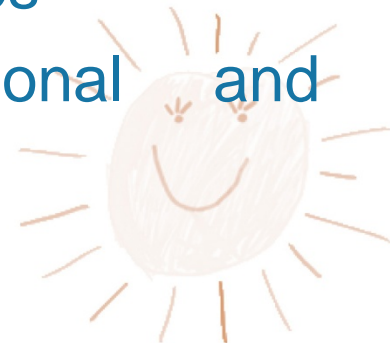


Assessment



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- Past History of domestic violence which both children had witnessed
- Lack of bonding with Billy during the early years due to maternal depression
- Maternal sexual abuse which remains unresolved
- Poor relationship with Billy and his father which has further deteriorated since the recent disclosures
- Financial difficulties and limited personal and professional support



Intervention Safety and Containment



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- Develop a safety plan for Billy at home and at school
- Educate parents, and teachers about risk and the importance of their ongoing role in providing appropriate supervision and support for Billy
- Educating parents, teachers and child about the impact of trauma on the regulatory and reparative processes of the brain



Intervention Safety and Containment



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- Parents were assisted to begin to develop a more attuned relationship with Billy and his sister to help them more accurately monitor safety plan and help with emotional literacy and affect regulation skills
- Parents were linked into professional and financial support services
- Regular care team meetings were established to ensure shared understanding of therapeutic plans for Billy and his family



Intervention Safety and Containment



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- Mother was also assisted to see how her own unresolved trauma was impacting on her capacity to accurately observe , monitor and supervise interactions with Billy and his sister



Intervention

Symptom Reduction and Regulation



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- Focus of intervention was helping Billy to develop body awareness of different arousal states
- Relaxation skills and biofeedback tools were used to help Billy recognise his anxiety and learn new skills to reduce his arousal level
- Billy was also helped with emotional literacy and increasing his repertoire of emotional regulation skills



Intervention

Symptom Reduction and Regulation



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- Billy's parents were also taught relaxation skills so they could assist him in practising these skills at home
- Gradually Billy was also helped to both identify and utilise adult supports
- Billy was also helped to begin to see the impact of his behaviour on his sister and other children he had hurt



Intervention Behaviour Management



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- Billy and his parents and was helped to understand triggers and risky situations to his behaviour and plan and practice alternative strategies
- Some of the other areas that Billy was assisted included
 - Challenging Cognitive Distortion
 - Understanding Rules of Privacy and Boundaries
 - Healthy Sexuality



Difficulties in Intervention Process



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- Further work with Billy could not occur because parents separated.
- Billy's arousal level increased and there was a further incident of problem sexual behaviour at school
- Therapy focused on safety and containment and reducing Billy's level of anxiety



Conclusion



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- Therapeutic work with children and young people with problem sexual behaviour highlights the importance of “building the brain” in assisting individuals recover from their trauma

Brain Stem- Lowering Arousal

Limbic Stem- Developing attuned relationships

Cortex- Integrating and regulating emotional and behavioural responses





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