



KIDSCOMPANY
supporting vulnerable children

From Safe Child to Humane Adult

Christina Enright
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PRESENTATION OVERVIEW

- ▣ Rationale for Our Approach
- ▣ Neurobiology, Trauma & Attachment
- ▣ Psychodynamic Insights to Violence
- ▣ Kids Company Model of Care & Intervention

PUBLIC PERCEPTIONS OF OUR CHILDREN/ YOUNG PEOPLE





Fail to
Safeguard

Pathologise

Exclude

Criminalise

Some Worrying Statistics

- ▣ UK Child Poverty doubled since 1979
- ▣ 1:5 children growing up on benefits
- ▣ 553,000 children referred to CP due to neglect & abuse. Only 30,700 are protected through CP register
- ▣ Space for children to roam, play, explore reduced by 90% in 20 years
- ▣ Children play time as low as 3% (11 hrs in front of TV)
- ▣ Parents too busy to listen- most conversations in 48 hr period issuing instructions

Human Brain Designed for Modern World?

- Traditional small multigenerational family groups
- Early Childhood Social Interactions- modern v hunter gatherer societies :- 4:1 / today -single caregiver: 1:4
classroom: 2:30
- Compartmentalisation of Western Life- separated by: age, wealth, work, education, profession, ethnicity, religion.
- Children have fewer emotional, social & cognitive interactions with fewer people
- Make sense to expect one person to meet multiple

Why Does Relational Health Matter?

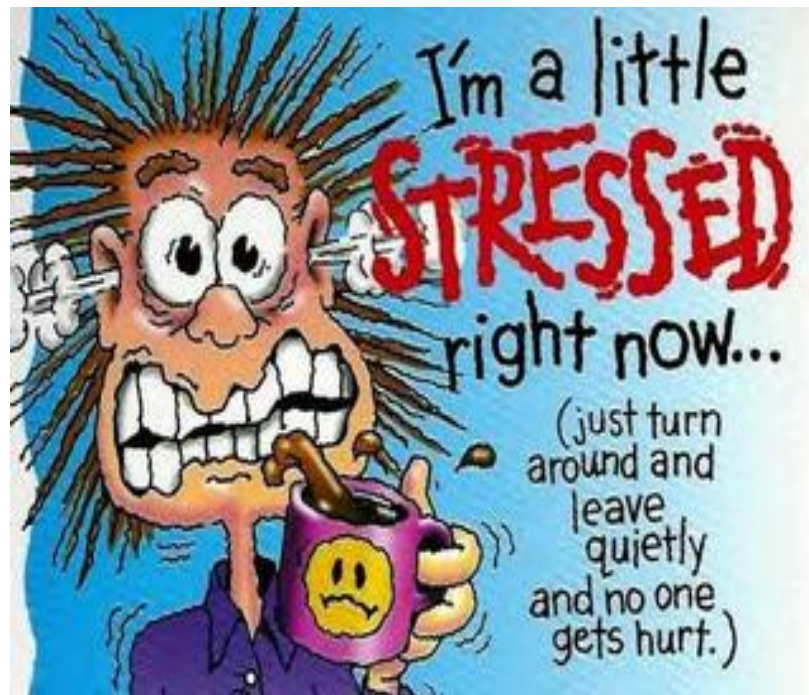
- ▣ Attachment fosters development of capacity to care, share, listen, value others, be empathic/compassionate-stems from being cared for, shared with, listened to, valued and nurtured
- ▣ Internalisation of healthy self-regulatory process
- ▣ Attachment curbs our aggressive impulses/ promotes prosocial behaviour
- ▣ Violence, suicide, mental illness, physical illness and host of social ills increase when the social fabric fragments
- ▣ Pleasure from relating – can inhibit the misuse of substances for their neurobiological reward value

Sociopolitical Issues

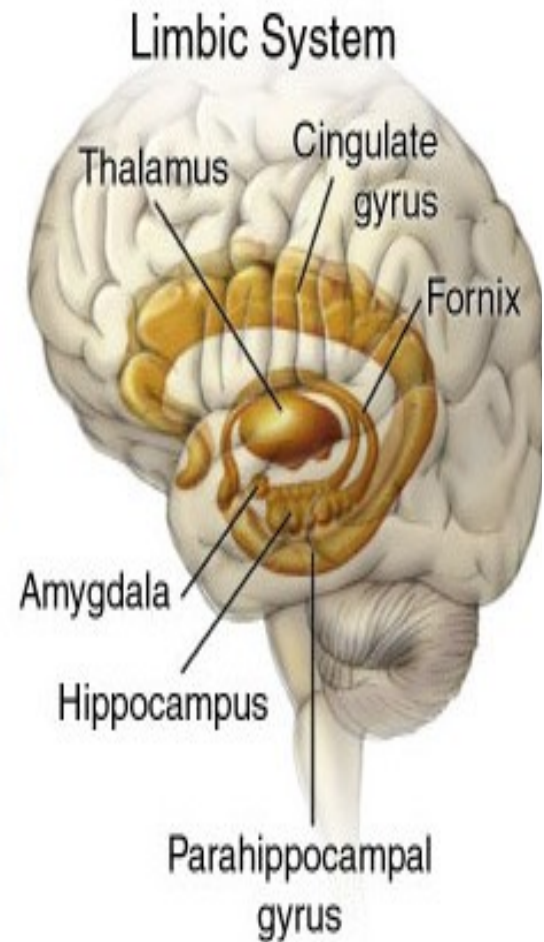
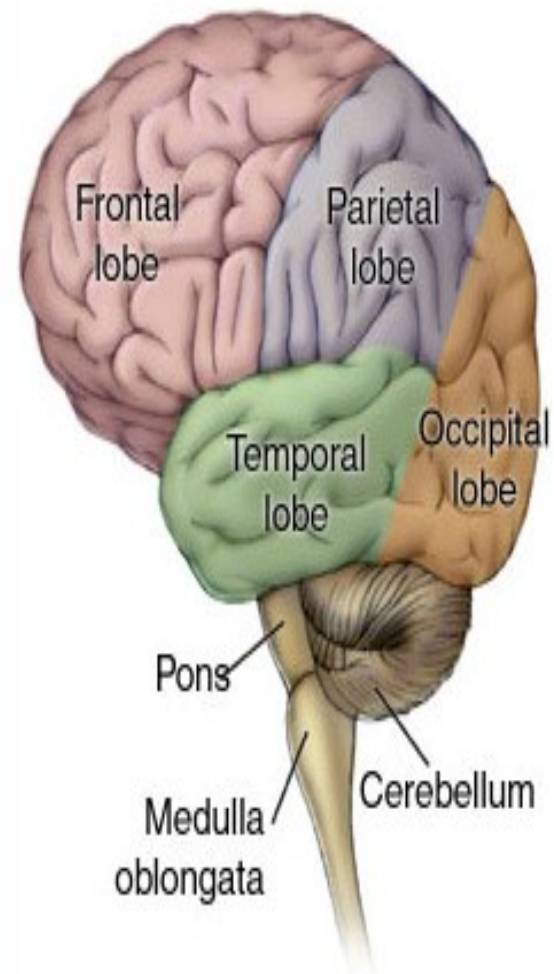
- Access to Adequate Services
- Impact of Trauma, Abuse & Neglect
- Lack of Support for Parents & the most Vulnerable
- Embracing 'normal' developmental processes?
- 'Quick fix' interventions

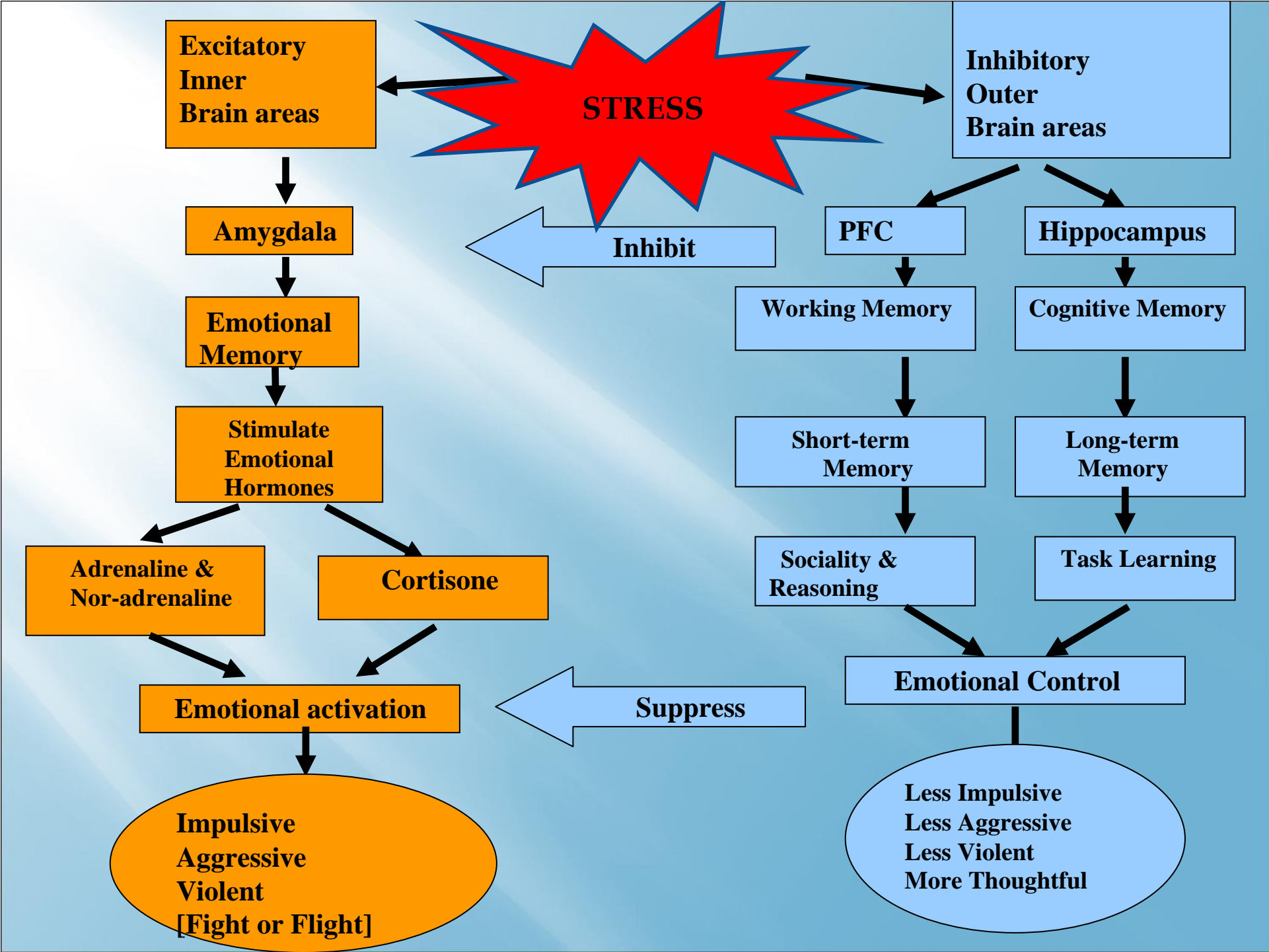


Applied Neuroscience



Anatomy of the Brain





STRESS

Excitatory Inner Brain Area

Amygdala

Emotional Memory

Nervous and Hormone Systems

Adrenaline, NorAdrenaline And Cortisol

Emotional Activation

Impulsive
Aggressive
Fight/Flight

Inhibitory Cortical Brain Areas

Hippocampus and
Pre Frontal Cortex

Semantic and Episodic
Memory Formation

Semantic and Episodic
Memory Retrieval

Social Skills, Verbal Skills,
Problem Solving, Task Learning

Emotional Control

Considered
Deliberate
Planned

Inhibit / Suppress

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**We are Social
Beings Hardwired
for Connection and
Relationship with
Others**



Hunger
Pain
Frighten
ed
Bored

Help! I'm
going to
die

Alpha Function
(Bion)

Intersubjectivity (Stern)
Mentalisation (Fonagy)

Oh Darling! That
really scared you.
Its ok Mummy's
here.



A Baby's Frightening Storms



- Feel Safe
- Able to think, reflect on feelings
- Able to stay with/ regulate emotions
- Seek help when distressed

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Hunger
Pain
Frightened

Help! I'm going to die

Depressed
I can't cope.....



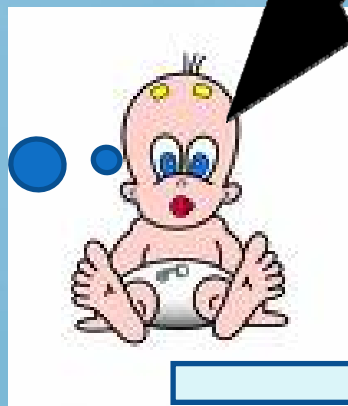
Angry...
you are just trying to wind me up



Dismissive,
emotionally cut off,
overanxious or preoccupied

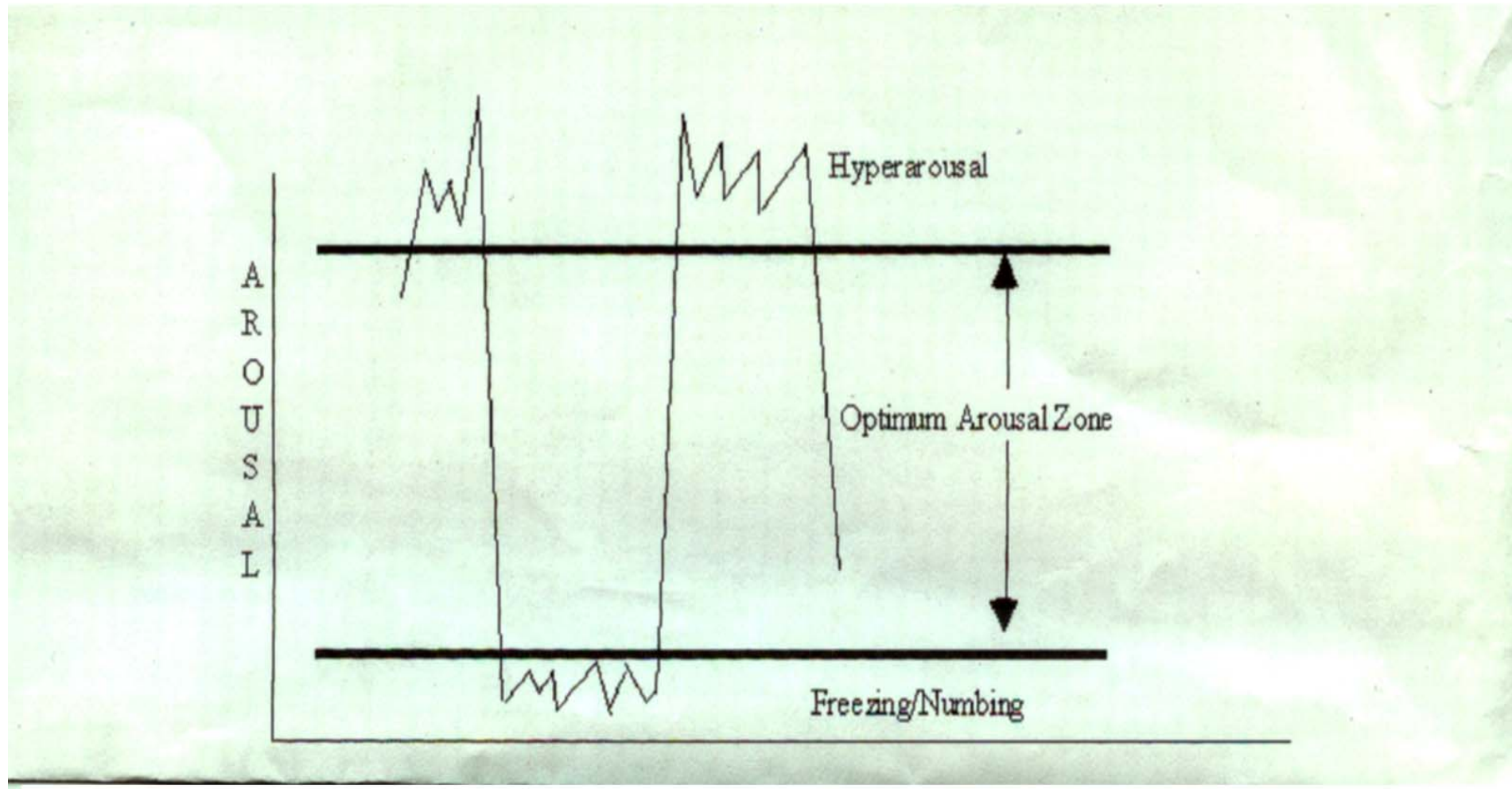
A BABY'S FRIGHTENING STORMS

My feelings are too big... no one can help me with them



- Unable to Regulate Feelings
- Emotional cut off (Dissociation)
- Extreme Self Reliance
- Avoidance of
- Vulnerability
- Disrupted Empathy Development

Unmanageable Emotions



DEVELOPMENTAL TRAUMA DISORDER

(VAN DER KOLK, 2003)

MULTIPLE OR CHRONIC EXPOSURE TO ONE OR MORE FORMS OF DEVELOPMENTALLY ADVERSE INTERPERSONAL TRAUMA (EG. ABANDONMENT, BETRAYAL, PHYSICAL ASSAULTS, SEXUAL ASSAULTS, THREATS TO BODILY INTEGRITY, COERCIVE PRACTICES, EMOTIONAL ABUSE, WITNESSING VIOLENCE AND DEATH).

Manifestations of Recurring Terror

- Triggered Pattern of Repeated Dysregulation in Response to Trauma Cues (triggered by low levels of stress)
- Brain Dysregulation (high and low) in presence of cues.
- Changes persist and do not return to baseline- not reduced in intensity by conscious awareness.
- Eventually State becomes Trait
- Resort to Primitive Mechanisms of Survival
- Disorganised attachment- lack of a coherent 'organised' behavioural strategy for dealing with stress (caregiver frightening or frightened)

Oversensitised Neuronal Pathways

Traumatised children- poor tolerance for emotional arousal/stress

(Van der Kolk, 1987)

Exhibit Hyperactive or passive defences, or shift between the two.

Hyperactive Defences- habitual defensiveness, aggression, hyper vigilance, excessive motoric activity, and uncontrollable bouts of rage.

Habitual Passive Defences- chronic patterns of submission, helplessness, inability to set boundaries, feelings of inadequacy, automatic obedience, and repetition of victim roles.

THE IMPACT OF COMPLEX TRAUMA

Disruption of Normal Developmental Trajectory

- **compromised emotional regulation-**

difficulty knowing and naming internal states/
feelings of hyperarousal / dissociation
/overreactions

- **poor impulse/behaviour control-**

aggression, self destructive behaviour & re-enactment
of trauma -can look like ADHD, ODD,CD.

➤ **Difficulty regulating attention-**

learning and memory problems, poor concept of cause and effect, poor concentration- hypervigilance to face/body language rather than teaching in classroom

➤ **Impaired social development-**

poor social relationships (impaired reading social cues, empathy), low self esteem and a disrupted sense of identity- can look like ASD (autistic withdrawal resulting from dissociation).

Functional Impairment

- ▣ Educational
- ▣ Familial
- ▣ Peer
- ▣ Legal
- ▣ Vocational

Psychodynamic Perspectives on Aggression & Violence

FANTASIES ABOUT AGGRESSION & VIOLENCE

*“ In phantasy at least, all human beings are considered to have deep wells of destructiveness, murderousness, cruelty and sadism to draw upon; with the psychopath, murderer, torturer and robber to be found to be in every human soul. Their difference is in their expression either directly, in fantasy, by sublimation, displacement or in realisation of defence as oppose to enactment” .
(Klein)*

TYPES OF VIOLENCE

Two Kind of Violence: Glasser (79-98)

Primitive form-

- * response to perceived threat- fight/flight
- * objective to escape/remove threat
- * violence murderous in intent

Cruelty:

- * not related to physical existence of individual
- * includes stalking, torture, sadistic threats
- * aim is suffering of victim

PROPOSITION

Violence (against self and other) is an action:

- 1) As a defence to protect psychological vulnerability
- 2) Resulting from a failure to process and integrate emotional experiences
- 3) fulfilling a psychological function- ridding ones mind of unbearable and unwanted sensations, thoughts & feelings

WHAT HAPPENS?

- Right orbitofrontal cortex -develops after 12m-
dependent on responsive care (Schore 1994)
- Failure of carer to provide containment of feelings-
alpha function (Bion 1984)
Lack of Intersubjectivity- meaning making (Stern)
Lack of Capacity to Mentalise- (Fonagy)
- Failure to develop affect regulation -develop
strategies to dissociate from feelings/experience

WHAT HAPPENS- CONTD

Overwhelming emotional experiences lead to-

- ▣ Shut down capacity to feel to escape pain - dissociation
- ▣ Need to rid mind of distressing and overwhelming 'intrusions' - experienced as a sense of violation-threat to mind of perpetrator (Meltzer)
- ▣ (Winnicott, Klein) Splitting and projection - hope to find a container- passive suffering transformed into active cruelty

- * Constant state of feeling overwhelmed by feeling states – lacking capacity to manage and so distance from them
- * Failure to develop empathy-pursue personal aims without injunctions
- * Lacking empathic connection prevents identifying with others pain and removes barriers to violent acts
- * Relationship between density of exterior armour and degree of vulnerability within

- ▣ Transference –situation triggers overwhelming painful feelings from childhood- terror, impotence, rage, shame.

Triggers Narcissistic Rage:

‘feeling helpless, mortified, paralysed with fear leaves us in a state that is so unbearable it must be changed: the offending object or the totally disintegrated self must disappear even if the whole world goes up in flames’ (De Zulueta)

Our Response

- ▣ Can lead to spiral of challenging behaviour
- ▣ Ultimately at risk of becoming excluded from the very facilities that could help.
- ▣ Supervision imperative to pick apart projections, transference
- ▣ Staff cohesion to prevent splitting and promote consistency of responding
- ▣ Boundaries- clear, consistent and lovingly applied

Kids Company System of Care

KIDS COMPANY SYSTEM OF CARE

- ▣ Service at street level
- ▣ Underpinned by relationships – fosters attachment & modulates stress response
- ▣ Informed by neurobiological research / experience with Traumatized Children
- ▣ Child/young person centred
- ▣ Wrap around service- practical, social, emotional, educational support
- ▣ Early intervention
- ▣ Education & Support for staff
- ▣ Emphasis on healing through creativity
- ▣ Experimentation with new ways of working – therapies geared to brainstem regulation

NEURODEVELOPMENTAL APPROACH

- ▶ Early neglect- abnormalities in structure & function of brain
- ▶ Repetitive, patterned stimuli create neural networks
- ▶ Address paucity of relationships- secure attachment & sense of safety fosters healthy brain development
- ▶ Quality of attachment and communication enables the development of enhanced social, emotional and cognitive capacity (integration)
- ▶ Safety enables self-exploration

Neurobiology of How we Effect Change

- Meet Attachment Needs
- Identify Emotional Triggers – respond in safe & supportive way. Enable development of self-awareness
- Use Affect Attunement & Interactive Emotional Regulation
- Foster Development of PFC (Executive Functions)/ Mentalisation

Meeting Basic Needs

- Legitimation of Emigration Status and Passport Acquisition
- Nutritious Food
- Financial Assistance for Basic Needs
- Referral for Housing/Benefits Advice
- Referral to External Specialist Agencies/Community Support as agreed with Young Person

Addressing Physical, Emotional Spiritual Health, Mental Needs

- Medical or Nursing Care
- Teachers/Key Workers/Support Workers –
Creation of Therapeutic Relationships
- Psychiatric Assessment if Needed
- Psychological Assessments
- Individual and Group Psychotherapy

- ▣ Emotional and Social Development- Teaching Personal Development and Life skills - EWS
- ▣ Creative and Emotional Expression and Processing through Art, Writing, Clay, Fashion, Dance, Drama, Music and Film Production
- ▣ Physical Activity e.g. Gym, Boxing, Sports, Martial Arts- Fosters a sense of Bodily Competence
- ▣ Body Therapies- Massage, Reflexology, Osteopathy, Acupuncture, Homeopathy – soothing, grounding, body awareness

**“It’s a Miracle What’s
Going On, I Swear Down!”**

Young Service User



**“WHAT WE DO TO
OUR CHILDREN
THEY
WILL DO TO
SOCIETY.”**

Piny the Elder