

childPSYCH News

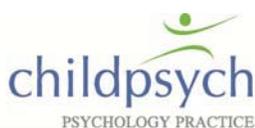
A newsletter for professionals and parents

Volume 8, Issue 3
Term 3 2013

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The Neurological and Psychological Effects of Abuse on Infants

Repeating School



Complex Therapeutic Services

childpsych delivers specialist services to children and youth being cared for by the Department of Communities and Non-Government Organisations.



Concentration and Attention Problems?

The cogmed program consists of 25 training sessions of 30-40 minutes each, done over 5 weeks. It is the intensity of this training schedule that is critical to the program's success. The user/family sets the training schedule with the Cogmed Coach, with plenty of flexibility.

The Neurological and Psychological Effects of Abuse on Infants

Exposure to neglect and ongoing trauma such as emotional or physical abuse and domestic violence can set the young child up for ongoing vulnerability towards stress and can lead to many other negative physical, cognitive and social outcomes for the child. Especially for infants, chronic exposure to trauma has been shown to significantly impact on their neurological and psychological development.



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Early Brain Development and Attachment

A secure attachment essentially means that the infant is secure in knowing that the caregiver will meet their basic needs (e.g. affection, food) when they need. In a secure attachment relationship, the caretaker is able to help the infant remain calm or help the infant to self soothe/settle, which develops the infant's ability to regulate emotions and adapt to stress. The quality of attachment relationships influences the child's beliefs about whether they are a good enough person, whether others can be trusted and whether the world a safe place.

Trauma and Development

Rapid neurological growth occurs in the first three years of life. For the rest of the first decade, children's brains have twice as many synapses as adults' brains. Studies have indicated that exposure to chronic and unmediated trauma could impact on the way the young brain develops. For example, chronic high levels of cortisol released in the infants brain as a result of prolonged exposure to stress could be neurotoxic affecting brain devel-

sive mother). This can cause an unresolvable conflict for the young child who experiences being stuck with the conflict of either approaching or avoiding the person who is supposed to be their 'secure base'.

Children's Responses to Trauma

Infants do not have the ability to verbally remember trauma, but children of all ages have the ability to process and recall acute traumatic events on some level. Immediate reactions to trauma can include regression (i.e. reverting to behavioural patterns from earlier developmental stage), excessive clinginess, muteness, sleep difficulties, etc. Traumatic re-enactment of stressful events is often visible in young children's behaviour and play (e.g. playing with miniature animals where potentially dangerous animals such as crocodiles, snakes and spiders attack 'defenceless' animals such as bunnies and sheep).

Psychological Treatment of Trauma at childpsych

For young children exposed to chronic and ongoing trauma, successful treatment involves long-term therapy (including directive and non-directive play therapy) and progress can be slow. In addition, a highly structured and contained environment with a loving and understanding caregiver is essential for the healing process.

For older children, Trauma-Focused Cognitive Behaviour Therapy has been identified as a "Well Established Treatment" by the Society of Clinical Child & Adolescent Psychology.

This means this approach to treating trauma has been shown to be superior in outcome to other interventions and placebo interventions.

opment later leading to the development of behaviour disorders.

In fact chronic trauma is sometimes considered a "gateway" for the development of other neurodevelopmental disorders such as AD/HD, Oppositional Defiant Disorder and learning disorders.

Therefore, trauma in infants and young children not only results in emotional difficulties but also behavioural and learning problems.

Impact of Stress on Children

Children have a developmental vulnerability to the effects of trauma. The impact of stress will depend on a range of factors such as the nature and severity of the stress, availability of support from a caring adult, whether the stress is due to a single event or chronic exposure, the child's developmental level, etc. Generally speaking, children are protected against the impact of stress if they have access to a caring adult who acts as a buffer against stress. Also, children appear to suffer less from the impact of stress / trauma when they perceive their parents as coping adequately. The hallmark for trauma is when the primary attachment figure is also the one causing the trauma / stress (e.g. the abu-

Repeating School

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Learning Problems?

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The decision to repeat a child in school is complex. It depends upon many issues such as the child's learning readiness, emotional maturity, age, whether they have a learning difficulty or developmental delay and so on.

The research on whether repeating grades benefits children is still largely inconclusive.

What is learning readiness?

Learning readiness is a broad term that refers to the child's mental and emotional capability to take on more formal learning. For example, the ability to be independent (i.e., be toilet trained, feed one self etc), regulates one emotions (i.e., control anger, fear), sustain attention, understand concepts such as "bigger" and "smaller", and to have basic cognitive skills such as appropriate fine motor skills (as needed in cutting and holding a pencil).

How is learning readiness assessed?

Learning readiness assessments are generally done by a psychologist with an education background. At *childpsych* our learning readiness assessments involve cognitive testing, evaluation of pre-academic skills (e.g., does the child understand that letters have sounds), use of specialised questionnaires and interviews with the parents and teachers about the child's emotional development.

What does the research say?

An Australian study found that repeating school seemed to have some emotional benefit for children. However, whether it benefited children academically was unclear. American research suggests that repeating grades is not beneficial and can be harmful in some cases with some children performing academically worse the following year.

Learning disorder?

At *childpsych* the first thing we determine is whether the child is likely to have a learning disorder (e.g. Dyslexia) or learning delay. This is a very important question to answer as a learning delay means the child is slow to learn possibly because of such problems as social immaturity and inconsistent attendance and therefore they may benefit from repeating school. If they have a learning disorder, then repeating is unlikely to help as this



is a more permanent problem and one they may not "grow out of" by simply repeating another year. Cognitive assessments measuring memory, attention and so on are undertaken to examine this issue.

Emotional maturity

The second area of evaluation is emotional maturity. Often parents and teachers will confuse a mental health problem with emotional maturity. For example, if a child has an anxiety disorder such as being overly anxious (e.g., crying when there are changes in routine), they may be seen as being "immature". However this is potentially a disastrous mistake to make. First the child's anxiety disorder must be treated. In our experience, treating the anxiety results in a different, more confident child.

Emotional immaturity is more than just being a little anxious, it is the child's strong need to play rather than learn more about the world. When children have an eagerness to learn and ask a lot of questions and play interactively, then we can begin to see them as socially mature.

Some researchers argue that keeping children back to encourage their social development doesn't make sense as they are being kept back with younger children! These researchers argue that children grow up when they are with their age group. This is called "peer modelling" or "leading by example" in lay persons terms. There are of course some other factors that need to be taken into account. If the child has a late birthday, such as being born in December, then they may benefit from repeating with a younger age group.

Making a decision

The best way to make a decision is for parents and teachers to discuss the possibility of the child repeating in late Term 2. A second meeting can be held by mid Term 3 to review the child's progress. If there are continued concerns then a more formal psychological/learning readiness assessment can be requested in Term 4. The assessment results can be used to make a decision about repeating.

Autism Behavioural Consultancy Services

childpsych employs a Behaviour Consultant, Yevonne Partridge, to compliment our educational and clinical psychologists. Yevonne has over 10 years experience in special education, and is also trained in Intensive Applied Behaviour Analysis.

Yevonne is able to:

- ◆ Assist parents of young ASD children with in-home behaviour management (this is claimable under FaCHSIA funding, but not Medicare or private health)
- ◆ Consult to schools on educational and behavioural interventions
- ◆ Assist children with moving into, and through, the school environment
- ◆ Advise on curriculum issues and classroom modifications
- ◆ Link parents and children into existing support services

Make an appointment
07 3716 0445

Autism Services

childpsych provides a specialist autism clinic focused on assessment and diagnosis and intervention services. Our autism interventions are delivered by psychologists accredited to work with children with autism spectrum disorders.

- ✓ Assessment and diagnosis of autism
- ✓ Management of children with autism to age 18 years
- ✓ Behavioural interventions, social skills, transition to school, treatment of other conditions such as anxiety, depression
- ✓ Special education development classes and remedial teaching classes

childpsych.net.au/autismclinic