The Change Game

Treatment Issues in Forensic Child Psychotherapy with children who have learning disabilities and/or autism

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Workshop objectives

- Identify what we we mean by learning disability and autism and SHB
- Share some experiences and information about our work
- Describe a clinical model for therapeutic risk assessment and treatment
- Consider integrative arts psychotherapy as a treatment.
- Describe clinical material to illustrate the significance of the therapeutic relationship in facilitating change
- Identify support and supervision issues

Workshop Outline

1.Introductions - (10 mins)

2. Presentation – (40 mins)

3. Structures small group/group discussion – (35 mins)

4. Plenary – (5 mins)

Alice

- '...she didn't feel like my other babies had. I was fraught with an anxiety that rippled through every aspect of my relationship with her and that penetrated my dreams…I could sense that Alice was feeling my rejection of her and knew that the responsibility lay with me to work this out and find a way through the fear that was getting in the way of loving her. As my fears dissolved I fell in love with my daughter.' Sian Davey (2015:1)

Lemn Sissay

She Read As She Cradled

- You part of me
- Every day your history
  Every tomorrow your destiny
  Every growth your mystery
  Every mother wants a baby
  Like you
- Every laugh your personality
  Every look your clarity
  Every word your stability
  Every mother wants a baby
  Like you
- Every hiccup a comedy
  Every fall a catastrophe
  Every worry my worry
  Every step you're beside me
  Every sight you're pure beauty
  Every mother wants a baby
  Like you
- Every tear wiped carefully
  Every word spoke lovingly
  Every meal fed silently
  every cloth washed caringly
  Every song sung sweetly
- Every day I whisper quietly
  Every mother wants a baby
  Like you
-

- Every hiccup a comedy
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  Every mother wants a baby
  Like you

Respond's Young People's Sexually Harmful Behaviour Service

- Research suggests that young people with learning disabilities account for between 30-50% of all young people with sexually harmful behaviours, often due to the considerable levels of disadvantage they experience.

- Many clients who display sexually harmful behaviours have experienced sexual or physical abuse, neglect, domestic violence or dysfunctional and emotionally distant parenting.

- Interventions to address such experiences are often not identified quickly to prevent dysfunctional pathways into harmful behaviours.

- The growing recognition that people are a demanding mixture of both victim and perpetrator, good and bad, led to us developing treatment models that cater for abused, abuser and those that are both.

Risk Assessment Process

Through our R/A we want to get to know a person, to establish a relationship with them, to see their shb as a part of the whole of who they are though…

Meetings with key carers/family members

Reading reports from school, police , psychiatrists, psychologists etc

12 sessions which combine therapeutic approaches with some assessment tools and questionnaires – eg ERASOR, Psychopathy, Personal Vulnerability to interpersonal violence

Risk Assessment Process 2: issues to consider

- **Attachment experiences**
- **Experience of trauma or abuse**
- **The main triggering incident/s**
- **Other risky behaviour including use of violence, threat or coercion**
- **Vulnerability to exploitation**
- **Mental health**
- **Learning disability**
- **Protective factors at home and elsewhere**

Issues for Risk Assessment

- **Attachment experiences**
- **Experience of trauma or abuse the main triggering incident/s**
- **Sexual knowledge and understanding**
- **Self concept and self esteem**
- **Other risky behaviour including use of violence threat or coercion**
- **Vulnerability to exploitation**
- **Mental health**
- **Learning disability**
- **Protective factors at home and elsewhere**

ERASOR

ERASOR: Estimate of Risk of Adolescent Sexual Offence Recidivism version 2.0

- There are presently no empirically validated, actuarial instruments that can be used to accurately estimate the risk of adolescent re-offending. Based on the best available research data and consensus in professional clinical opinion, however, a number of high-risk factors have been identified in the literature.
- The ERASOR (Worling and Curwen 2001) summarises the available research and expert opinion to estimate the short-term risk of a sexual re-offence for youth aged 12-18 years of age. This is based on the fact that adolescents are still rapidly developing with respect to many areas of functioning such as sexual, social, familial and cognitive. The ERASOR provides objective coding instruction for 25 risk factors (16 dynamic and 9 static) and must be repeated following marked change of the passage of time.

Risk Factors:

- **Sexual Interests, Attitudes and Behaviours (in the previous six months)**
- **Historical Sexual Assaults**
- **Psychosocial Functioning**
- **Family/Environmental Functioning**
- **Treatment**

Without the making-of narrative, perversion is a set of random acts, existing in a split- off vacuum. This may well have been enough for the patient, as the perverse excitement and power evoked by their actions may partially compensate for their lack of meaning. It cannot be enough for us. Without narrative, we are at risk of operating from the same mindless place as the patient , treating offences as split off actions, separate from the emotional world of the patient " **(A Corbett 2014 : 18).**

Reasons for SHB as evidenced by therapeutic and clinical experience backed by theories of what causes it.

- 1. Split off unprocessed experience of trauma including sexual trauma
- 2. Early sexual trauma also leading to difficulty in knowing how to 'be with' people and a risk of sexualising overtures to others
- 3. Walled off trauma regarding intensely frightening infant experiences where in fear of life
- 4. False –self functioning
- 5. Disorganised attachment from early trauma, altered through good foster and adoptive care to something more like extreme avoidant.
- 6. Severe difficulty with empathy
- 7. Getting very excited when playing or having fun,
- 8. Early neglect leading to self- soothing using body
- ***L's level of risk if no intervention assessed as mod to high***

Aims of therapy

- **To build a therapeutic relationship with L, based on developing a positive and secure attachment.**
- **To develop and strengthen L's sense of self through increasing his self esteem , self awareness and capacity for self reflection.**
- **To improve and strengthen the quality of L's relationships at home, school and beyond**
- **To reduce the risk that L may pose to himself and others through sexually harmful behaviours**

Theoretical approaches

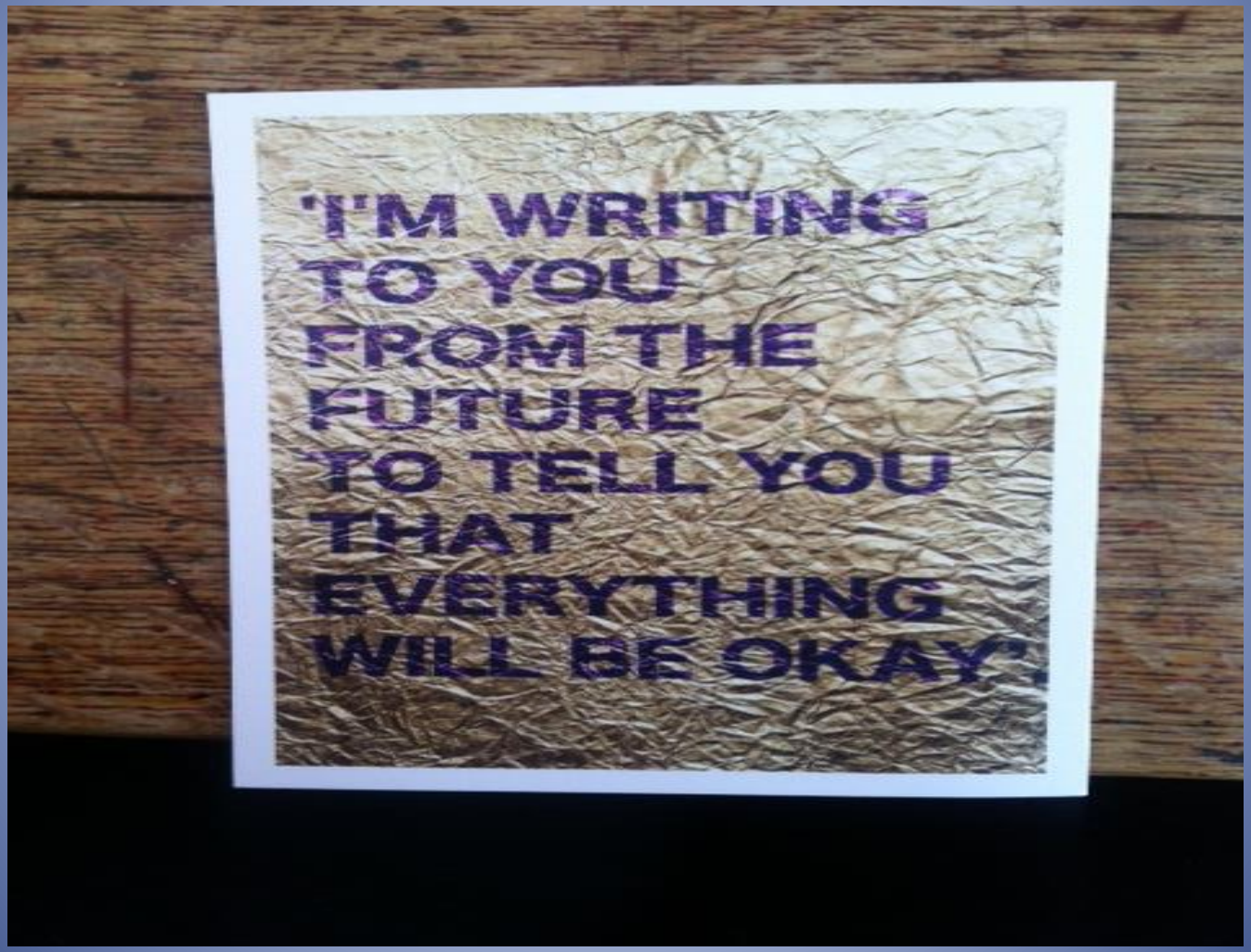
- Object relations
- Attachment Theory
- Developmental Trauma
- Creative Play
- Forensic Psychotherapy
- Family/systemic therapy

- The issue at this third level …does not concern thinking about feeling, or even identifying feeling, but gaining access to feeling itself…This vitalising function involves work at the very foundation of human relatedness” (Anne Alvarez 2012 : 5-6)

Good outcomes re: yp shb (Hackett 2010)

- A belief in self
- A sense of being in control of your own life
- An ability to plan
- A good sense of humour
- Good communication skills
- Being ashamed of your childhood behaviour and taking responsibility for it
- Employment
- Decent housing
- Pro-social friendship and hobbies/interests
- Stable partner relationships
- Becoming a parent through choice
- Having positive care and professional relationships that endure.

Agents of Hope
(Warsan Shire 2014)



Group discussions

Think of a yp with shb/ld who you have encountered.

a. What did you understand to be the drivers or causes of their behaviour?

b. What, if any, therapeutic approaches helped?

c. What were the main challenges for you as a therapist working with this client?

- - In the direct therapy?
- - In the network/ system/ context around the child?

Additional Reading

- Alan Corbett (2015) *Disabling Perversions* . Karnac

- Anne Alvarez
  (1992) *Live Company*. Routledge
  (2010) *The Thinking Heart.* Routledge

- Tamsin Cottis
  (2008) *Intellectual disability, Trauma and Psychotherapy*. Routledge
  (2017) You Can Take it With You When You Go: *British Journal of Psychotherapy, Feb 2017*

- Bessell van Der Kolk (2005) Developmental Trauma Disorder: Toward a rational diagnosis for children with complex trauma histories in *Psychiatric Annals* 35.5.

- Tony Attwood, Isabelle Hénault and Nick Dubin (2014) *The Autism Spectrum, Sexuality and the Law: What every parent and professional needs to know*. Jessica Kingsley

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