

## Management Plan Notes for Smith Family (Jane, Tom, Sarah)

These are actual notes prepared by Peter Trask, psychologist. All names have been altered to protect the confidentiality of these clients.

### Background

These notes are prepared to provide some guidance to the staff of the [Township\_Name] College regarding the day-to-day management of the three Smith family children, being Jane, Tom and Sarah.

This feedback and related suggestions are based on the author's discussions with teachers, the treating psychologist, their mother and in light of initial observations of these three children.

In terms of risk management and the greatest need, it seems most appropriate to focus on Jane primarily, whereas the other younger two appear to be making some progress and may continue do so if Jane's situation can be stabilised and improved.

### Family Background

Mother of four children has recently divorced the allegedly violent husband and father. Child access to their father is still being resolved in the courts and the mother would prefer there was no contact with their father, claiming this access continues to torment the children and that the father also exposes the children to inappropriate activities. Apparently, many years of domestic violence witnessed by the children culminating in an 'attempt to kill' episode. Ex-husband has continued to stalk the mother and interfered in her day-to-day life. Living conditions are apparently safe but likely to be an anxious environment given Mum's experiences.

### Provisional Diagnosis

To a greater or less extent, each of the four children have been exposed to a great deal of stress, danger, violence, inappropriate (per age) activities, a lack of safety and stable parenting, and many other negative developmental influences. The timing of these sometimes horrific but often unhelpful nurturing experiences will have affected each of the children in slightly different ways. Nevertheless, they are each affected, sadly most profoundly (and thus not easily, if at all, reversible), and so our expectations of these children's recovery must be moderated, and our related interactions simple, concrete, consistent, and predictable.

**Post traumatic stress disorder.** Trauma as multi-faceted and cumulative. Very strong defense mechanisms, and so each works hard to keep them intact. Be deprived of these defences and the person becomes disregulated (erratic, unpredictable, aggressive) and vulnerable. They will fight that.

Most likely with Jane and Tom, possibly with Sarah but not necessarily.

**Disorganised attachment.** Lack of cohesive, continuous, predictable, safe and nurturing environment in the infant and young childhood years. Critical period consequences in terms of the compromised neurological development in the first 5 years or so of his life, resulting in poor emotional regulation and minimal capacity to self-soothe (calm) self when aroused (triggered).

Applies to all three. This is a systemic problem that the mother needs to address ASAP, as best she can, to a large extent independent of the school. Problem is her capacity to achieve that, while also struggling to manage her own arousal and emotions. Nevertheless, the school can make a contribution here, by providing good attachment figures (eg. Tom's aide in Zoe) but these need to be managed appropriately (i.e. being dependable, predictable, safe, consistent, and mindful of the inevitable separation and so manage the latter in advance).

Need to rule out (or confirm) **medical conditions**. Refer paediatrician.

Not sure this is likely in any of the children's situation and as far as I know, there is no evidence so far, given their care by the local GP. Regardless, a referral to a paediatrician could be warranted or encouraged.

Some **learning difficulties**. Likely to be mainly developmental in origin (i.e. lack of appropriate stimulation in early critical period years).

Most apparent with Tom and Sarah, less so Jane.

### **Oppositional Defiance Disorder (ODD).**

Most apparent with Jane and the concern is it will transition into conduct disorder (but not inevitable). Less apparent with Tom and Sarah, in part given their age.

### **Provisional Management Plan**

- ✓ Educate teachers and staff in trauma (causes and consequences - behavioural, emotional, other). Refer Peter Trask presentation - planned, date to be confirmed.
- ✓ Aim to adopt the Do's and Dont's from below. Adapt and update over time, based on further feedback, and success and failures achieved. Be patient and calm yet firm.
- ✓ Guide family in achieving appropriate and competent external medical and psychological care for respective family members. In progress but needs to be monitored, and if successful, treatment approaches integrated across school and family environment.

### **Psychologist's Feedback (William James)**

- a. [Agency] assessment pending, not sure of the status or progress of that.
- b. Suggestion that the active implementation of behavioural intervention plans be delayed till imminent court proceedings regarding child access are concluded. (PT: This remains a fraught period so best intentions and plans can unravel during this relatively chaotic time).
- c. Father characterised as a control freak and access to their father appears to be disruptive to the children's general demeanour. (PT: I suspect this had more to do with the anticipatory anxiety of the mother and the manifestations of that for the children, rather than the actual exposure to abuse when with the father).
- d. Home visits conducted and children appear to be safe in their home. No reporting to child protection advised.
- e. Further psychological assessments for Jane suggested.
- f. Jane appears to be the most dynamic and most problematic in the family configuration. Is very disrespectful at home, toward her mother, her demeanour can switch very quickly (both to pleasant or defiant) suggesting some volition (calculated behaviour), there are a lack of consequences for her actions, and when confronted, she runs away. The challenge is to engage

Jane so she learns to manage some levels of discomfort without running away or being aggressive, and to find some currency for her (activities to keep her grounded and in the 'now').

### **Jane. Management Plan.**

1. There does need to be a consistency between how Jane is being treated at home and at school. A very large challenge but one to be attempted. Work with the mother to formulate that. Refer Peter Trask also.
2. At every opportunity, work to improve Jane's 'emotional intelligence' by her learning to name her emotions, learning about emotions, and at times, learning ways to soothe or calm her negative emotions via breathing, positive self-talk and imagery. She may need some specific coaching in this to establish some baseline responses, yet her defiant inclinations might preclude this in advance. Therefore, every opportunity needs to be taken, even if only 5 seconds here or there.
3. In negotiation with Jane, aim to establish a safe place for her in the classroom, that she can shift to, as a prevention strategy, as and when she is becoming distressed. Depends in part on above also.
4. Somehow, Jane needs to learn emotional regulation and the ability to self-soothe. However, there is the possibility that routine efforts in this regard are unsuccessful given the presently compromised control Jane has now. This may be a bit of trial and error to start with.
5. Avoid talking about her family members or parents. These are sources of angst and can act as triggers.
6. Do not talk to Jane about anything (other than mainstream school content or behavioural expectations) that is known to cause a *negative* emotional (heightened physiological / arousal) response. Once Jane becomes dysregulated, her behavioural responses are unpredictable and very disruptive to the good and safe operations of the classroom and school generally. Keep the conversations concrete, remain calm and smooth in intonation, while being firm yet kind.
7. **Do not avoid disciplining** Jane. However, avoid doing so, or talking to her about inappropriate behaviour at times of dysregulation. If disciplining her, do so calmly, focusing on her behaviour and not her persona (i.e. what you **did** was naughty, not you are a naughty girl....). Again, routine methods dealing with an ODD child may not work and so may need adaptation via a trial and error process.
8. Punishment may be warranted for Jane but its form will need to be carefully crafted and will not be effective until there is backup and a similar approach at home. She needs to learn that there are consequences for her inappropriate behaviour, but unless this is also reinforced at home, she will continue to play the 'divide and conquer' approach, as may be the case between her time with Mum, and brief yet pleasant times with Dad.
9. I suspect Jane's emotional regulation is more about choice than overcoming instinctive, habitual responses, although likely to be a combination of both. To this extent, we need to encourage her intrinsic motivation to respond and behave more reasonably and cooperatively. This requires improved 'attachment' (at home and at school), so she feels safe enough to change her behaviour.
10. Avoid escalating or reinforcing Jane's emotional or defiant outbursts by mirroring her emotional or stubborn state. Instead, aim to provide her a safe environment ASAP, keeping others safe in the meantime. Be firm without being provocative. Try to neutralise her defiance by accepting it, where it is safe to do so, as she seeks a 'fight' as that is part of her maladaptive defensive response. For now, her defiance delivers her benefits, if only to feel in control.

11. Be structured, concrete and simple in all daily interactions and instructions.
12. Focus on what she can do, not on what she cannot or will not. Confidence may be less of an issue for Jane yet achieving some success in daily tasks may improve her engagement, whereby this increased attention becomes important collateral as behaviour modification efforts proceed.
13. Mentoring might be worthwhile but only if the mentor is hardy, not egocentric and willing to commit for the longer term.
14. Aim to establish a whole of school approach for Jane, at least for staff. Consistent with above. Interactions with peer students and others is more problematic but perhaps can be addressed via routine wellbeing, pastoral care and welfare initiatives throughout the school.

Review the above in several months, modify and integrate routinely as certain methods are proven, and take into account feedback from external medical and health professionals treating Jane, with the appropriate consent of her mother.

### **Tom. Management Plan.**

Much of what applies to Jane also applies to Tom. Both have had similar life experiences yet their respective intellects for their age are not on a par (Jane seemingly bright, Tom less so) and Tom appears to be more passively than overtly defiant like Jane. Nevertheless, the management place for each needs to be similar, and thus aiming to mirror a consistent parenting approach you would encourage at home.

Like Jane, Tom needs to be taught, and so learn, appropriate boundaries and social expectations.

For now, the teacher's aide for Tom appears to be working well and is strongly encouraged to be maintained. Importantly, Margaret's calm, mature, experienced and assertive approach is very helpful and hopefully can continue to deliver behavioural improvement.

The symptoms of Tom's emotional dysregulation (dissociation as per PTSD, it seems) appear to be confronting and worrisome. Regardless, in conjunction with other approaches from above, providing Tom non-judgemental and calm support during these times may eventually lead him to dissociate less often, as he perceives himself safe in such an environment. Also use ways to 'ground' him at such times, using concrete methods to engage his perceptual systems ('can you see that', 'can you hear that'), while perhaps avoiding 'what can you feel' (emotive connotations) questions but rather give him something to play with and touch, such as a 'stress' ball. Neurologically, we are aiming to re-engage 'frontal lobe processing' rather than 'mid-brain processing' (emotional state in ascendancy with sympathetic nervous system activation) whereby a more 'mindful' state helps to activate self soothing responses (and thus activating the calming aspects of the parasympathetic nervous system).

Both Jane and Tom need more genuine and effective nurturing, yet the approach for each may be subtly different. These subtleties will hopefully emerge in due course and need to be tailored to be age and gender appropriate.

### **Sarah. Management Plan.**

Overall, Sarah's management includes the above as well as standard day-to-day best teaching practices for children of lower intellectual capacity. Furthermore, like her older siblings, Sarah appears to lack age appropriate social skills and so efforts to cultivate these are important too.

At a general level, if her family situation can be improved, as well as the consequent behaviour of her next two oldest siblings, Sarah's prospects may well improve too. For now, a steady state approach to Sarah would be advised, while giving priority to improving the well-being of her family, and addressing the increasingly concerning behaviours of her siblings Jane and Tom.

### **Parenting Plan**

Insofar as it is achievable and the mother is willing, there is considerable value in these children's mother Eileen receiving parental support and guidance. Efforts to achieve this externally are recommended.

Meantime, it is suggested that Eileen meet with respective teachers, welfare coordinator and Peter Trask in the medium term to aim for a consistent approach and commitment to make a difference.

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