



Developmental differences in children who have experienced adversity: Emerging evidence and implications for practice

2 May 2018 | Sara McLean

Questions

Diagnosis

“ Do you see a lot of children mis-diagnosed as ASD in chronic trauma background (with significant impact on language)?

Michelle | 14 May 2018

“ Is there evidence to suggest that, after developmental difference due to adversity in early childhood, there can be remediation at the neurological level (i.e., that there are changes in the adult brain that allow it to resemble a "typical"/"healthy/well-adjusted" brain)?

Andrea | 14 May 2018

“ Have you done functional brain MRIs on children to see if there are differences in the brain from children who have not suffered adversity?

Mila | 14 May 2018

“ What is the defined timeframe for early adversity? You mentioned including pre-natal, how early/late in a child's life course do you define experiences of early adversity?

Lauren | 2 May 2018

“ The bulk of the questions about diagnosis refer to differential diagnosis- how do we distinguish between ASD, FASD, ADHD, ID and complex trauma; or how do we know that children who are diagnosed with ASD, for example, are not living with the effects of complex trauma and are being 'mis-diagnosed' with ASD. If we look to the limited existing literature comparing neuropsychological and cognitive functioning between different diagnostic 'label's; then there are some broad comparative trends that we can use to contrast these groups in terms of attention, circadian rhythms and sensory issues- but the literature is complex and there are key issues related to environmental factors as well – this is something that warrants more detailed discussion in a webinar or other practice forum. At the minimum, and even in the absence of a clear 'diagnosis'; I would argue that the principles I've outlined in this webinar should serve as a starting point. These principles are likely to be useful for most children (will do no



further harm); and are likely to be useful irrespective of diagnostic label. These kinds of questions really highlight the reasons for taking a 'trans-diagnostic' approach to children's difficulties. We know that getting a diagnosis can sometimes be difficult; that diagnostic criteria change over time; that at different points in time, different diagnoses are more 'popular' than others; or that the need for a diagnostic label can be driven/influenced by other factors (for example, because of the funding and support implications attached to some diagnostic labels and not others). While a diagnostic label can be important, it may be more useful to take an approach that addresses the underlying differences in how children experience the world. We can then work to shape the environment, services and systems to be more responsive to these differences. By 'stepping away' from an emphasis on diagnosis- and moving focus towards common areas of development that are likely to differ in some way for these children (as a result of a complex interplay of genetics, prenatal environment, caregiving environment and traumatic events) – we may be better able to develop interventions tailored to these needs.

Dr Sara McLean | 14 May 2018

Practice resources and application for teachers, parents and carers and special populations

“ **What resources or strategies do you recommend for teachers who educate children with developmental differences. Would they be able to refer to those you have mentioned for care givers?**

Johanna | 14 May 2018

“ **How are practitioners able to distinguish between children with developmental differences resulting from early adversity and children with disability. Are there some resources that are available to provide to practitioners, specifically educators and education support officers to ensure that they employ appropriate approaches?**

Jane Fairlie | 2 May 2018

“ **Are there any particular parenting workshops (i.e. 123 Magic) that you would recommend for this population? If it is better to deliver emotion coaching based or behavioural based programs?**

Stephanie | 14 May 2018

“ **How can foster carers and prospective adoptive parents be effectively trained during pre-assessment phase and then supported continuously to understand this?**

Pacina | 14 May 2018

“ **Any comments about the 'special case' of children living in two homes eg separated parents - and having to deal with two lifestyles, sets of rules, values etc.?**

Britt | 14 May 2018



“ **What do you recommend for the children & families who have helper "burnout, i.e. by the time they get to intensive support settings they're on their 3rd unsuccessful psychologist, and are sick of telling their story?**

Lisa | 14 May 2018

“ **What do you recommend for the implementation of supports for young people with developmental difference when they are living in care setting with a rotation of staff? Does the rotation of staff create more barriers for support or can it be more beneficial?**

Lauren | 2 May 2018

“ The Practitioner Resources that will be published soon on CFCA site will touch on the key evidence informed ideas for supporting children with differences in information and social information processing and point to practical resources you can use with young people. For those of you interested in learning more about how to do this kind of work, please don't hesitate to get in contact with me.

Dr Sara McLean | 14 May 2018

“ As your comments and emails indicate, many participants were wondering about how this approach looks for blended families, foster placements, residential and the classroom environment. I'd have a few general comments about this. In group environments, it is important to structure and scaffold the environment to address children's sensory, cognitive and language issues. This will involve the use of visual prompts and visual sequences, physical barriers (carousels etc), universal rules and opportunities for sensory regulation. Transitions of all sorts need to be supported through the use of visual reminders and warnings, transition activities and highlighting similarities. These principles are also very relevant for young people who are required to transition from home to home, or frequently moving between home and respite etc. There are a wealth of resources now available for supporting young people living with FASD, who also need a high level of support with transitions and with adapting their environment. In many ways there we can learn a lot from practitioners who work with children and families living with FASD. I suggest you contact NoFASD Australia or visit their website as well.

Dr Sara McLean | 14 May 2018