FREW CONSULTANTS GROUP
specialists in managing severe behaviours

Submission to Royal Commission into the Protection and Detention of Children in the Northern Territory

The focus of this submission is to raise the awareness of the Commission in regards to their recommendations for future practices in dealing with children in detention. This is particularly directed at the training of personnel who work in these detention centres.

The principals of the Frew Consultants Group have over thirty two years working in special settings for students with severe behaviours including detention centres, twenty years as leaders and one as principal in the only NSW juvenile detention centre for girls. They have found that the practices based on cognitive interventions are extremely limited and do not work for children with a background of abuse and/or neglect when they are in stressful situations.

The vast majority if not all children who are sentenced to serve time in these facilities have suffered profound abuse and/or neglect and as such there is a great need for practices to be based on information from the psychiatric and neuroscience professions. This information should provide the foundation for intense and specific training for all workers in this field. The training has to be underpinned by a deep understanding of trauma and the professional boundaries that need to be observed.

It is vital that the workers at these centres understand the impact early childhood abuse has on expressions of behaviour in given situations. However, it is just as critical they understand that they are not health care professionals and their duties and responsibilities must be clearly defined and properly implemented through specific training.

Background

The principals of Frew Consultants Group have had long careers in education with a combined total of eighty-one years service. After starting as mainstream teachers they both moved into careers in providing support for students with severe behaviours (see details on our web page *frewconsultantsgroup.com.au*). Since retirement they have wanted to share their knowledge with teachers and other personnel who work with these children.

The Group provides free advice in the form of regular newsletters, essays, power point presentation and videos free to teachers and other workers in this area. Our goal is to support those working with these most difficult but most needy children.

The Educational Group provides expertise in the following areas:

1. The origins of dysfunctional behaviour based on contemporary neuro-scientific evidence
2. Descriptions of abuse and the resulting Post Traumatic Stress Disorder
3. Manifestations of inappropriate behaviour related to stress
4. Development of programs to address severe behaviours for individuals and groups
5. Development of boundaries for both children and their carers/teachers

We would like to make the following points that will inform the findings of your Commission.

Summary of the Conditions Confronting Institutions that Cater for These Children

The following is a synopsis of the various dimensions of the problem and some recommendations.

1. The Severity of the Behaviours

- Amongst the most common cause for students with these behaviours are:
    - Post-Traumatic Stress Disorder, which is a result of personal abuse particularly in early childhood. This abuse can be the result of a range of physical and psychological assault and neglect and is the most common cause of severe behaviours.
    - Inconsistent and/or poor parenting.
    - Culture dislocation; the clash between the expectations of the child and the supervising authority.
    - Severe learning difficulties that have not been sufficiently addressed earlier in a child's development.
    - Substance abuse such as extreme alcohol consumption, marijuana abuse, petrol sniffing, etc.
- There is a mistaken belief that these children have the ability to self-regulate their behaviour in the short term.
- It is estimated that in the general population between 1% and 11% of the population will suffer PTSD resulting from childhood trauma and in some areas, the proportion can be extremely elevated. In detention centres it would approach 100%.
- Children suffering comorbid mental illnesses have behaviours that contribute significantly to this problem.
- The distribution of the children who present the associated behaviours is irregular but closely related to socioeconomic conditions in the community.
- Interventions based on cognitive approaches are marginally successful. A more appropriate approach is the provision of highly structured environments with an elevated level of personal support (healthy relationships).
- Consequences do not need to be severe but they do need to be consistent

and persistent to allow the children to regain a sense of personal control.

- Successful interventions to assist children who exhibit these severe behaviours are never short term. Change is difficult and time consuming but it can be achieved.

These children suffer from a range of mental health and social issues. The impact on the structural development of their brain is well documented with significant reductions in neurologic size in crucial areas. These include the cerebellum, hippocampus and frontal lobes. The amygdala, the seat of emotional responses is however enlarged meaning they become hypersensitive to potential threat. This interferes with their ability to modulate their moods and make calm decisions.

As pointed out the traditional interventions based on cognitive restructuring will not work and may exacerbate the problem because these approaches rely on the capacity of the child to internalize new verbal, cognitive information and this requires them to be in a state of attentive calm. Another problem is these programs are couched in very 'middle class' language and aspirations which are confusing for those who don't share the same cultural history.

There is another issue that needs to be addressed and this is regarding the environment in which any intervention occurs. When the child is working with a therapist in a one on one situation they can learn to give the appropriate response in that calm focused non-threatening environment. However, unless these new behavioural techniques are carried over into society the child will be unable to repeat the process in the face of an unpredictable and stressful situation. That is in the short term, when they return to their facility or to mainstream society and are consequently exposed to real or perceived threat these techniques will fail. The clue to successful management of transference from the therapist to a mainstream setting is the provision of a calm and predictable environment in the detention centre to allow time for the lessons learned to gain in strength. This allows the child to escape from the grip of trauma-based responses associated with elevated levels of stress.

Recommendation:

- Your review should have a focus on the cause of these children's behaviour and this will almost certainly be early childhood abuse and/or neglect. From this, any recommendations you make about the administration of the detention centres must identify the need for trauma informed practices of management.
- Your review needs to include reference to literature from the fields of psychiatry and neuroscience. The findings should underpin future directions in the approach to behaviour management in centres and inform all personnel's training.
- That the costs of implementing appropriate change be compared to the

cost incurred in providing detention centres, the social costs, etc.

At the heart of the existing problem is the significant deficit in the delivery of appropriate services. The deficit is not in the numbers of personnel but in their training and the support resources suitable for dealing with these children.

Despite many claims from commercial companies that they 'have the answer' to this problem the evidence is that across the country there has been a consistent failure in providing successful support for these children. We understand that this problem requires a description of 'best-practice', training and the necessary support resources for the personnel who attempt to manage these most challenging children.

Conclusion

a) It would be a major mistake to follow 'traditional' practice and seek improvements overseas. Existing literature in this country is underpinned by work from the United States or Britain. It is time we acknowledged our own nation's capability. However, if this was to be a part of an investigation on 'best-practice' this should include examination of other systems importantly those dealing with dislocated, indigenous populations.
b) There is a need to access expertise from the field of psychiatry and neurosciences.

The motivation for this submission is to point out the potential danger for the design of future practices to be dominated by prevailing approaches from those who have a professional stake in the field of cognition. This will fail. These children have very deep-seated psychiatric damage and the future plans must include the understanding of the importance of the magnitude of the damage and how the environment in which these children are held is organised.