

Collection of resources to support work with young people with disabilities using adolescent violence in the home (AVITH)

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The following list of resources has been collated and discussed with our AVITH Community of Practice. This document is not a complete practice guide for working with young people using violence in the home. It simply contains some practice considerations that practitioners might like to incorporate into their work.

Overview of AVITH and disability

Common presentations of young people who use violence:

- Autism
- Attention deficit hyperactivity disorder (ADHD)
- Foetal alcohol spectrum disorder (FASD)
- Oppositional defiance disorder (ODD)
- Intellectual disability
- Learning disabilities
- Communication disorders

Recent research findings:

The PIPA Project (2020)

- The PIPA report (2020) found through legal case file analysis that 47 per cent of young people brought before Victorian or Western Australian courts for using violence in the home referred to the young person having one of the above diagnoses and recommended a greater focus on the importance of recognising FVITH and its complexities.

A socio-ecological exploration of adolescent violence in the home and young people with disability (2022)

- "Participants – mothers and practitioners – universally described a failure across the spectrum of human services to support young people with disability and families where AVITH occurs. A significant thread emerged about specialist DFV services. While mothers described variable understandings of disability, the primary lament was the extent to which "mainstream" DFV services were ill-equipped to fully support young people with disability and their families."

Adolescent family violence in Australia (2022)

Young people with disability particularly identified the need for:

- Education on abusive behaviours and their impact
- A supportive school environment (incl. school staff)
- Someone to talk to
- Professional help

Understanding autism

Terminology

Table 1: Adapted from Bradshaw (2021), p. 107

Terminology to avoid	Preferred terminology
With autism	Autistic
Disorder[ed]	difference
High/low functioning or mild/severe	Describe specific strengths and needs and specific areas where substantial or minimal support is needed
Non-verbal	Non-speaking/ partially verbal
Intervention/ some 'social skills training'	Support, embracing Autistic identity and prioritizing happiness and mental health
[Autism] symptoms	Be specific about Autistic characteristics, features or traits
Special interests	Areas of interest
Special needs	Specific description of needs and disabilities
Challenging/problematic/disruptive/problem behaviour/ tantrum	[Autistic] meltdown
Fix/ cure [autism]/ 'optimal outcome'	Discussions focusing on quality-of-life outcomes

N.B. Language around autism is continually evolving; it is always best to check in with the young person and/family about what terminology they prefer.

What is the autism 'spectrum'?

- Autism should not be considered linear but rather be viewed as depicted in the colour wheel.
- We also need to avoid the rhetoric that everyone is 'a little bit on the spectrum': Non-Autistic people may share similar traits to Autistic people, but being officially diagnosed as Autistic means fulfilling all the specific criteria for diagnosis of the condition.



Figure 1: Bradshaw (2021), p. 106

Challenges for an Autistic young person¹

1) Organisational skills

For example, young people may have difficulties with:

- organising themselves and their belongings
- listening to multiple, sequential or abstract instructions
- coping with changes – room, times, workmates
- distractions
- focussing on the important part of instruction, how to begin task
- fine and gross motor skills

2) Communication skills

For example, Autistic young people may:

- have a “foreign” or odd intonation
- interpret expressions literally, for example, interpret “Pull up your socks” as an instruction.
- show unusual linkage of thoughts
- be confined to narrow topics of conversation
- feature learned phrases in particular situations

3) Social skills

For example, young people may have difficulty making friends because they:

- do not understand rules of social behaviour
- misinterpret behaviours, body language or facial expressions
- find it hard to understand their own feelings and those of others
- are very outspoken and/or talk about inappropriate subjects
- develop a fixation on certain individuals
- have a strong sense of justice, but see things in black and white terms
- find personal space difficult, may dislike being touched
- appear naive and vulnerable

Autism resources suggested by practitioners

YouTube

Episode	Channel	Length	Address
Dan Siegel: The Purpose of the Teenage Brain	Greater Good Science Center	8:19	https://www.youtube.com/watch?v=gw9GrgNcYcg
Sensory Overload	Alkurhah	2:22	https://www.youtube.com/watch?v=K2P4Ed6G3gw
Can you make it to the end?	National Autistic Society	1:28	https://www.youtube.com/watch?v=aPknwW8mPAM&t=1s
How I get through an Autistic Meltdown HealthyPlace	HealthyPlace Mental Health	3:03	https://www.youtube.com/watch?v=2_Y9nnw9Oxg

¹ (Amaze Information Sheet: Working with an Autistic person, p. 2)

Web

<https://www.amaze.org.au/>

<https://raisingchildren.net.au/autism/therapies-services/therapies-interventions/interventions-for-older-children-with-asd>

<https://suelarkey.com.au/tip-sheet/>

<https://www.autismawareness.com.au/understanding-autism/women-girls>

<http://www.adhd.com.au/contact-us-behavioural-neurotherapy-clinic>

<https://www.yellowladybugs.com.au/>

<https://beyou.edu.au/>

Understanding ADHD

ADHD Presentations (DSM-5 Criteria)²

- Predominantly Inattentive Presentation
- Predominantly Hyperactive/Impulsive Presentation
- Combined

Factors that increase risk of ADHD³

Factors that might predispose a person to ADHD:

- Neurophysiology
- Genetics
- Exposure to lead

For our client group, some factors that might be particularly pertinent include:

- Drug use during pregnancy
- Lack of early attachment
- Early childhood trauma
 - Brain injury: Some children with brain injuries show behaviour that resembles ADHD; however, most children with ADHD have no history of brain injury.
 - Lack of sleep: It is thought that 1 in 3 children with ADHD might have [sleep apnoea](#) (a blocking of the airway during sleep), but it's not clear whether sleep apnoea is a cause of ADHD.

ADHD Resources suggested by practitioners

YouTube

Episode	Channel	Length	Address
The Signs Everyone Missed Growing Up	Tell Me You Have ADHD Without Telling Me You Have ADHD	12:50	https://www.youtube.com/watch?v=DbeeWRcHgN0
What is ADHD	Psych Hub	04:28	https://www.youtube.com/watch?v=5l2RIOhDXvU
ADHD and sleep	SciShow Psych	06:01	https://www.youtube.com/watch?v=7Eb-0VYN0k8

² <https://chadd.org/for-professionals/overview/>

³ Source: <https://www.healthdirect.gov.au/attention-deficit-disorder-add-or-adhd>

What Is Attention Deficit Hyperactivity Disorder?	Understood	28:14	https://www.youtube.com/watch?v=ouZrZa5pLXk
Am I Lazy, Stupid, Messy, Flaky? ADHD	How to ADHD	07:17	https://www.youtube.com/watch?v=rUsotGVqUy4
Memory Tips and Tricks for People with ADHD	HealthyPlace Mental Health	03:52	https://www.youtube.com/watch?v=am7QeDqiVsk

Web

<https://www.healthdirect.gov.au/attention-deficit-disorder-add-or-adhd>

<https://www.adhdsupportaustralia.com.au/peers-social-skills/>

<https://www.adhdaustralia.org.au/resources/support-groups/>

<https://raisingchildren.net.au/teens/development/adhd>

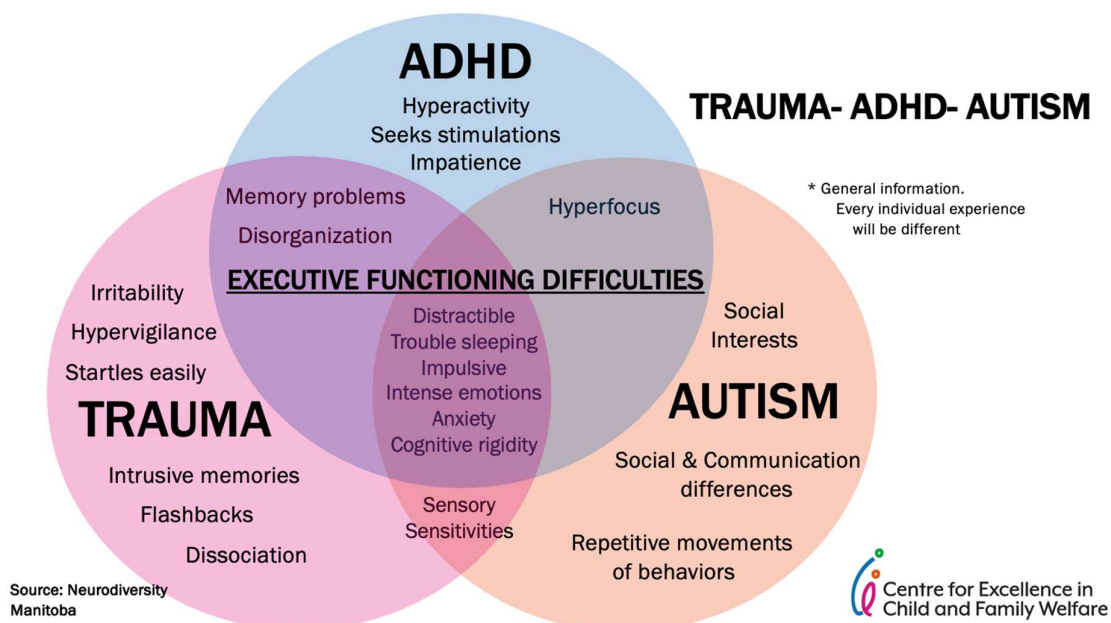
Co-presenting issues

Autism and...

- Depression: e.g. social withdrawal, impaired non-verbal communication behaviours, flat affect
- Anxiety disorders: e.g. distress over environment or changes.
- Obsessive Compulsive Disorder (OCD)?

ADHD and...

- *May* present with Mild delays in language, motor skills and social development
- *May* have issues with judgement: driving, social, sexual risks, substance use
- *May* develop:
behaviour disorders, anxiety/depression, sleep disorders, tic disorders, learning disabilities.



Diagnosis- Benefits and considerations⁴

Benefits of assessment might include:

- Increased self-understanding
- Helps others be more understanding
- Gateway to accessing support services
- Assessment guides treatment

Families and professionals need to consider:

- No point in 'forcing' a diagnosis: diagnosis is not the 'end point'
- Diagnosis costs \$\$\$
- With/without diagnosis, practitioners should always be considering capacity, ability, and responsivity
 - Diagnosis not appropriate during episodes of crisis
 - Consider effects for young people having another 'label'

Engagement strategies

Building Trust and Rapport⁵

- Careful explanation of the service and your role.
- Start with what the young person sees as the problem.
- Warm, empathic respectful attitude.
- Active listening
- Working at a pace that allows the young person to feel safe.

Modifications for work with Autistic young people⁶

Examples:

- Schedule shorter sessions.
- Limit eye-to-eye contact, to reduce the amount of information processing and attention required.
- Sit side by side.

(More examples on page 12 of this document)

Communication⁷

- Simplify language, be specific and clear when communicating
- Do not assume what they are trying to say
- Allow for thinking time

Visual aides

- Social learning stories: the creation of a story or visual presentation of a topic to help the individual understand it better and or assist in reducing the anxiety over it.
- More information can be found at: <https://raisingchildren.net.au/autism/therapies-guide/social-stories#:~:text=What%20are%20social%20stories%3F,narratives%20or%20story%2Dbased%20in%20interventions.>
- Visual aides for routines etc: for example, creating a step by step guide with pictures demonstrating what they need to be doing can be an easier way to explain to the young person the activity or job they are required to do.

⁴ (Orygen Youth Health, 2014, p. 6)

⁵ <https://www.healthdirect.gov.au/attention-deficit-disorder-add-or-adhd>

⁶ (Orygen Youth Health, 2014, p. 9)

⁷ <https://www.amaze.org.au/wp-content/uploads/2019/08/Amaze-Information-Sheet-How-to-communicate-effectively-with-autistic-people.pdf>

Ideas for therapeutic interventions

The following ideas for therapeutic intervention come from Orygen Youth Health's guide: [Working with Young People with Autism Spectrum Disorder and Comorbid Mental Disorders](#).

- 1) Psychoeducation
- 2) Affective education
- 3) Emotional Management
- 4) Dealing with sensory issues
- 5) Developing social skills
- 6) Navigating sex and intimate relationships
- 7) Managing social anxiety
- 8) Supporting identify and self-understanding

1) Psychoeducation

- An important part of the practitioner's work is supporting the young person and their family members to feel more empowered with greater understanding of their personal diagnosis and what it means for them.
- This can require a complete re-framing of how the family view a diagnosis.
Example: "Just because a PlayStation cannot read an Xbox game does not mean it is broken or has a processing error- it is just a different operating system" (Bradshaw, 2021 p. 105).



2) Affective education

- Practitioners can support the young person to increase their general emotional vocabulary. Resources such as a 'feelings' chart might help the young person to identify different types and levels of intensity of emotions.

worksheet

3 Feelings Chart

Intensity	Happy	Sad	Angry	Fearful	Ashamed	Confused	Safe
High	thrilled	miserable	furious	terrified	humiliated	bewildered	serene
	elated	agonised	enraged	petrified	embarrassed	torn	tranquil
	joyful	hopeless	mad	panicked	bashful	mixed up	peaceful
	excited	heartbroken	agitated	anxious	awkward	foggy	calm
Medium	cheerful	unhappy	frustrated	worried	silly	split	relieved
	glad	down	annoyed	uneasy	self-conscious	uncertain	comfortable
	satisfied	disappointed	irritated	nervous	uncomfortable	undecided	content
Low	OK		bothered	cautious			

Figure 2: Example of 'feelings' chart, Orygen (2014)

3) Emotional management

Autism

- Emotional switch rather than emotional 'dimmer'
- Emotions are OK, but we need to consider our reactions.
- Help them to identify early warning signs

ADHD⁸

- "Stop, think, do": to remind themselves to think through the consequences of their actions and consider solutions.
- "Just walk away"

4) Dealing with sensory issues

- Facilitating self-awareness
- Exploring and practicing
- Incorporating identified sensory strategies into daily life

Taking note of triggers and actions that occur

- Through these records, practitioners and families should be able to identify patterns in behaviour if any are present. These potential triggers can be used to identify what can be implemented to prevent the triggers and or reduce its occurrence.

For example:

Date:

Where/setting:

What happened before:

What was the behaviour:

What happened after:

5) Developing social skills

Autism:

- *Instrumental skills: eye contact, gestures, starting a conversation etc.*
Scripting, roleplaying
- *"Fund of social knowledge"*
Explicit teaching, reading, exploring social media use etc.
- *Social cognition*
Practice conversations that ask about thoughts and feelings of young person and others

ADHD⁹

- Encourage extracurricular activities to promote confidence
- Act as a role model

⁸ (Raising Children website)

⁹ (Raising Children website)

6) Sex and intimate relationships

- Education around puberty, dating and relationships.
- In particular, discussing unwritten rules of relationships
- Info about sexual health

7) Managing social anxiety

- Providing concrete examples of what to expect
- Rehearsing situations
- CBT approach to graded exposure

8) Identity and self-understanding

- Explore genograms
- Create timelines to create a sense of self across time
- "Creating mock social media profiles to explore interests, preferences, likes and dislikes."
- See worksheets on personal profile and values.

Safety planning

Practitioners should follow existing organisational guidelines about safety planning. The following tips about safety planning for a young person with disability might provide some additional considerations.

Pre-planning

- Take note of triggers and behaviours and to make plans on how to meet the young person's needs.

Example: Young person not liking to go to new places → create a plan that includes: prewarning the young person on what will be occurring, showing them images of the place, driving past the location to get them comfortable with the change

Tips for de-escalation

Distraction

- Watching YouTube videos
- Using noise cancelling headphones

Grounding and Self-soothing

- Having a dedicated quite safe space in the home and school
- Toys and objects

Managing escalation

Things to consider when planning:

- Removing others from harm, e.g. family goes outside, send kids to a neighbours etc.
- Avoid yelling or screaming
- Do not crowd the young person
- Call for support...

Calling for support

- Safety plan should include a list of emergency contact numbers, a way to access emergency support and a safe place to go.
- Calling for support from a family member, friend or neighbor: the young person must also know in what situations support will be called in for.
- Calling emergency services: this should remain a last resort.

Maintaining disability supports

What comes next after behaviour supports are put in place? How do we ensure that a young person remains supported in the long-term?

- NDIS is not a system designed to respond to crisis
- Brokerage: This could include brokerage to support regulation or can help families to continue their engagement with services.
- Safety plan reviews: – Safety plans should be monitored and reviewed on a consistent basis
- Refer to behaviour management plans

References

Australia's National Research Organisation for Women's Safety. (2022). Adolescent family violence in Australia [Fact sheet]. ANROWS.

Bradshaw P (2021) '*Autistic*' or '*with autism*'?: *Why the way general practitioners view and talk about autism matters*, Australian Journal of General Practice, accessed 7 November 2022.

<https://www1.racgp.org.au/getattachment/a11ddcc9-2820-4889-b33b-cd268513168a/Autistic-or-with-autism.aspx>

CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder (ADHD)) (2022) Overview, CHADD, accessed 1 December 2022. <https://chadd.org/for-professionals/overview/>

Orygen Youth Health. (2014). Working with Young People with Autism Spectrum Disorder and Comorbid Mental Disorders. Retrieved from: https://oyh.org.au/sites/default/files/ASD-manual_0.pdf

Raising Children website: <https://raisingchildren.net.au/autism/therapies-services/therapies-interventions/interventions-for-older-children-with-asd>

Sutherland, G., Rangi, M., King, T., Llewellyn, G., Kavanagh, A., & Vaughan, C. (2022). A socio-ecological exploration of adolescent violence in the home and young people with disability: The perceptions of mothers and practitioners (Research report, 19/2022). ANROWS.

Example modifications to work with Autistic young people

Central Principle	Implementation Examples
Make the abstract concrete	<p>Use visual aids and cues.</p> <p>Provide tangible and specific examples eg: how other young people have coped or managed .</p> <p>Reduce reflective language.</p>
Provide information	<p>Be more specific and detailed than you might ordinarily.</p> <p>Outline how the clinical encounter works, and the expectations on both sides of the social equation.</p> <p>Map and agree to an agenda or broad structure for how the session will unfold.</p>
Provide structure and predictability	<p>Stick to a routine.</p> <p>Have regular appointment days and times.</p> <p>Keep therapy rooms the same. Where this is not possible, give forewarning.</p> <p>Use language such as “sometimes” or “usually” so that fixed views are not developed. eg: “We will usually meet in this room, but sometimes it may not be available”.</p> <p>If there are last-minute changes, check in as to how this has impacted.</p> <p>Discuss and prepare for changes - such as discharge - well in advance.</p>
Support with processing verbal information	<p>Simplify language.</p> <p>Use visual aids to represent complex concepts and slow down discussion.</p> <p>Computers, email, text messaging, art and diagrams may all be useful aids.</p> <p>Provide a range of responses to choose from.</p> <p>Check understanding – don’t assume the young person will spontaneously advise if they do not understand.</p> <p>Explicitly encourage initiation (speaking up).</p>
Capitalise on strengths e.g., intelligence and acquisition of new information.	<p>Investigate a problem together.</p> <p>Set research or data collection projects.</p>
Make use of special interests	<p>Show an interest in special interests and areas of specialist knowledge.</p> <p>Routinely talk about topics familiar to the young person.</p>
Provide opportunities for generalisation and ongoing practice	<p>Include family members and other support people in sessions.</p> <p>Provide a written summary of key points of the discussion to take away.</p>
Minimise sensory distraction	<p>Ask about environmental distractions in the therapy space (e.g. lighting, perfumes, background noise of computers, temperature, airlessness, types of chairs, distracting visuals).</p> <p>Adapt the environment to maximise participation.</p>
Minimise EF difficulties	<p>Schedule shorter sessions.</p> <p>Limit eye-to-eye contact, to reduce the amount of information processing and attention required.</p> <p>Use clocks to manage time together.</p>
Reduce anxiety with distancing techniques	<p>Sit side by side.</p> <p>Use a computer screen.</p> <p>Talk about the problem while taking a walk or playing a game.</p>

Figure 3: SOURCE: Orygen Youth Health, 2014, p. 9: https://oyh.org.au/sites/default/files/ASD-manual_0.pdf