Enabling the Best Start in Life
Just Right State Assessment and Intervention in CAMHS

Billie Hughes
Children’s Services Manager & Lead Nurse
CAMHS Belfast & South Eastern HSC Trust

Éadaoin Bhreathnach
Consultant Occupational Therapist & Attachment Counsellor
and author of the Just Right State Programme
Strategic Context of Reform Health and Social Care

Co-Production- Prevention-Anticipation-Recovery-Outcome
Healthy Child, Healthy Future
A Framework for the Universal Child Health Promotion Programme in Northern Ireland
Pregnancy to 19 Years
May 2009

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES
A SERVICE MODEL

Protect Life 2:
a draft strategy for suicide prevention in the north of Ireland
Department of Health
September 2010
The average Irish person aged 15+ drank 11.6 litres of pure alcohol. The European average is 10.7 litres.
Over 22,737 children received support from children's services

2,132 on Child Protection Register

There are over 2,983 looked-after children

29,676 incidents of Domestic Violence 16/17, this represents the highest level recorded since 2004/05 (PSNI)

28% of people 200,000 Citizens in Northern Ireland

The Troubles...

60% of the respondents to the Northern Ireland Study of Health and Stress reported to having had experience of at least one traumatic event during their lifetime, with 19.5% of these as conflict related, and 16.9% being related to witnessing death or serious injury.

In NI 2,527 women developed antenatal depression, 3,790 women developed postnatal depression, 50 mothers developed puerperal psychosis

Mental Health Foundation 2016 Fundamental Fact NI

The average reduction in life expectancy in people with bipolar disorder is between nine and 20 years, while it is 10 to 20 years for schizophrenia, between nine and 24 years for drug and alcohol abuse, and around seven to 11 years for recurrent depression.
PEOPLE WITH PTSD SAY IT FEELS LIKE:

- You're never gonna feel safe inside your own body
- Teeth-on-edge, fingernails down a chalkboard. It feels like I want to peel my skin off and crawl out of it
- A psychic autoimmune response, the mind attacking the body as it mistake is own fear for an intruder
- Seclusion, I'm okay but sometimes the world feels a bit overwhelming
- Accidentally slipping into the upside down because a shadow hit the ground the wrong way
- My outside world doesn't match my inside world
- Reaching... in all directions at all times
- A psychic autoimmune response, the mind attacking the body as it mistakes its own fear for an intruder
- Waking up and being surprised that the world around me is more peaceful than the world in my dreams
Interventions in CAMHS for Trauma

- Core assessment
- CBT and CBT trauma
- DBT
- EMDR
- Family therapy
- Psychotherapy
- Sensory Attachment Intervention includes Just Right State
- Music therapy
Sensory Attachment Intervention

- History of SAI.

- 1980’s: Traumatised children referred were unresponsive to Sensory Integration as sensation triggered trauma memories.

- 1990's: Went into Independent Practice. Children, Young People, and Adults referred had a history of being resistant or unresponsive to all treatment interventions.

- Processing trauma activated flight, fight or freeze, dissociative, shutdown responses.
Sensory Attachment Intervention

Sensory Attachment Intervention (SAI) was developed in recognition that trauma influences the way individuals process sensory information and how they relate to others, i.e. they organise around danger.

Need to consider what are the core fears;

Sensory - fear of sensation, or fear arising from the incapacity to organise sensation for use,

Attachment - fear of rejection, fear of separation.
Sensory Attachment Intervention

- Sensory Attachment Intervention is an integrative treatment approach for children, young people, and adults who have experienced trauma and abuse.

- The focus of therapy to enable the process of self-regulation and co-regulation by embedding regulation in daily living.

- It primarily draws from the Theories of Ayres’ Sensory Integration, Crittenden’s Dynamic Maturation Model of Attachment, Developmental Trauma, and Porges’ Polyvagal Theory.
Sensory Attachment Intervention

- SAI - Focuses on enabling self regulation & co-regulation.
- Two Key Relationships; Relationship with others in particular attachment figures, Relationship with the Environment.
Sensory Attachment Intervention

- All information is sensory.
- Sensory processing generates representations of attachment relationships, of the physical self (body scheme) and of the physical environment.
- Perception of sensory and attachment experiences disposes the individual to behave in a particular way, and to adopt strategic behaviours for the purposes of engaging with others and with the environment (home, school, work place, leisure).
- What is the intention/function of the behaviour?
### SAI Model of Insecure Attachment

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANS Regulation</td>
<td>Modulation</td>
<td>Interpretation</td>
<td>Organisation</td>
</tr>
</tbody>
</table>

#### Emotional Processing

- **History of:**
  - Abuse
  - Neglect
  - Abandonment
  - Multiple Placements
  - Secure Care
  - Prison

- **ANS & Sensory Processing**
  - SNS: High arousal Stress Response
  - PNS: Low Arousal Stress Response
  - Fluctuating Response
  - Alternates between SNS and PNS Stress Responses

- **Hyper-responsive,**
  - Increased Muscle Tone,
  - Sensory Defensive,
  - Seeking heavy work activities to down regulate self

- **Hypo-responsive,**
  - High Threshold, Low Muscle Tone.
  - Seeking Movement to up regulate

#### Hypervigilant to possible danger:
- **Fear of Separation:** bias towards flight, fight behaviours.
- Associated with ADHD, ODD, Conduct Disorder, Anti-Social Behaviour, Personality Disorder

#### Fear of Rejection & Abuse:
- Freezing/Resistance, Dissociation, Collapse, Shutdown
- Associated with Depression, Dissociative Disorder
- Self Harm, Suicidal Tendencies, Eating Disorders

#### Affective Bias:
- Tunes into emotional response of others, unable to listen to Attachment Figures & Professionals
- Impacts on Temporal Processing

#### Cognitive Bias:
- Temporal order
  - Omits affective affective information
  - Dismissing of emotional and physical impact on Self.

#### Organisation based on Perceived Fear:
- Use of Coercive Strategies
  - Heightened Social Engagement to maintain and control others’ responses.
- Use of compulsive strategies to gain the attention and approval of Authority Figures

#### Struggles with daily living tasks:
- Problems with: forward planning
  - achieving end product, taking responsibility
  - for errors, problem solving, dependency on others to organise.
- **Over challenges self:**
  - Takes on several tasks at the same time.
  - Pushes self to succeed
  - Experiences shame when doesn’t, which impacts on muscle tone.
Developmental Stages of Parent Child Engagement & Intervention

SAI Model of Function© 2015

Éadaoin Bhreathnach

**Level 1**
- ANS Regulation
  - Social Engagement System
  - Sense of Safety
  - Nurture, Soothe
  - No Demands

**Level 2**
- Modulation
  - Just Right Combination of:
    - Down Regulation
    - Up Regulation
    - Nurture & Challenge

**Level 3**
- Interpretation
  - Predictable, Consistent & Affectionate Approach
  - Play/Leisure which stimulates organised behaviour

**Level 4**
- Organisation
  - Organised response to engagement with objects and with others.
  - Capacity to enter into reflective dialogue
Sensory Attachment Intervention

- Parent Child Engagement
- Just Right State Programmes: Children’s, Parents’, Adolescent and Adults’.
- “to promote the establishment of healthy habit patterns ...which serve as protective and healing factors in combating the negative effects of stress.”

American Occupational Therapy Association’s Statement on Stress and Stress Disorders (p711)
The Just Right State Programme
JRS Children’s Programme

The JRS Children’s Programme helps children to learn how to self regulate through the use of sensory activities and foods. It also uses cartoon characters called the Scared Gang that represent the different survival patterns of behaviour. The characters inform the children about the behaviours associated with survival and how each character achieves regulation.
Ball Activities for Self Regulation
Ball Activities for Co-Regulation
Snack & Chat

Regulating properties of food and activities
Clay Closure
Story Time

The Scared Gang

go to the

Seaside
Parents learn how to self regulate and how to regulate their children.
JRS Parents' Programme

- Snack & Chat
- Levels of Self Regulation 1 - 4 includes Play.
- Homework consists of self regulating activities for the parent and regulating activities for the child.
- Enriched Environment Provision.
Why Just Right State in CAMHS?

- Increase in relational and developmental Trauma.
- Not fitting into other manualised treatments.
- Stress responses in clinic.
- Relational breakdown.
- Primary school age children unable to attend school or high anxiety around school attendance.

- Sensory attachment awareness allowed CAMHS staff to be more aware of the mind and body integration.
- Just right state training was the second stage.
- These interventions allow for more creative interventions when children can't "talk".
- Also allows parents to have fun and self regulate.
How we use just right state in CAMHS

• Home assessment for self regulation questionnaire to make sure that we make the programme applicable at home for sustained change.

• Family sessions.

• Group sessions for children.

• Groups sessions for parents.

• How we measure change.

• Goal based outcomes that are agreed in partnership.

• Emotional awareness.

• Physical health.

• Fun.

• Relational repair.

• Experience of regulating activities and foods.
Joel is 8

Family History:
• Living with Mum, no other siblings
• Minimal contact with Dad
• Over enmeshed attachment with Mum
• Disorganised attachment with Dad
• Domestic violence

Presenting Needs:
• Dysregulated in school and home
• Aggression to peers and parents
• Hyperactive
• Running away from home and school
• Putting self and others at risk
Joel- Case Study One

• How realistic is it to expect an 8 year old with relational and emotional trauma to manage unsupported and unsupervised in the playground.

• How does it feel to be a child that is dysregulated and living is survival mode, full up with fear, regularly being excluded and sent out of class and who barely manages to function for more than half an hour and yet be expected to complete a whole day at school without incident.
Joel 8

Previous Intervention

• Some features of ADHD
• Some features of ASD
• Behavioural intervention tried over 1 year with no significant change
Just Right State Intervention

• Self regulation assessment for Joel and Mum at home.

• This started the key to building a relationship and look at the realities and practicalities to make the treatment sustainable.

• Mum and Joel engaged well in the programme as they didn’t have to talk.

• They were facilitated to work together as parent and child to regulate and co-regulate.

• They engaged in learning and were able to practice each week at home as the foods and tools were achievable.
Joel Outcomes

- Joel now attends school full time but before school he has a deep massage with his therapy ball.

- When Joel comes home from school he does his ball planks and then has a snack of toast and hot chocolate.

- Joel understands his body and when he is seeing signs of fight flight or freeze and has a toolbox to use to regulate – Mum also understands this and they do ball bouncing together to music and have fun.

- They also spend periods in the park playing on climbing equipment.

- Joel came into clinic last session stating that he is celebrating 10 months with no melt downs or getting in trouble in school.
The programme has been running for a year in CAMHS

Feedback from parents:
• I feel more relaxed
• I can laugh with my child again
• I had forgotten that I need to put my own mask on first
• Simple strategies that I can do myself
• We have our lives back
• I feel connected to other parents and not alone

Feedback from children:
• I can feel happy in school
• I like bouncing on the ball it makes me calm
• I can cope with friends
• I can cope with my feelings
• I like to run about and climb
• I feel strong in my core and mind
• I like to climb and feel steady
Next Step for CAMHS

- Training more JRS Facilitators
- Facilitating more JRS programmes (individual and groups)
- Research
JRS Children’s and Parents’ Programme

- Individual and Group Programmes
- Children, Parents, Parent & Child, Families
- SEMH Schools, Residential Homes, Child’s home, Clinic Settings
- Birth Parents, Foster Carers, Adoptive Parents, Residential Staff
- Additional JRS programme for adolescents and adults used in CAMHS & Forensic Services. Reports in reduction in self harm and suicidal ideation
JRS Facilitators

- Northern Ireland
- England
- Scotland
- Wales
- Republic of Ireland
- Australia
- South Africa

Prerequisites for JRS Training:
Professional Qualification in Health, Education or Social Care and SAI Level 1 Training
We would like to thank Joel and his Mum who agreed to share their experiences of the Just Right State Programme.