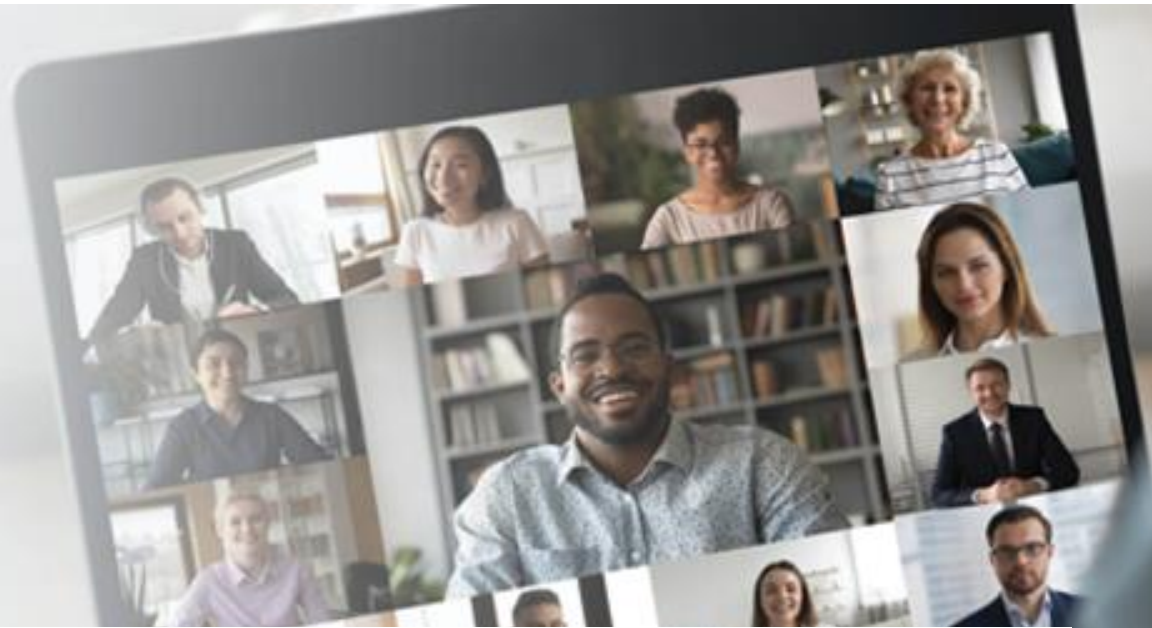


welcome



WEBINAR

Effective Approaches to Addressing Aggressive Behaviours

Land Acknowledgement

The land has always provided and sustained life and will continue to do so for years to come. As staff of the Ontario Principals' Council, we are aware that we live, work and derive benefit from the ancestral lands that have always been home to the Anishinaabek and the Omushkego Peoples, the inherent right-holders of these territories. As a partner in public education, I have a duty to learn, understand and redress the historical and ongoing impacts of colonialism. Individually and collectively, we have a responsibility to reconcile our relationship with the land, the Anishinaabek Peoples and the Omushkego Peoples.

I acknowledge that I am on the traditional territory of nations within nations including the Anishnabe, the Ojibwe and the Michi Saagiig, land which continues to be home to many diverse First Nations, Inuit and Métis peoples.

I am grateful for the enduring presence of Indigenous peoples as past, present and future caretakers of these lands on which I work and play.

I am committed to continue to deepen my understanding and learning about my role and how I can work toward decolonization as an individual and as part of a community. I am grateful to those who are my teachers and my partners.

Introduction to Our Presenters



Jenn Drudge

Provincial Parent Liaison,
Adopt4Life

Aggression Toward Family/Caregivers in Childhood and Adolescence (AFCCA)



Tanya Eichler

Clinical Lead,
Adopt4Life

Aggression Toward Family/Caregivers in Childhood and Adolescence (AFCCA)

Practical Strategies

Effective Approaches to Addressing Aggression Toward Families / Caregivers in Childhood & Adolescence (AFCCA)



Unless otherwise specified, all content is from the National Consortium on Aggression toward Family/Caregivers in Childhood & Adolescence (AFCCA)

Adopt4Life's AFCCA Family Supports Program

Tanya Eichler, Jenn Drudge



Meet the AFCCA Family Supports Program Team



**Maude Champagne, RSW, MSW,
PhD (C)**
Clinical Lead



Tanya Eichler, MCP, RP (Q)
Clinical Lead



Nancy Lockwood
Co-Director/Practice Lead



Jenn Drudge
AFCCA Parent Liaison



Ruby Alguire, RSW, MSW
Equity Access Clinician



Alice Audrain
READI+ Community Outreach and
Development Coordinator

AFCCA Family Supports Program
Programme de soutien pour la famille APFEA

Aggression toward Family/Caregivers in Childhood & Adolescence
L'agression envers les parents et la famille dans l'enfance et l'adolescence



Aggression toward Family/Caregivers in Childhood & Adolescence (AFCCA)

A pattern of behaviour described in childhood or adolescence, AFCCA is characterized by aggressive behaviour by a child or adolescent toward family members or other caregivers. This causes significant harm (physical and/or psychological) to the child / adolescent, the person(s) the behaviour is directed toward, and other witnessing family members.



This stems from a common difficulty in which the child struggles to find co-regulation with the adult(s), resulting in progressive challenges with self-regulation.

AFCCA is most often directed to parents, primary caregivers, and siblings in the home but can also be directed toward other caregivers in other settings. The behaviour commonly becomes entrenched and escalates over time.

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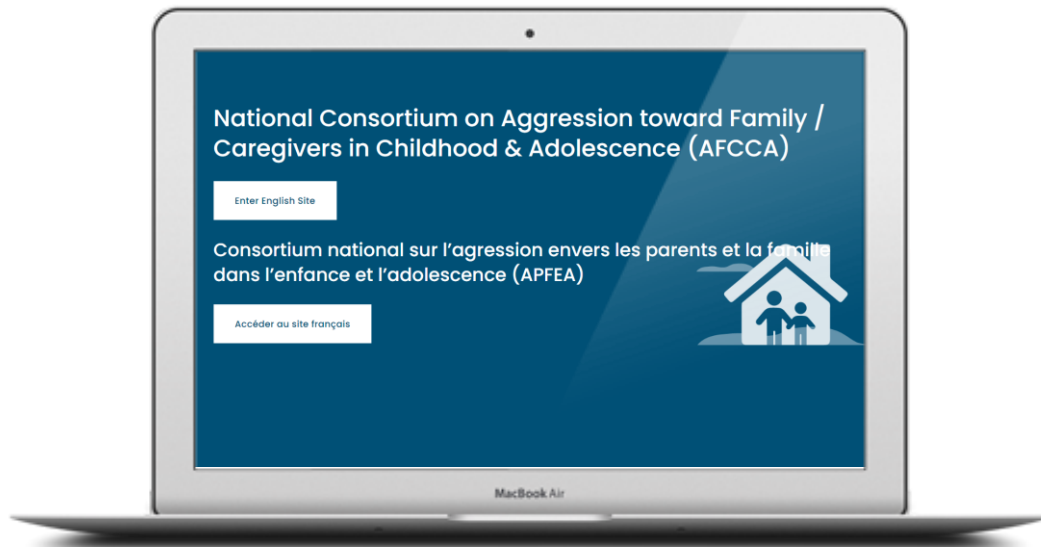
Aggression toward Family/Caregivers in Childhood & Adolescence
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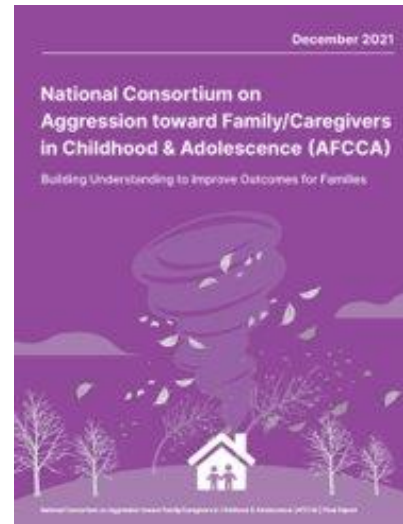
Additional AFCCA Information:

The Consortium's reports and findings are publicly available :

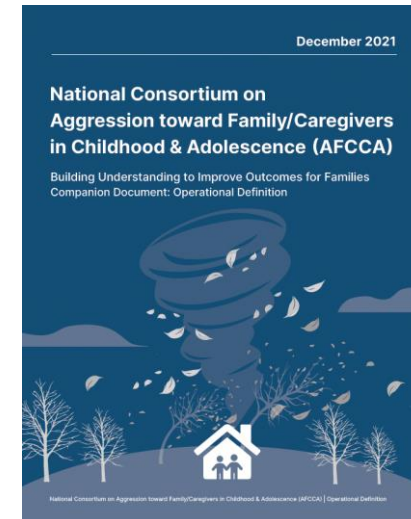
www.afcca-apfea.ca



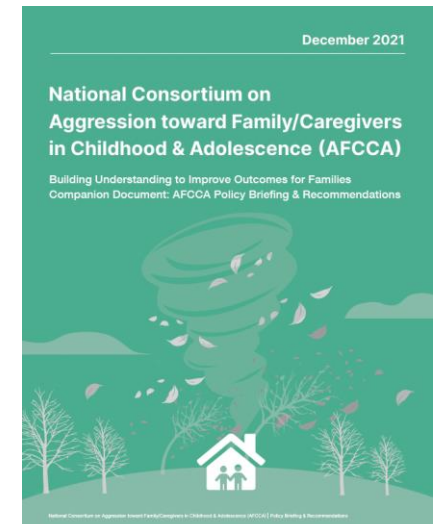
Full Report



Operational Definition



Policy Briefing



AFCCA Family Supports Program Programme de soutien pour la famille APFEA

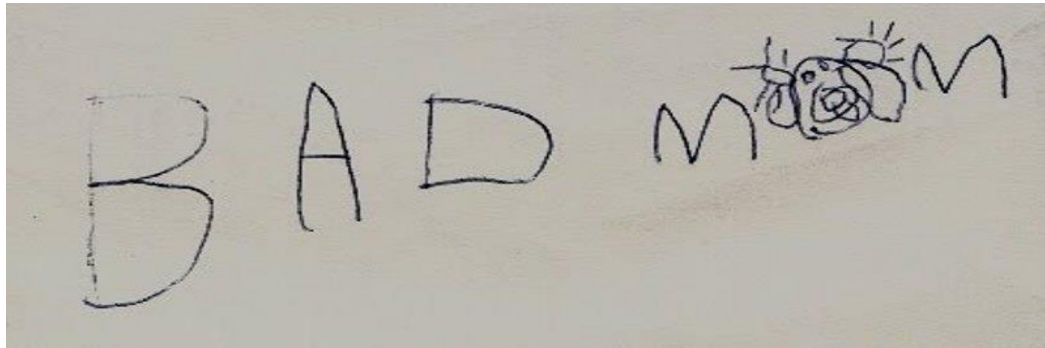
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What are your
assumptions
about AFCCA?

The most common assumption about AFCCA is that a child is aggressive because of bad parenting.



Well isn't that a shame," he said when asked about the survey's disturbing results. "When we all grew up that's the last thing you'd think of, was hitting a teacher or showing violence towards a teacher. I think honestly as well it starts at home. "Man, I'll speak for my parents, god forbid I ever went up and hit a teacher, I'd get twice the hit when I got home and I think everyone out there would say the same thing. "For the kids, you guys have to get your act together and don't ever go after a teacher."

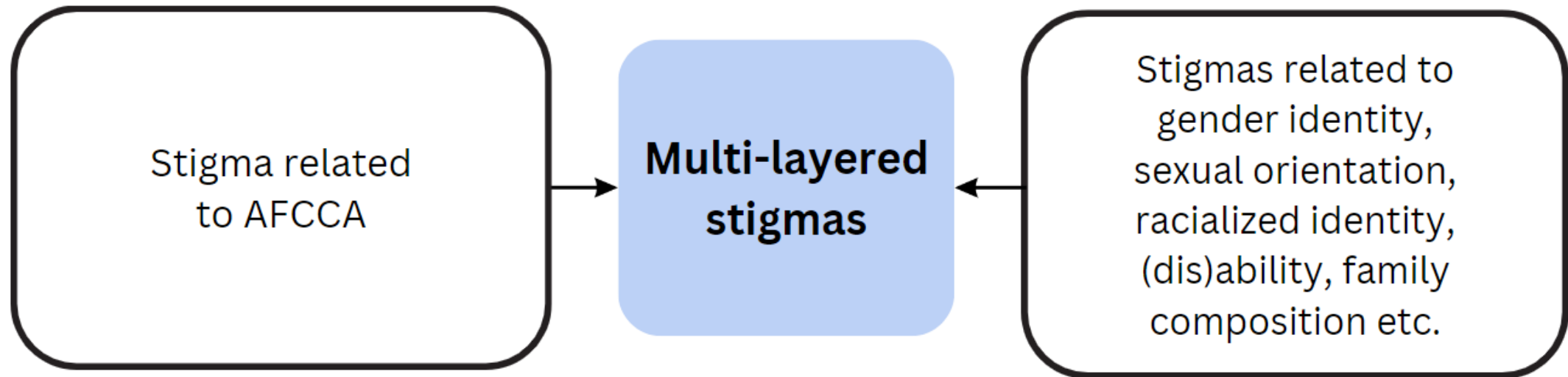
Doug Ford

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Multi-layered Stigma



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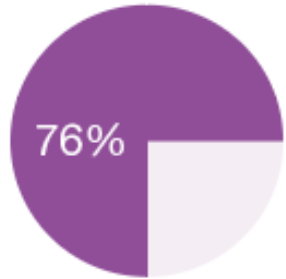
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Developed from The Chief Public Health Officer's Report on the State of Public Health in Canada 2019

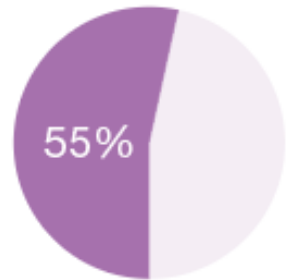


We asked families what AFCCA looks like in their homes

Families reported:



76% reported experiencing daily or weekly incidents of violence and or aggression

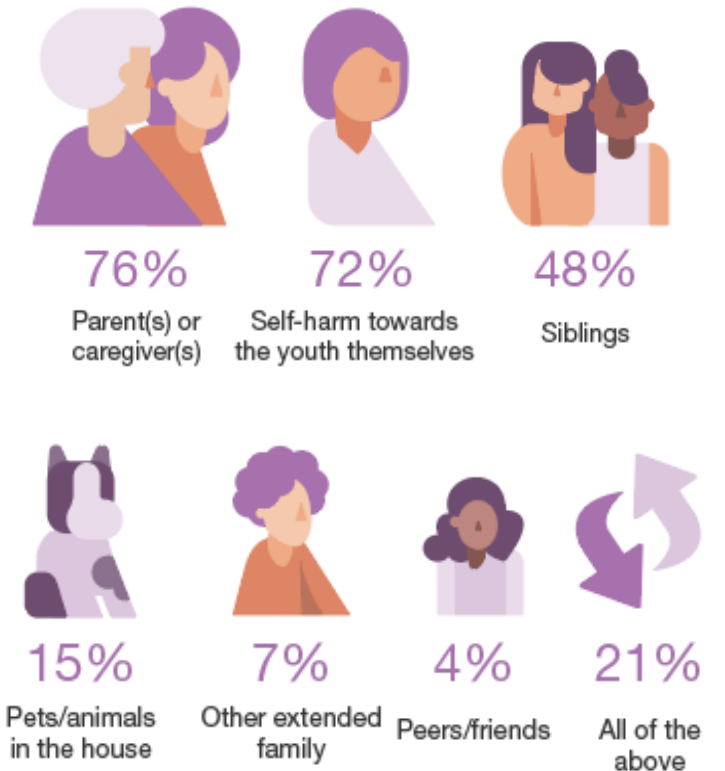


55% considered the intensity of behaviour at 8/10 or higher

Common behaviours include:



It is most often directed at:



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Full data and descriptions are available from www.afcca-apfea.ca



There are frequently co-existing neurodevelopmental disabilities and related conditions:

Neurodevelopmental Disorder

Disorder and Learning

Suspected FASD

Developmental Trauma

FASD processing disorder

ADHD Defiant Disorder

adhd anxietydisability

anxiety

sleep disorder

disorder with adhd **ASD**

Disorder

Autism

Attachment Disorder

anxiety disorder

Sensory Processing

disorder and language

Depressive Disorder

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Full data and descriptions are available from www.afcca-apfea.ca



Why children use aggression?

Self-regulation difficulties stemming from:

- Perception
- Attachment
- Anxiety
- Developmental age
- Shame
- Abuse history
- Trauma (intergenerational trauma)
- Prenatal Alcohol Exposure (drugs)
- Aggressive scripts
- Modeling
- Priming

*What can be changed?
What if the child's behaviour
won't improve?*

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Fetal Alcohol Spectrum Disorder (FASD)

- Between 4% to 6 % of Canadians.
- FASD impacts more people in Canada than Autism Spectrum Disorder, Cerebral Palsy, and Down syndrome combined.
- More than 90% of individuals with FASD have mental health issues.

CanFASD, 2023

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Dysmaturity

Executive functioning issues

Impulse Control

Confabulation

Adaptive Functioning issues

Judgement

90% have sleep issues

Whole body disorder

Only 10% of them have facial features

FASD

FASD and Me Mentorship Program

Until Next Time—School | FASD & Me: For Teens video series (youtube.com)



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Let's Talk About the Home/School Tension

- Blame
- Expectations
- Demands
- Shame
- "Us" vs. "Them"
- Lack of Unified Approach



Shame

Shame is “I am bad” rather than “I did something wrong and need to learn and fix it”.



Antidotes to shame for caregiver: social support, validation, compassion, self control, standing firm in one's values

Shame is intolerable and leads to denial, deflection and escalation.



Antidotes to shame for children: Mind reading, describe intentions, relational gestures, notice effort

In the adult, shame looks like not asking for help, social isolation, withdrawing from child's presence or attacking.



Public Opinion: Violence thrives in secrecy, the child need to experience adults as being supportive, open, transparent



Case Study: Cindy and John

Imagine the Whole Story



Case Study Example

SYSTEMIC STRESSORS/CONSTRAINTS

School Difficulties

System Navigation

Poor Fit Services

Judgmental Friends/Family

Anticipated Judgement

Trauma

Health Problems

Exhaustion

Racism

Shame

Aggression

Neurodivergence

DEMANDS

Stressors, Strains, Daily challenges

Microaggressions

Financial Strain

Social Isolation

SYSTEMIC SUPPORTS

Parenting experience

Useful support systems

Understanding supporters

Parenting classes/books

CAPABILITIES

Resources, Coping Behaviours

Balancing the scale



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What do Caregivers Need?

Validate

Recognize that AFCCA is not rare, that it is difficult and complex. Recognize that caregivers are the experts on their own child and are often highly skilled in their role.

Acknowledge feelings

Parents are afraid, ashamed, feeling like failures and have tried everything they know already. They need help!

Support

We recognize that resources are scarce and thin. We need to collaborate, be creative to find resources. Understand that caregivers are overwhelmed and when you have to say "no" because you can't help, they may be crushed/angry/frustrated and scared to go home with their child.

Destigmatize

Caregivers have already been judged and are ready to be judged again. Remember that they have done their best with any resources they have and they need help, not judgement.



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AFCCA and the Nuclear Family

- The Westernized assumption that the Nuclear Family is the best for a child may need to be challenged
- Dr. Bruce Perry sites the loss of the village as detrimental to the well being and healing of a traumatized child
- Covid has had a detrimental effect on all interpersonal connections
- Children with complex needs require a larger village and end up extremely isolated; more so when AFCCA is involved
- The Nuclear Family is not enough for the children we see

www.mother.ly

**In the absence of
The Village,
mothers struggle
most - Motherly**

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Helpful Approaches

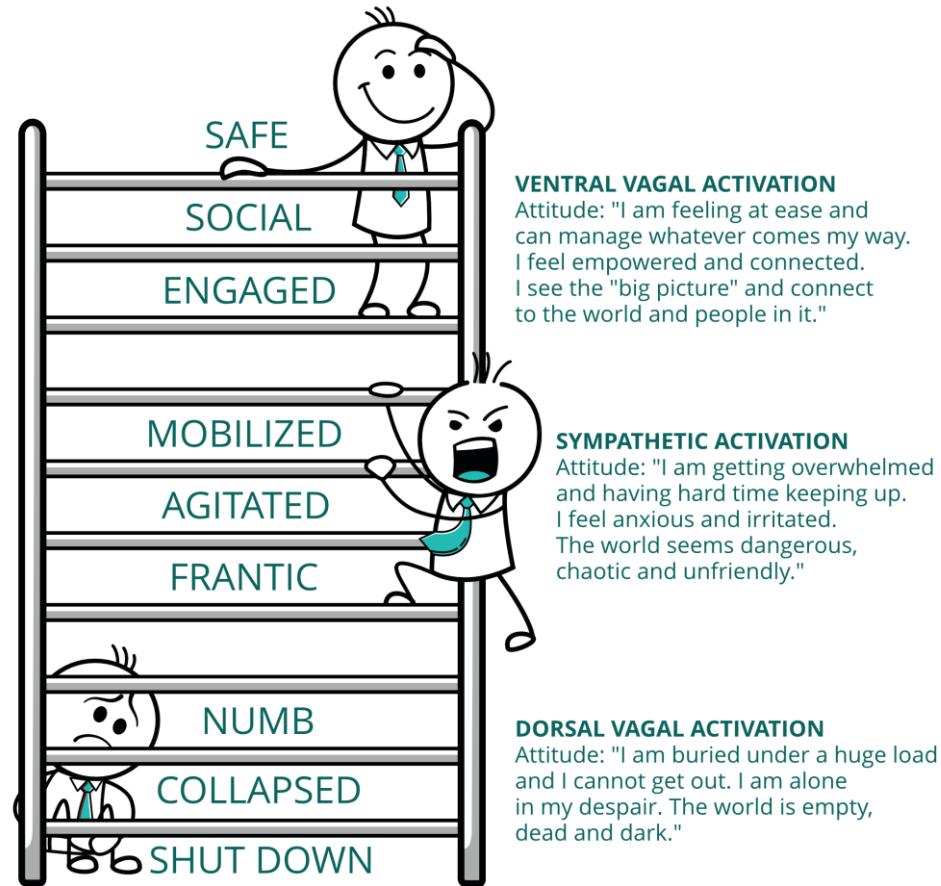
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Polyvagal Theory

AUTONOMIC NERVOUS SYSTEM AS A LADDER



Adapted from *The Polyvagal Theory in Therapy* by Deb Dana

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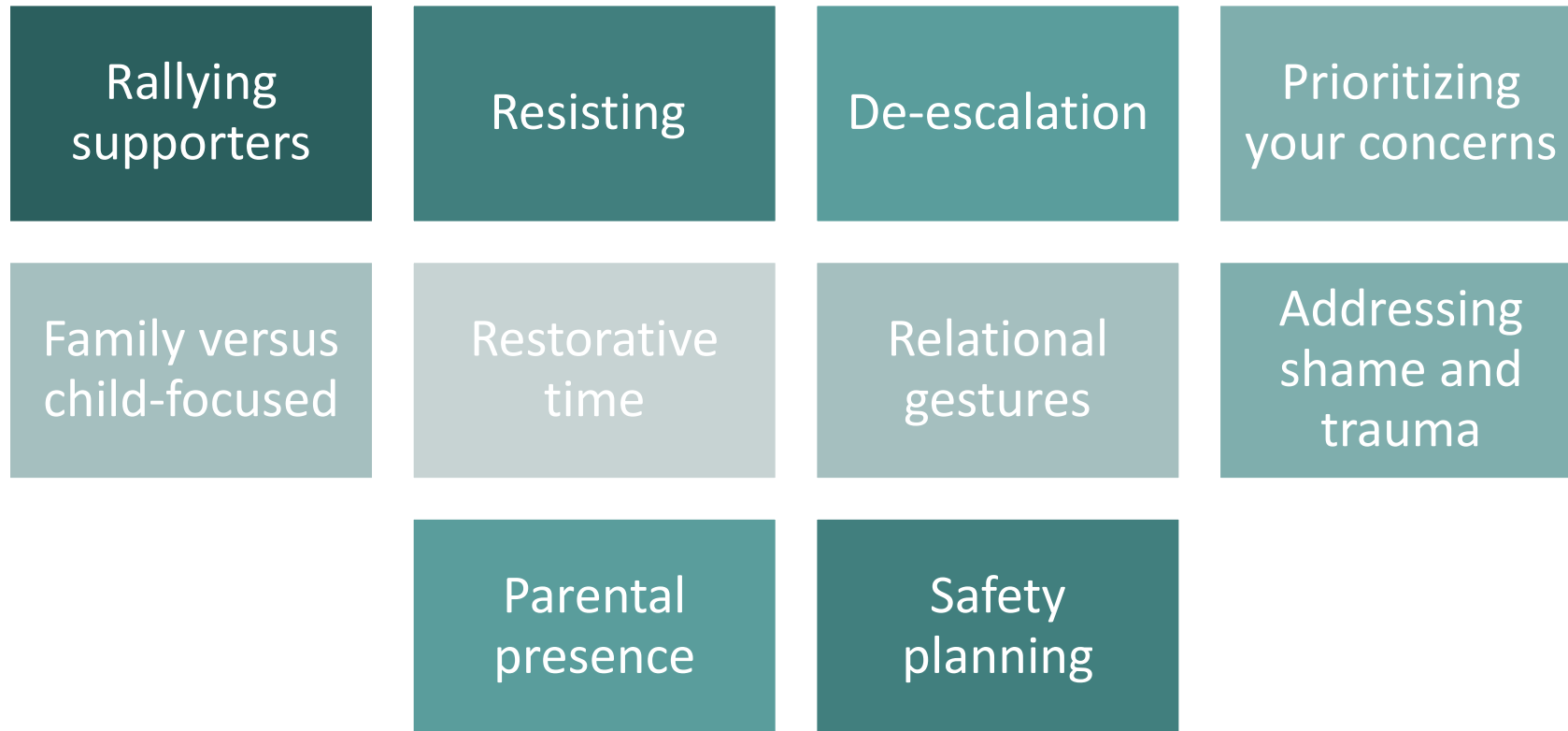


What is Nonviolent Resistance?

[The NVR Approach - Publications and Research | Haim Omer \(haimomer-nvr.com\)](http://haimomer-nvr.com)



NVR core components

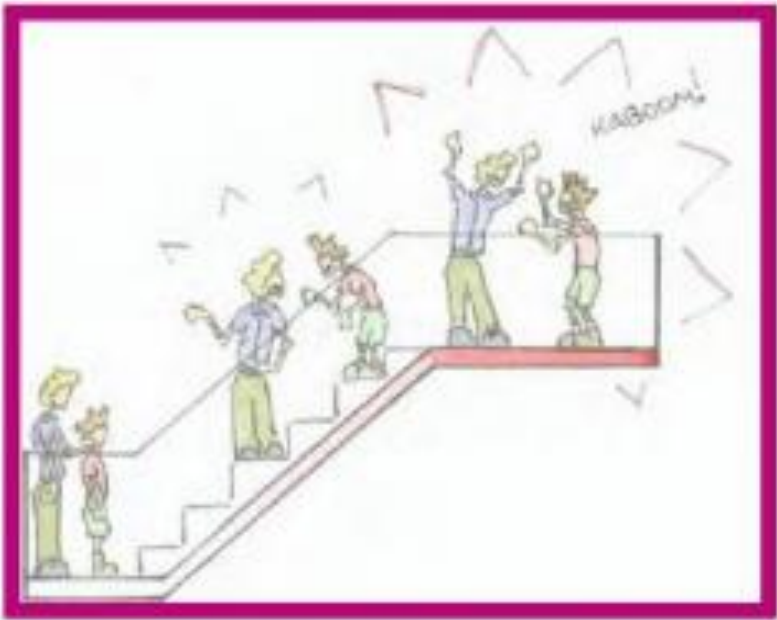


Giving-in Escalation or Join Escalation

PATTERN 1

Joint escalation

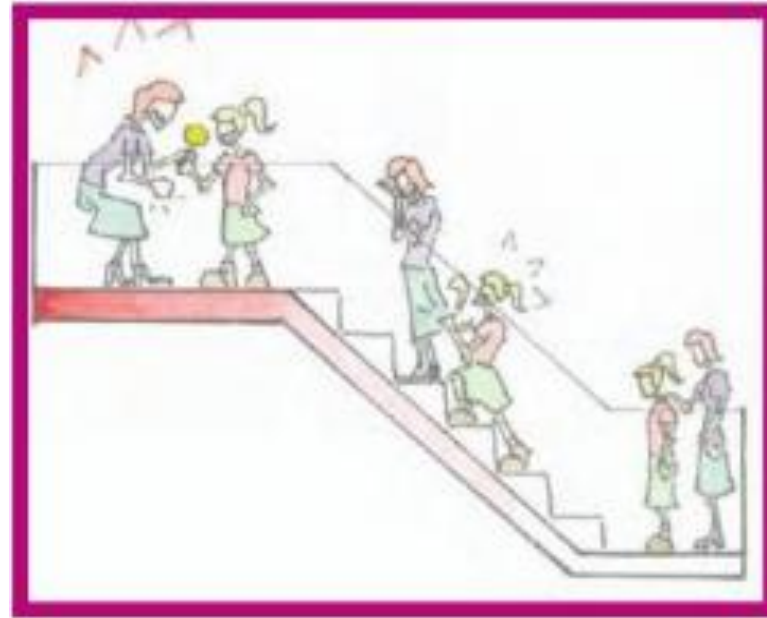
Your child raises their voice, you raise your voice, your child shouts, you shout, your child shouts louder, you should louder. The argument can end in violence on both sides.



PATTERN 2

Giving-in Escalation

Your child shouts and demands, after a while you give in and let them have their way. Your child learns that they get their own way if they make enough fuss and will repeat this pattern as often as they can.



De-escalation and Co-regulation Strategies

1. Create a Safety plan when things are calm

Ask for help!

2. Slow down

Ground yourself

Processing speed

3. Match intensity, not emotion

4. Call on supporters

5. Distract/Nourish

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De-escalation

Focus on
managing risk

Delay your
response

Lower your
arousal state

Strike when the
iron is cold

De-escalation
doesn't aim at
changing the
child's behaviour
but lower
everyone
emotional states

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The Problem with Punishment



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Accommodations versus Enabling

- Is the accommodation helping your child to gradually cope more?
- Is it helping your child avoid more and more?
- Are we trying to avoid triggers at all cost?

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The importance of community and supporters

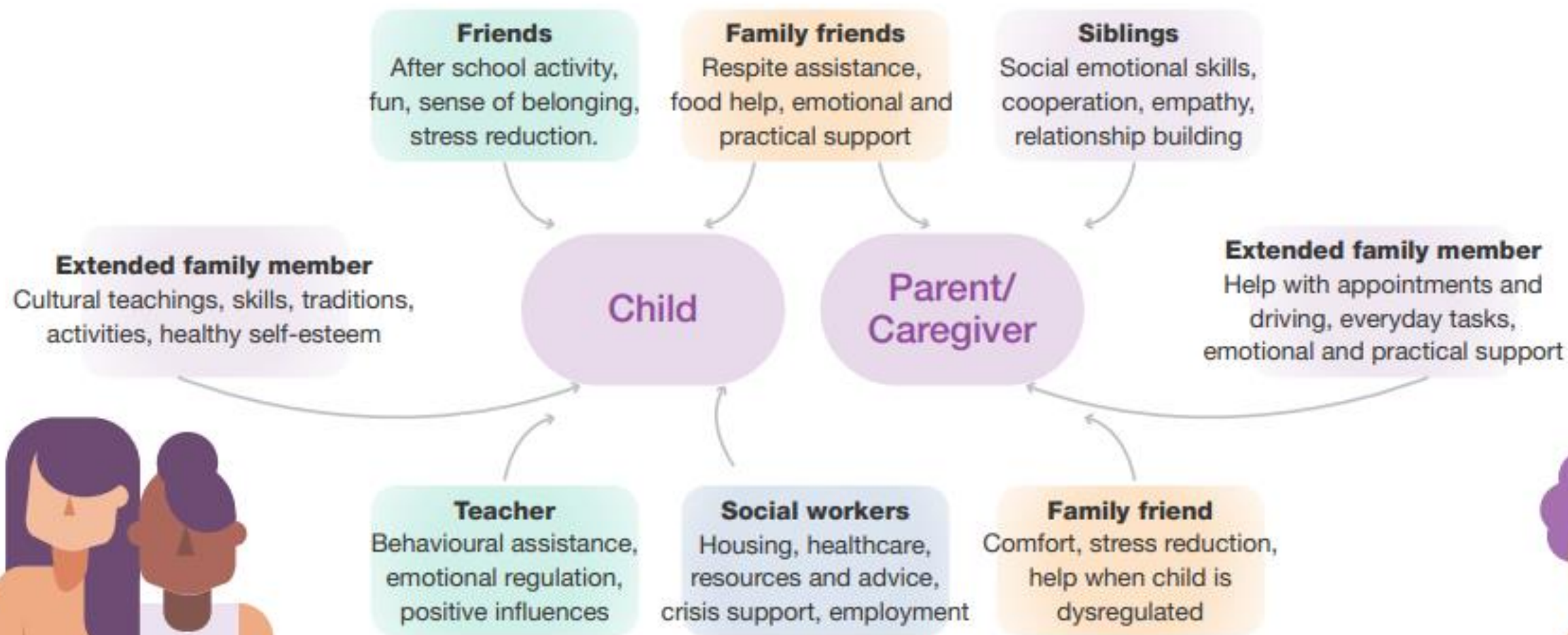
Isolation Grows:

- Aggression
- Shame
- Exhaustion
- Powerlessness

VS

Community supports:

- Respite/relationship for child
- De-escalation help
- Understanding/connection
- Ideas/problem solving
- Buffer against adversity
- Feeling supported, connected



Possible Outcomes of a Collaborative Approach



Family feels more competent



Family feels more connected



Changes in perspective/narrative



Improvement in child to parent relationship



Better self-regulation (parent)



Better boundaries



Considerations with Strength Based Approach

Invisible Disability

- Parents have spent years teaching people to see and understand their child's disability/challenges
- Fear of underestimation/ lack of recognition of problem

Perception of Aggression

- Parents have heard people say "that's how boys are" or "he'll grow out of it"
- "Bad Kid"

"I see your child's strengths and I also see how difficult your struggle must be"

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Clinician-led AFCCA workshops are available for professionals, service providers, agencies and parents / caregivers.

Topics include:

- AFCCA 101
- Strategies showing promise: Non-violent resistance (NVR); Neuro De-escalation; Polyvagal Theory
- Safety planning
- Building circles of support
- Creative respite strategies
- Peer mentorship

To book: afccasupport@adopt4life.com

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Relational Gestures

Relational gestures—often called Reconciliation gestures in NVR (Non-Violent Resistance)—are spontaneous but small gestures that communicate unconditional love and care for your child.

They are not a reward for good behaviour! Instead, there are a way to build connection with your child. They are done regularly, regardless of whether or not they are accepted by the child.

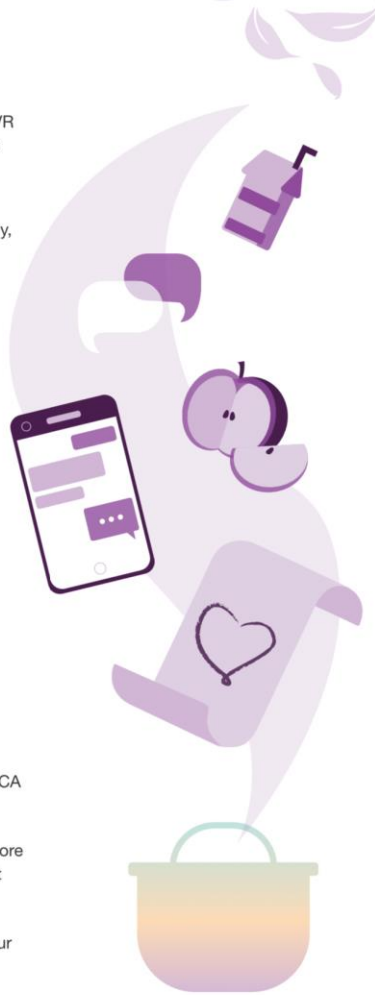
Relational gestures should be:

- Small
- About connection
- Not after a major meltdown
- Not about getting something in return

Examples:

- Leave a note in their lunch box
- Give them a ride
- Cook their favorite meal
- Send a nice text
- Tell them "I love you"
- Help them with a task
- Buy them chewing gum
- Sit with them while they play video games or watch TV
- Spend extra time just listening to them
- Praise their efforts ("I know it is hard for you to wake up in the morning, thanks for being on time!")

Children and youth who have complex brains and display AFCCA often have a negative perception of themselves, and of their family members. When AFCCA is experienced in the family, difficult relationships and negative interactions may become more entrenched. Relational gestures aim at reconnecting the parent with his/her caring role, changing the perception of the child toward the parent and restoring positive elements to the parent-child relationship. Noticing the good will help you fill your child's rainbow basket (see basket tip sheet).



Rallying Supporters

A guide on how to recruit supports for your family.

Social support is an important buffer against adversity.

Together we can brave the "storm" with more resources and supports.

These are some benefits of having supporters:

- Helps us feel more capable
- Helps us feel connected
- Can aid in preventing moments of aggression
- Improves quality of life for the whole family

Common obstacles to finding Supporters:

"So many people don't get it! We have been 'burned' in the past."

"I'm concerned they will call CAS."

"It's very embarrassing."

"I don't want to be a burden on other people."

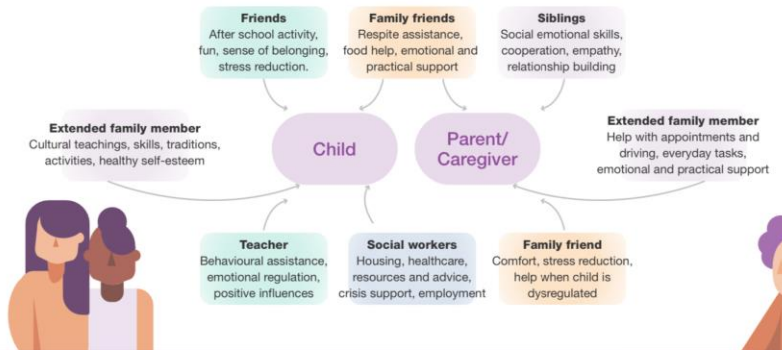
"I don't have anyone."

"I don't want to shame my child."

Your RPL or AFCCA Clinical Lead can help guide you around the obstacles and train your supporters about what you and your children really need and how they can help.

Family support network map

An example of what your family's map could look like:



Types of Supporters

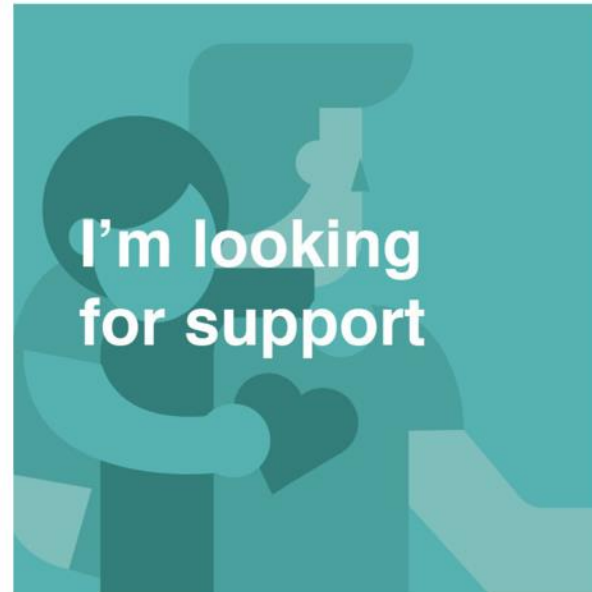
These people may already be in our lives or in our community. They can fall into the emotional or practical category, and can be:

- Educational assistants
- Mental health professionals
- teachers/instructors from school or extracurriculars
- People at cultural facilities (for example, at place of worship)
- FASD or other workers
- Extended family
- Neighbours and peers
- Other adoptive parents and caregivers

Stay Connected with us!

Families formed through adoption, kin or customary care can join Adopt4Life at

Join Our Community!



How can professionals help?

- Acknowledge what is happening
- Offer de-escalation strategies
- Find respite programs
- Support development of safety plans
- Attend our trainings

Register as a professional to stay connected and receive updates, information, and connect to resources at www.adopt4life.com/professionals

Assumptions Again

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#StrongerTogether

afccasupport@adopt4life.com

