

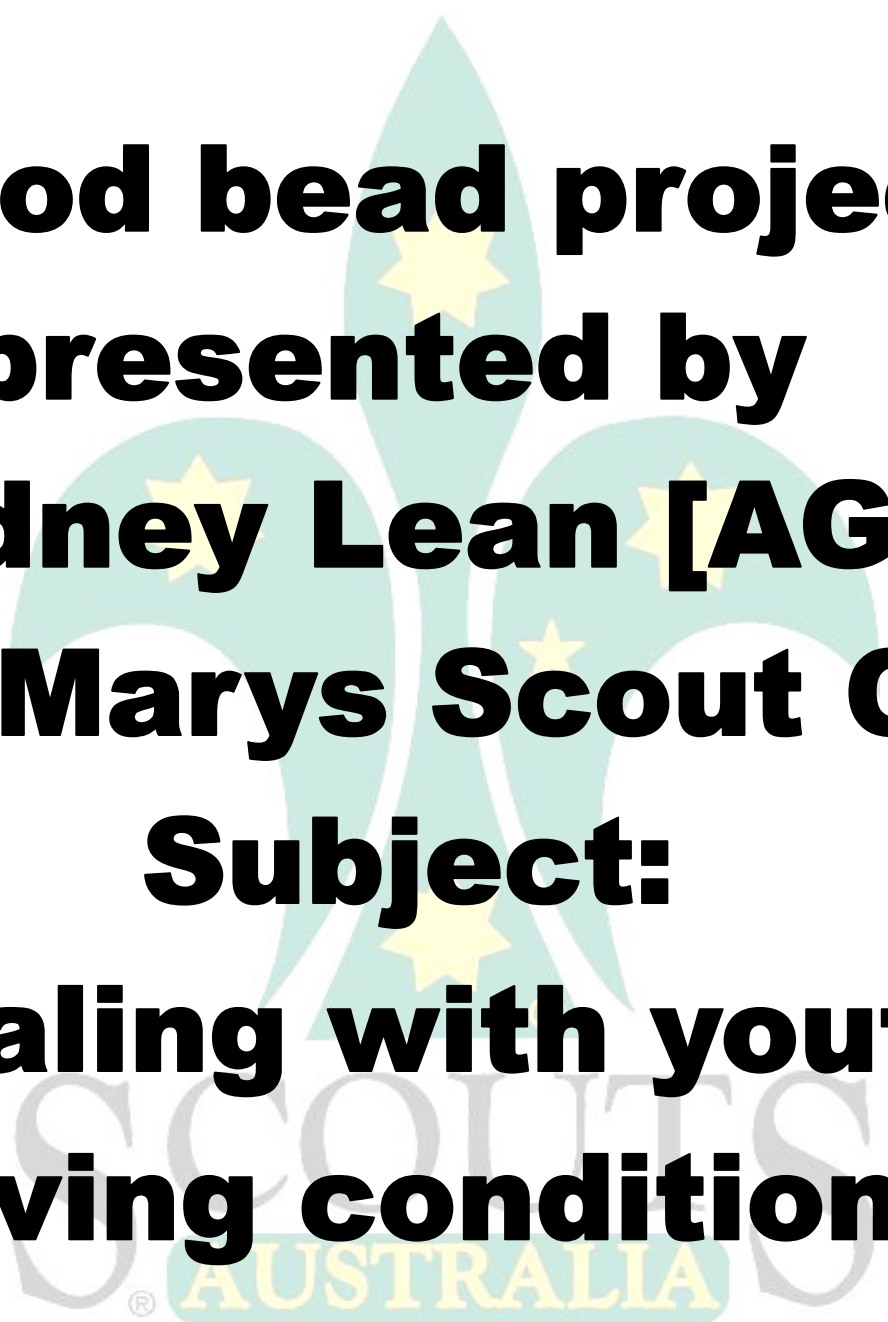


PATIENCE

&

PERSEVERANCE

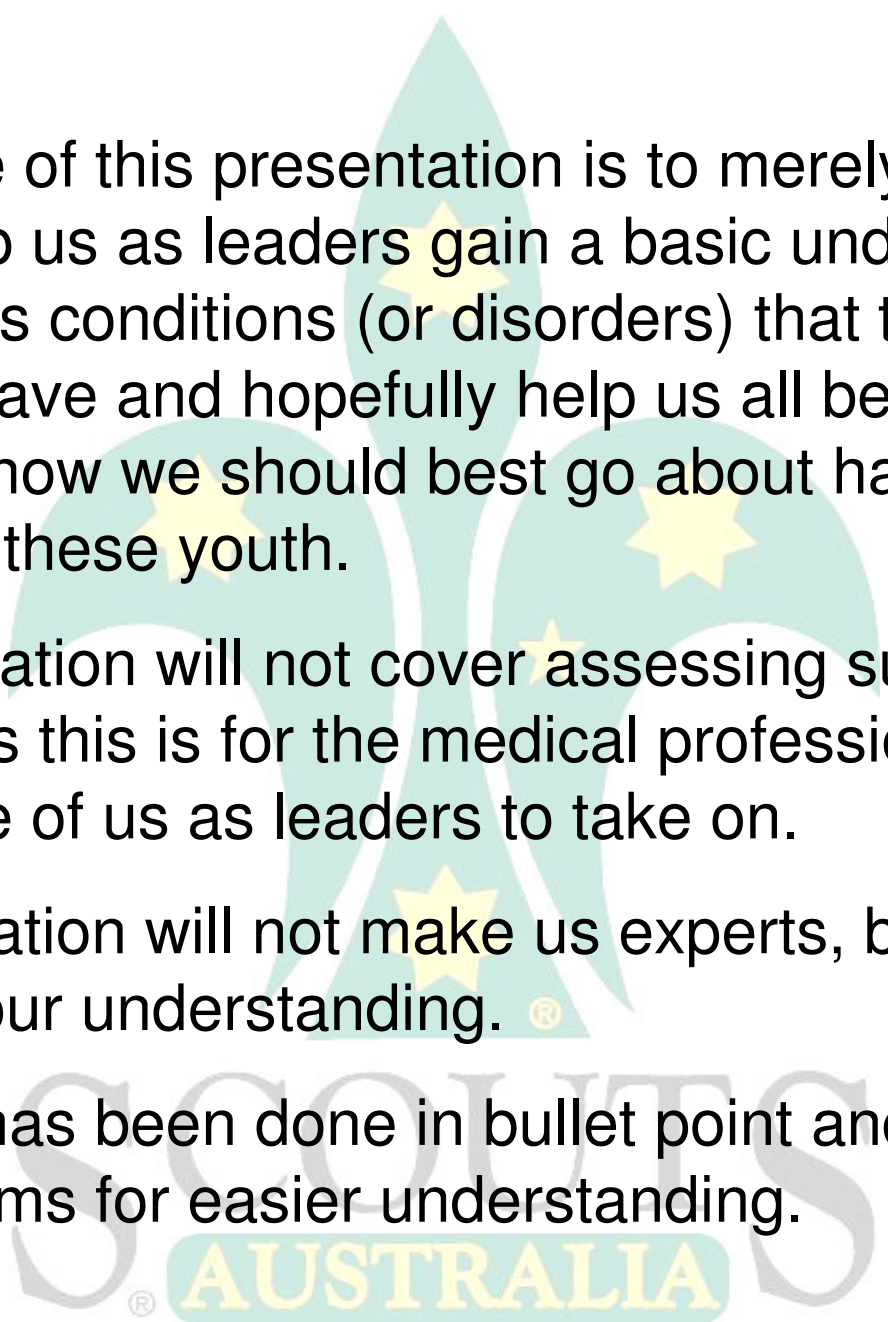
SCOUTS
PREVAILS
AUSTRALIA

The background features a large, semi-transparent watermark of the Scouts Australia logo. It consists of a stylized green and yellow figure with a pointed top, resembling a scout's hat or a flame, with several yellow stars scattered around it. Below the figure, the word "SCOUTS" is written in a large, light grey font, and "AUSTRALIA" is written in a smaller, yellow font below it.

**Wood bead project
presented by
Rodney Lean [AGL]
1st St Marys Scout Group
Subject:
Dealing with youth
having conditions**

Contents

1. Details on a number of selected conditions. Details include:
 - Short background on the conditions,
 - A list of symptoms for each of the conditions to be presented,
 - Suggestions on how to deal with youths having the conditions.
2. A summary following a parent discussion.
3. A guide on useful resources
4. A list of references used.

The background features a large, semi-transparent watermark of the Scout Australia logo. It consists of a stylized green tree with three yellow stars on its branches, and the word 'SCOUTS' in large, grey, serif capital letters. Below 'SCOUTS' is a yellow banner with the word 'AUSTRALIA' in green, sans-serif capital letters. A small registered trademark symbol (®) is visible to the left of the banner.

The purpose of this presentation is to merely serve as a guide to help us as leaders gain a basic understanding of the various conditions (or disorders) that the youth of today may have and hopefully help us all better understand how we should best go about handling or dealing with these youth.

This presentation will not cover assessing such conditions as this is for the medical professionals and is not the place of us as leaders to take on.

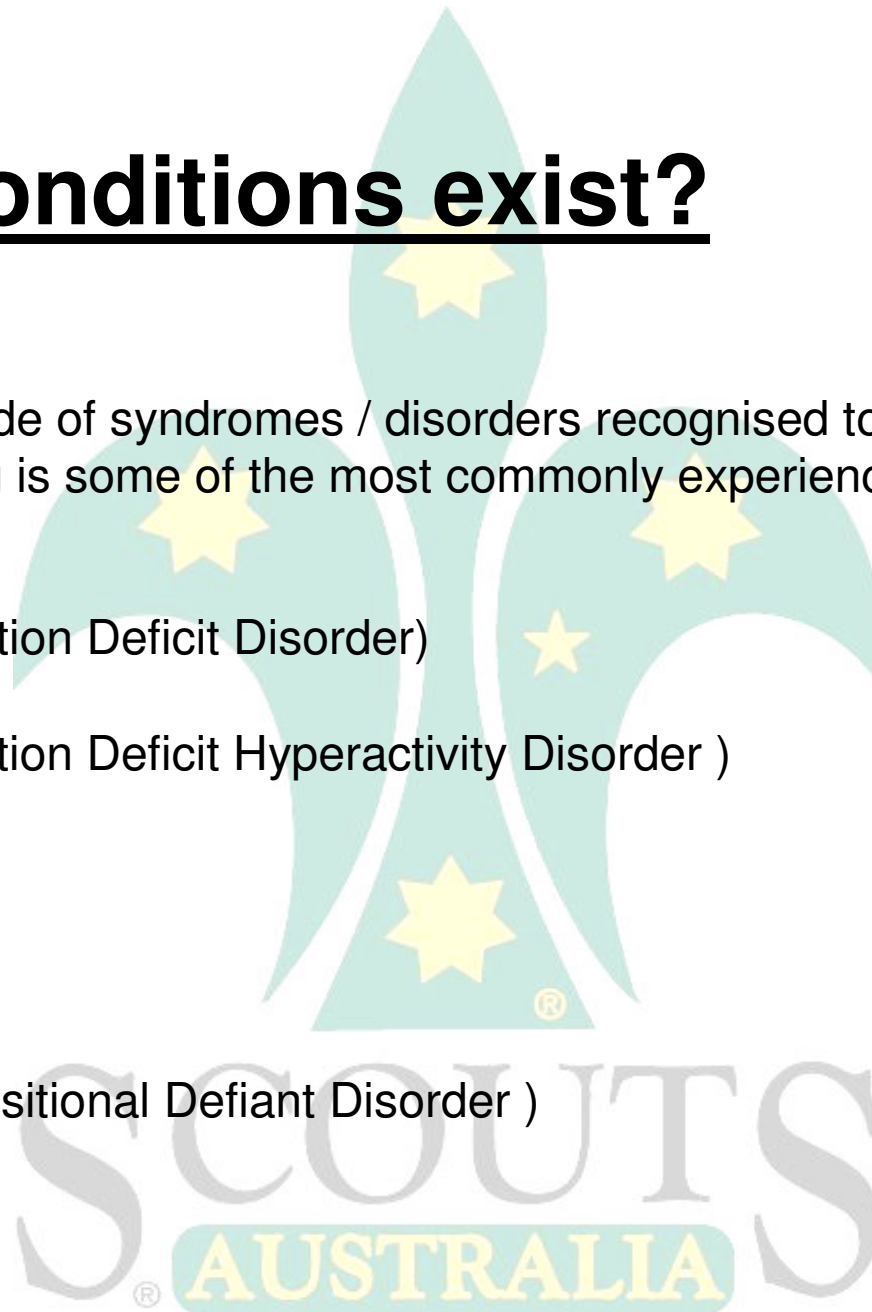
The presentation will not make us experts, but is hoped to broaden our understanding.

The format has been done in bullet point and written in layman's terms for easier understanding.

What conditions exist?

There is a multitude of syndromes / disorders recognised today, however following is some of the most commonly experienced:

- **ADD** (Attention Deficit Disorder)
- **ADHD** (Attention Deficit Hyperactivity Disorder)
- **Aspergers**
- **Autism**
- **ODD** (Oppositional Defiant Disorder)



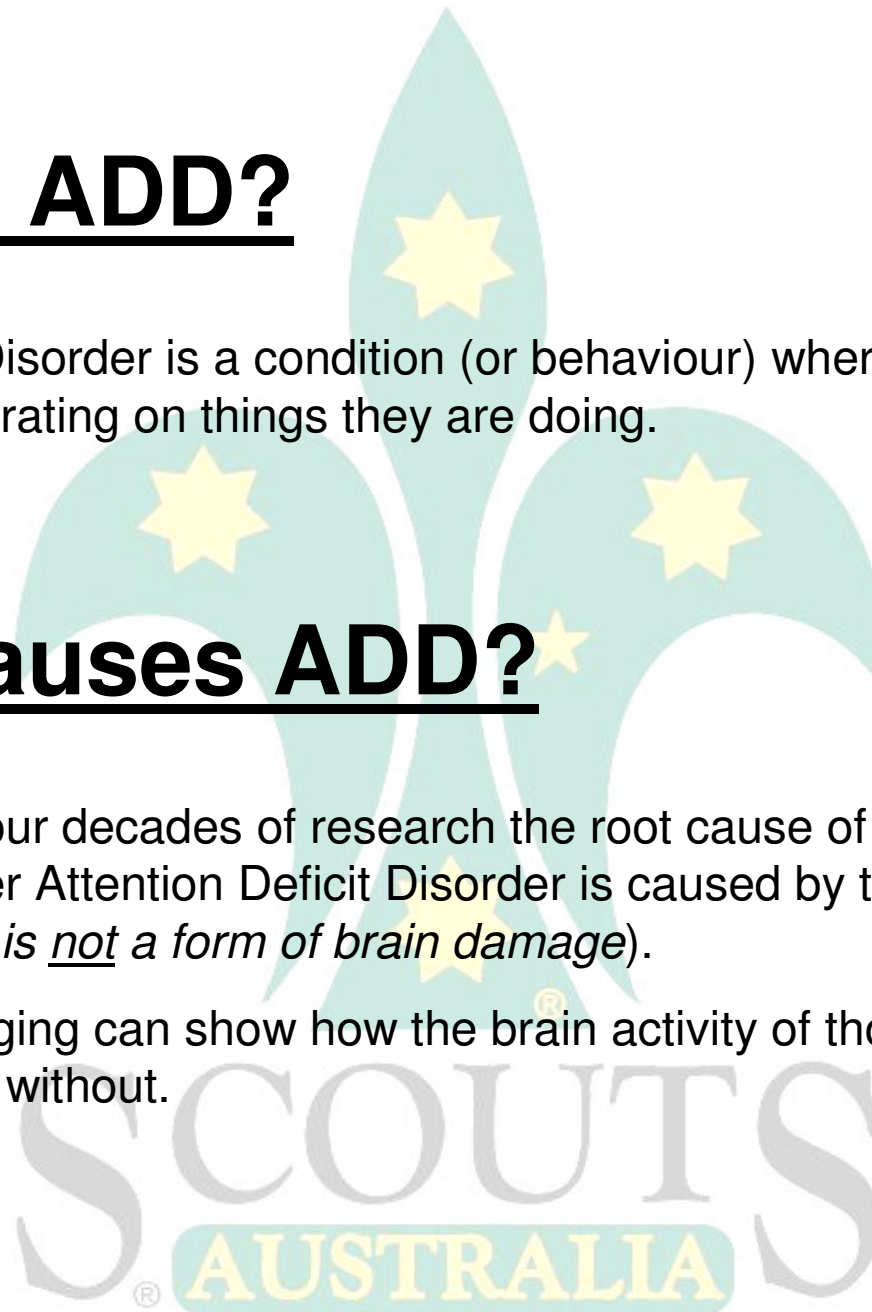
What is ADD?

Attention Deficit Disorder is a condition (or behaviour) where kids have problems concentrating on things they are doing.

What causes ADD?

After more than four decades of research the root cause of ADD is still unknown, however Attention Deficit Disorder is caused by the way a child's brain functions (*it is not a form of brain damage*).

Special brain imaging can show how the brain activity of those with ADD differs from those without.



Typical traits of ADD

A child with ADD will typically exhibit at least 6 of the following traits in more than one place (e.g. – home or school), which lasts for more than 6 months and usually begins before they turn 7.

Symptoms / indications of ADD are:

- misses details or makes careless mistakes in school-work or other activities,
- has trouble organising tasks and activities,
- loses things needed for tasks or activities (e.g. toys, school assignments, pencils, books),
- has trouble staying with tasks or play activities,
- does not seem to listen when spoken to directly,
- fails to follow through with instructions that they are able to understand, and does not finish tasks (e.g.. at school or chores at home),
- avoids doing things that require a lot of thinking and concentrating (these are hard work and tiring),
- gets distracted easily,

Typical traits of ADD (Cont.)

- is forgetful in daily activities,
- fidgets with hands or feet, or squirms in their seat ,
- talks all the time,
- blurts out answers before the questions have been completed,
- has difficulty awaiting their turn,
- butts into conversations or games.

ADD can become a real issue for the child as it can cause them problems at school, at home and with friends.



Dealing with ADD

- Sit youth member at front of the group to minimise distractions and so that leaders can easily remind them of the task at hand,
- Have the youth member conduct tasks in a quiet uncluttered area,
- Send notes home to parents if you have information that is needed to be passed on,
- When changing activities tell the youth that you are going to change activities and ask them to listen to you carefully,
- Ensure you have eye contact when passing instructions,
- Keep instructions short and clear,
- Give instructions in 2 or 3 different ways,
- If possible write instructions on a board or on a note pad (*as these children tend to forget verbal instructions*),

Dealing with ADD (Continued)

- Break tasks up into small pieces that the youth can manage. Allow them to finish one task before giving them instructions for the next,
- Have the youth say what they are doing as they do it,
- Give the youth some reward &/or praise when they do concentrate and do complete a task to help their self esteem (*remember a happy child is easier to handle than an unhappy one*),
- Focus more on what the youth can do rather than highlighting their problems or things they can't do,
- Try to ignore irritating behaviour so that the youth member does not feel they are constantly in trouble,
- Let them know their input/participation to the mob, pack, troop or unit is important,
- Provide lots of support and reassurance,

What is ADHD?

Attention Deficit Hyperactivity Disorder (ADHD) like ADD is a behavioural disorder where youth members not only have problems concentrating but they are also hyperactive (i.e. moves around a lot, or can't stay still).

Youth having ADHD do not understand why they at times are out of control. They also feel very lonely from time to time. These behaviours and feelings are not the youth members fault, they cannot control them.

In addition to proper medical treatment, understanding and care are the best means in which to manage those having ADHD (& ADD).

There are three main facets to ADHD that a child will exhibit are:

- i. Inattention,
- ii. Impulsiveness,
- iii. Overactivity (or Hyperactivity).

Typical traits of ADHD

Following is some more detail on the 3 main facets of ADHD.

i. Inattentiveness:

- Forgetting Instructions,
- Difficulty concentrating,
- Starting a new task without finishing the previous.

ii. Impulsiveness:

- Talking over the top of others,
- Easily frustrated,
- Accident prone.

iii. Hyperactivity:

- Constantly fidgeting,
- Won't remain seated when asked,
- Runs about or climbs excessively (*more than most other children*),
- Has trouble playing quietly,
- Constantly on the go.

Dealing with ADHD

Dealing with ADHD is pretty much the same as dealing with ADD. To recap, the following will hopefully help:

- Develop constant routines,
- Keep instructions clear and simple,
- Give reminders in a calm tone,
- Stand close to the youth before giving instructions to ensure you have their full attention,
- Give instructions one or two steps at a time,
- Give praise when a child completes an instruction,
- Supervise them closely,
- Try to ignore irritating behaviour.

Try to remember to stay calm and composed. It's not the youth member's fault if they have ADD or ADHD. Patience & understanding will prevail, impatience and continual reprimands will fail.

What is Aspergers

Aspergers is a syndrome that was identified by Dr. Hans Asperger (an Austrian Paediatrician) in 1944.

Aspergers has more recently been redefined as a type of Autism.

Aspergers is a brain development disorder that affects much or all of the brain functions and is not a result of a lack of emotional support.

Brain imaging has not been able to show clear sings of those with Aspergers.

Those having Aspergers are intellectually normal, but exhibit problems with:

- Social interaction,
- Subtle communication skills, and
- Restricted interests

Following is a list of traits of those having Aspergers.

Typical traits of Aspergers

- Act in a repetitive manner,
- Difficulties making friends,
- Lack of facial expressions,
- Lack of body language,
- Lack social skills,
- Lack of emotions,
- May avoid eye contact when talking to people,
- Lack of understanding other people's needs,
- Trouble indentifying social cues (i.e. body language, tone of voice),
- Have fluent verbal skills, but have troubles holding a conversation unless talking about their favourite topic,
- Unusual focus or intensity in special interests that makes them appear to be a little professor on their topic of interest,

Typical traits of Aspergers (Cont.)

- Prefers routine (doesn't like too many or sudden changes),
- Clumsiness,
- Poor hand writing skills,
- Be unusually sensitive (or insensitive) to sound, light, touch, texture, taste, smell, pain, temperature,
- Problems organising themselves,
- Poor time management,
- Trouble expressing their thoughts verbally,
- Has a strong desire to know things,
- Has a strong desire for truth and perfection,
- Holds solving problems more important than social or emotional needs of other people,
- At times can be uncooperative,

Typical traits of Aspergers (Cont.)

- Will be direct and speak their mind,
- Some prefer to spend time alone, but generally youth with Aspergers will approach others,
- Children with Aspergers hold a level of anxiety, sadness and even anger,
- Tend to prefer talking with adults more then other children,
- Speak in monotone (i.e. no expression in their voice),
- Speech will generally be fast, jerky or loud,
- Answers question but not start a conversation unless on topics they are not interested in,
- Sometimes fascinated by shapes,
- Don't understand jokes,
- Take everything literally,
- Shows signs of creativity.

Dealing with Aspergers

- Talk to the parents and find out what “triggers” their child off and how to best handle the youth member when needed,
- Be patient with the youth, they will need more attention to get through activities,
- Programs may need to be altered to accommodate a youth member with Aspergers (e.g.: play quieter games if the youth is hyper sensitive to noise),
- Pre warn the youth member when changing activities (those with Aspergers generally like routine, sudden changes can make them uneasy).

What is Autism?

Autism is a development disorder, where those with the condition have trouble socialising, communicating and show restricted repetitive behaviour.

Autism is part of the Autism Spectrum Disorders (ASD). It affects 1 in 1000 people and boys are 4 times more likely to inherit the syndrome than girls.

It was first named by Professor Leo Kanner in 1943 and is sometimes referred to as Kanner's Syndrome.

The exact cause is still unknown but it is thought to be a genetic disorder, or could be caused from a virus or difficulties during pregnancy.

Those with Autism have greater trouble communicating and socialising than those with Aspergers, therefore generally unable to make friends or hold a conversation with another person.

Those having Autism like routine and do not like sudden changes.

Typical traits of Autism

- Difficulty in socialising,
- May not respond to their name,
- May not respond to people,
- Stares intently at an object for long periods of time,
- Is withdrawn, not wanting to socialise with people,
- Avoids eye contact,
- Don't understand social cues such as facial expression or a persons tone of voice,
- They do not understand the needs or wants of other people,
- Show repetitive movements (e.g. – rocking, hair twirling, bighting, head banging),

Typical traits of Autism (Cont.)

- Speak in the 3rd person by referring to themselves by name instead of using the words “I” or “me”,
- Some will speak in a sing-song voice,
- Talk about topics that interest them even if the listener is not interested,
- May not smile or show signs of other facial expressions,
- Compulsive behaviours, such as excessive lining up of toys,
- Some will repeat things said to them,
- Those with Autism will take everything said to them literally (e.g. – If you say that you are so hungry you could eat a horse, they will think you are actually going to eat a horse),

Dealing with Autism

Leaders can deal with Autism in the same manner that you would handle a youth member with Aspergers. That being:

- Talk to the parents and find out what “triggers” their child off and how to best handle the youth member when needed,
- Be patient with the youth, they will need more attention to get through activities,
- Programs may need to be altered to accommodate a youth member with Autism (e.g.: play quieter games if the youth is hyper sensitive to noise), or if playing sensory games they may not like touching certain materials so adjustments will be needed to include them in the game,
- Pre warn the youth member when changing activities (like those with Aspergers those having Autism like routine, sudden changes can make them uneasy),
- Do not focus on their inability to do something, but encourage / reward them when they do complete a task.

What is ODD?

Oppositional Defiant Disorder (ODD) is part of a group of disruptive behaviour disorders and is typified by repeated signs of defiance, disobedience, and sometimes hostile behaviour.

It is a common disorder affecting around 10% of children with boys (ca. 11%) tending to be slightly more affected than girls (ca. 9%).

Specific factors causing ODD have been hard to pin point, but things like genetics, psychological and social factors are said to be likely causes of ODD.

Social factors that can bring on ODD may include:

1. poverty or violence in the community,
2. aggressive family environment,
3. insufficient parental supervision,
4. lack of encouragement,
5. inconsistent discipline,
6. outright child abuse,
7. rejection by peers, and
8. being bullied.

Typical traits of ODD

- Tend to process information differently to others,
- Disregard other people's body language,
- Come up with fewer solutions to problems,
- Expect to be rewarded for hostile behaviour,
- Youth with ODD commonly also have ADHD,
- Show defiance or hostility towards people of authority,
- Loses their temper often,
- Regularly argues with adults,
- Often actively defies or refuses to comply with adults' requests or rules,

Typical traits of ODD (Cont.)

- Frequently deliberately annoys people,
- Regularly blames others for their mistakes or misbehaviour,
- Often is easily annoyed by others,
- Is often angry and resentful,
- Quite often spiteful or vindictive
- Will often intimidate, bully or threaten others,
- Regularly initiates fights,
- Uses some form of weapon to harm others,
- Physically cruel to other people,

Typical traits of ODD (Cont.)

- Cruel to animals,
- Intentionally damages other peoples property,
- Will try to gain advantage by deceit,
- Takes other people's property,
- Has difficulty reading (can be 2+ years behind in reading ability then their peers),
- Has a low self esteem.



Dealing with ODD

- Have lot's of patience and understanding,
- Stay calm,
- Use a neutral tone of voice when talking to them,
- Reward good behaviour and praise them when they have done something right, or good,
- Do not reward inappropriate behaviour,
- Avoid confrontation as this will make matters worse,
- Try to encourage youth to do things without them feeling they are being told to do so,
- Discretely supervise them without them feeling they are being constantly watched.

Parent Discussion

One of the parents from our group having a special needs child kindly attended a Group Council to give all in attendance some background on her child and the condition(s) they have.

For sensitivity purposes the names of those involved are withheld.

The youth member has been diagnosed with having “High Functioning Autism” (i.e. - Aspergers) plus ADHD.

The youth member exhibits the following traits:

- Takes everything literally,
- Has black and white thoughts (i.e. – straight forward thinking)
- Has little eye contact with those he talks too,
- Has difficulty playing with other kids,
- Needs lots of support,
- Not good in groups, prefers one-on-one,

Parent Discussion (Continued)

Likes:

- ✓ Wrestling,
- ✓ Cars,
- ✓ Star Wars.

Dislikes (i.e.- trigger points)

- ✗ Feeling he has been dealt with unfairly,
- ✗ Losing at games.

Treatment:

The youth member's condition is currently being managed with medication.

- ✚ Concerta is used for the ADHD.
- ✚ Risperidone has been offered for the Aspergers, but at present has not been opted for.

Resources

There are a number of resources available to help understand those with disorders or conditions. These include:

- The youth member's parents,
- Support Group Websites,
- Association Websites,
- Leader Support Guides:
 - ➔ LSG 7 – Challenging Behaviour,
 - ➔ LSG 8 – Guideline on ADHD,
 - ➔ LSG 9 – Autism & Aspergers Syndrome
 - ➔ LSG10 – Hyperactivity,
 - ➔ LSG11 – Managing Behaviour in the Pack or Mob
 - ➔ LSG21 – A Guide to Special need Scouting

Resources (Continued)

- Scout NSW Commissioners:
 - ☆ Jan Steinfurth – Commissioner Special Needs
 - ☆ Mark Burfield – Asst. Commissioner Special Needs



Scout publications:



Guidelines on Scouting for People with Disabilities
Available from the World Scout Bureau (Switzerland)
Email: worldbureau@scout.org
Website: www.scout.org



Scouting with the Disabled
Also available from the World Scout Bureau (Switzerland)
Email: worldbureau@scout.org
Website: www.scout.org

In Closing

- **READ** up on the conditions **TO** help you **UNDERSTAND**,
- In most cases **SPEAK TO THE** youth member's **PARENTS**,
- If really needed have the parents remain as carers (but the Leaders present should try their best to learn how best to handle the youth member, as this gives the parents a much welcome break),
- Be **UNDERSTANDING** – the child did not choose to be the way they are,
- Stay **CALM**,
- Be **PATIENT**

Remember:

PATIENCE PREVAILS, IMPATIENCE FAILS

References:

- www.cyh.com (Website for Child & Youth Health)
- www.betterhealth.vic.gov.au
- www.tonyattwood.com.au
- www.nimh.nih.gov
- www.autismsa.org.au
- www.adhd.com.au
- www.virtualmedicalcentre.com
- www.betterhealth.vic.gov.au



