

JIMMY

Jimmy was referred to me for therapy when he was 6 years old. He had bright blue eyes and a continual runny nose. He was a mouth breather because of blocked sinuses which made it difficult for him to breathe and eat. His parents had a history of drug and alcohol abuse. Jimmy was delivered by caesarean section and in the first few weeks of his life, was hospitalised for checks with suspected foetal alcohol syndrome. His mother later reported difficulty bonding with him and at the age of 10 weeks he was removed from his parents and placed in a foster family as a place of safety, along with his two-year-old sister.

Fostering History

- 2010 - June/July (aged 3 months): Jimmy sustained fractures to both knees.
- Hospitalised for three weeks. He had no visitors throughout that period.
- The circumstances of his injuries were thought to be suspicious and Jimmy and his sister were removed from the foster placement.
- 2010- July/August : both children were again taken by Social Services to 'a place of safety' as a temporary foster care placement.
- August - both children were placed with new foster parents.
- Spasmodic contact from mother in a setting organised by social services.
- 2011 – February: Jimmy and his sister were placed with an aunt who lived alone, for long-term fostering.
- 2011- July: aunt found tenants and rented her own house. With Jimmy and his sister, she moved to live with her boyfriend and his 13- year-old son.
- Ongoing difficulties within the dynamics of aunt's relationship with the children and this new relationship with boyfriend and son, were exacerbated by frequent visits from social workers.
- Visits continued to be arranged on neutral ground with the children's mother, whose attendance was unreliable.
- 2016 - July: attended a family barbeque with male cousins, Jimmy's talent for playing football was noted by those present.
- 2016 – September: Jimmy enrolled at a Saturday morning football club.
- 2016- November: following relationship breakdown, aunt moved out of boyfriend's house into a rented house, did not want to turn tenants out of her own house at this time.
- 2016 - aunt began a new relationship.
- Children's father had had no contact and the children's mother ceased all contact at this time.
- Ongoing social services involvement for children and aunt.
- Both children attended local school.
- Jimmy was 'officially' diagnosed as having foetal alcohol syndrome and received one to one support at school.
- 2018- July: tenants renting aunt's house gave their notice and the children, aunt and new partner moved back into the former family home with three dogs, two rabbits, a hamster and a tank of tropical fish.
- 2018- aunt applied for Special Guardianship order.

- 2019- Special Guardianship was granted. This meant that social services involvement ceased.

Jimmy- Age 6 - Initial therapy Assessment

- Delayed intellectual development.
- Poor listening skills.
- Poor social communication – difficulty expressing himself in words.
- Tongue-tied and lowers his eyes and shrugs his shoulders when asked a question.
- In unfamiliar company, he puts his head down and is silent and unresponsive.
- Does not initiate interaction.
- Kicking and hitting out if firmly directed to do something he does not want to do.
- Strong reaction to shoulders being touched- backs away.
- Avoids hugs and backs away if approached.
- Difficulty with authority figures and will shout abusive words if challenged by teachers in a dictatorial way.
- Requires a regular routine, structure and firm/fair management.
- Poor reader but good mathematical skills.
- Enjoys times table quizzes.
- Very particular about the clothes he wears, refusing to wear long trousers. preferring shorts in all weathers.
- Refuses to wear vests.
- Jimmy's preferred coat is a hooded parker and when in an unfamiliar environment pulls his hood on his head and pulls his sleeves over his hands.
- Wets the bed and wears pull up pants at night.
- Jimmy had difficulty settling into school and because of his fear and confusion had regular emotional outbursts.
- Refused to talk and kicked and hit out when confronted by members of staff.

Ongoing assessment for autistic spectrum disorder – inconclusive.

Secondary symptoms:

- Impaired hearing (grommets inserted in both ears)
- Impaired vision (wears spectacles)

Astrological Chart Indicators

Consultancy referral to Sandra Lamb Kilburn - Medical Astrologer- to identify indicators of vulnerability from birth.

Foetal alcohol syndrome, separation trauma and physical abuse in infancy, had impacted upon Jimmy's emotional development. The natal chart indicated a vulnerability in self-assertiveness with potential inappropriate aggressive response in later relationships if not addressed. Chart indicators suggested difficulty with authority issues/authority figures; currently presenting in response to parents, teachers and welfare figures. A predisposed fear of failure or rejection, giving rise to an anxiety state,

rooted in previous trauma, preventing him from relating, sharing and cooperating successfully with others.

Jimmy felt unable to express himself easily and experienced a sense of inferiority socially. Natal chart indicators suggested that Jimmy's emotional freedom of expression was under developed, it was therefore important to encourage activities which would provide a firm grounding in the present with Creative Play sessions providing an outlet. When offered safe space, children are able to create situations which to the observer have no bearing on reality but which allow the vulnerable child to resolve challenges through play in a non threatening imaginary situation. This impacts upon every day life as positive learned behaviour.

As a consequence of maternal deprivation, delayed development and constant upheaval in his home life, Jimmy had difficulty making sense of his home and school environment and the world outside. Although he was beginning to grasp something on a cognitive level, he was challenged in trying to express it in words. The natal chart suggested limitation regarding social interaction with a potential to withdraw and find pleasure in his own company as a way of coping. Finding a creative outlet through which he could connect positively with others would help him to resolve the difficulties resulting from his unsettled foster placements.

Behaviour

Unable to express angry feelings, Jimmy acted them out, he tried to solve any challenging situations with his sister, using threats, intimidation and aggression. When she taunted him with sweets, rather than verbalising his annoyance, he jumped on her. When emotionally frustrated he attempted a 'war dance', stamping his feet and making threatening gestures, to demonstrate a superficial show of strength. He endeavoured to show his power and ability, through aggression, trickery, arguing and constant bickering, which only served to halt his developmental growth.

A structured environment with clear boundaries was required, his aunt was keen to help in every way possible and was advised accordingly. Jimmy was easily influenced by other's bad behaviour, it was therefore important for his care givers to be alert to the fact that he must keep good company and be aware of how those he associated with could impact on his life in a negative way.

An important challenge for Jimmy was to rise above personal limitations and what he perceived as restrictive authority figures. Jimmy's chart indicated a vulnerability with regard to criticism and judgement, observed in his inappropriate aggressive responses. He felt restricted indoors, and benefitted from connection with natural elements. He found a release in water play and loved bath time and would request it sometimes as often as three times a day. When outside, he enjoyed floating sticks, throwing stones in streams and exploring the woods.

Accepting new people and conditions was difficult for him and he would avoid the task rather than risk failing i.e. reading aloud to an adult. He resisted sharing, even when requested to do so. When Jimmy tried to express himself verbally, he had difficulty interpreting facial expression and perceived reaction from others as negative, which

inhibited his ability and he gave up. Like all children, he needed approval and acceptance. I hoped that engaging him in play would enable him to release troubling memories from his past to allow him to engage more fully in the present.

Response to Creative Play Programme

Outdoors

- Enjoyed visits to local beauty spot with woods and stream
- When asked to find a way out of the woods to return to the car, he did so without prompting. This gave him a sense of confidence because he had solved the problem and found a way out by himself.
- Enjoyed pretend play, preparing a camp fire with criss-cross sticks, pretending to warm his hands.
- Understanding consequence of action when related to the natural world i.e. damming rivulets to redirect water flow.
- Enjoyed playing in the natural environment, throwing stones in the stream gathering sticks, picking black berries etc.
- Initially reluctant to cross a shallow river on stepping stones, however, after crossing with an adult, he successfully crossed the river alone.
- Personal responsibility, played 'Follow my leader' through the woods, where Jimmy decided the route and the adult followed.
- Found alternative route over a bridge independently, joining adult on the other side.
- Throwing stones into pool happily for 15 minutes, observing ripples.
- Did not complain about length of walk.
- Commenting on environment and asking questions.
- Agreeable to stop pleasurable activity if given timed notice beforehand.

Playing in the Park

When entering the park area, Jimmy initially put his hood up on his parka and pulled the sleeves over his hands to protect himself and hide. However, when he was familiar with his surroundings, he felt more secure, having assessed the coordinates and went through a sequence of removing his parka hood and then his jacket. He approached other children, wanting to socialise but didn't know how to take it further. Where children were playing football, he approached and watched. He kicked the ball into play if it rolled his way. Waiting to be asked to join in, he felt unable to initiate contact. He had difficulty in assessing risk, attempting to climb the play equipment in the park he needed assistance to return to safety.

Football

Football gave Jimmy a creative outlet where he could engage with his peers, be part of a team and learn to follow the rules of the game. Being part of a football team encouraged him to take responsibility for himself and his actions and he began to learn that every action had a consequence, an act of unwarranted aggression meant that he was taken off the field. Although he initially showed a lot of talent for the game, he was barred from being part of the team for a time because of his refusal to practice, wanting instead to do only what he wanted to do. However, within a year, he was able to accept the discipline and was in the team. His enthusiastic involvement has helped him to deal

with out of control emotions and his fear of authority, he now responds positively to his coach's instructions.

Indoor Creative Play Sessions

Use of play tunnel:

This is a helpful piece of equipment where the child has experienced a difficult birth or suffers from insecurity and anxiety, it can prove invaluable in releasing traumatic memories. The child may want to repeatedly wriggle in or out of the tunnel or lie within its confines for a period of time, this has been shown to assist personal empowerment.

- Repeatedly climbing in and out of play tunnel.
- Sat for 15 minutes in the play tunnel talking to his power-ranger figures.
- Made a tent with a 'clothes horse.
- Chose orange and green for tent covers. Orange represents vitality, strength and connection and green correlates with the natural world, aiding physical relaxation and emotional alignment.
- Jimmy converted the tent into a pretend shop, playing happily in this way and able to sustain concentration for 40 minutes.
- He scribbled a menu and pretended to cook and serve items chosen by the adult who shared the game.
- A game of marbles, encouraged a willingness to learn to wait for his turn and to observe the rules of the game.

Turn taking activities teach patience and help the child to wait and understand roles. Communication is an interactive activity, alternating with a speaker and a listener.

Multidisciplinary professional meetings

Confusing reports were often presented by professionals charged with Jimmy's care resulting in adverse consequences. A reluctance to confirm the earlier diagnosis of foetal alcohol syndrome resulted in a lack of special needs funding at school. A successful fortnightly Respite Care placement covering an 11- month period ended, due to lack of funding for Jimmy's perceived needs.

Consultant Paediatrician: recommended medication

Consultant Paediatrician (not present) recommended (Ritalin) a central nervous system stimulant drug that has become the primary drug of choice in treating attention-deficit/hyperactivity disorder (ADHD) in children.

Methylphenidate was first marketed by Ciba-Geigy Pharmaceutical Company as Ritalin. *NB: Joan Baizer of the University of Buffalo "suggests that Ritalin has the potential for causing long-lasting changes in brain cell structure and function." More specifically, the drug can lead to mental health disorders such as depression, as well as frontal lobe brain injury, which can damage impulse-control. In a review of the scientific literature focused on an analysis of studies, there is supporting data describing instances of methylphenidate treatment leading (or not) to behavioural changes in the paediatric, adolescent, and adult populations. (Konrad-Bindi DS, Gresser U, Richartz BM (2016)*

A prescription was sent to Jimmy's aunt, to commence immediately. Strong objections were made by therapist and SENCO (Special Educational Needs Coordinator). Aunt agreed with objections and sent an email to the consultant and in the face of this resistance, Ritalin medication was withdrawn.

Alternative therapeutic approaches:

Tissue Salts

As a qualified practitioner, the therapist recommended biochemic tissue salts. Tissue Salts Number 6 – Kalium Phosphate, helps to calm the hyperactive child. It is a nerve tonic and nutrient which calms, uplifts and helps to relieve day to day pressures caused by tension, stress.

Dr Schuessler an eminent 19th Century German physician, discovered upon analysis that when the human cell is reduced to ashes, it exhibits 12 minerals. He regarded the inorganic mineral substances that constitute the earth as the complete basis of the composition of our body's bone and blood, organs and muscles. Ground down to into minute particles they can easily be absorbed by the human body. Tissue salts are a vibrational medicine incorporating the use of vital chi energies which contribute to the maintenance and repair of physical tissue.

The salts consist of the natural elements occurring in the body itself and form the basic constituents of the cells, tissues and organs. These minerals should be present in our bodies in a perfect balance, which is the prerequisite for complete health and well-being. Tissue salts are perfectly safe and toxicity is not possible because the concentration is microscopic. The molecular compound of the tissue salt is absorbed through the semi-permeable membrane of the mucous lining of the mouth and enters the bloodstream, where restorative energy radicals rebalance distressed cells.

A proper balance of minerals is necessary for normal metabolic cell function and intra- and extra-cellular balance. In healthy states the body stores an adequate supply from which to draw. If there is an insufficiency the cells convert their material structure to provide the energy, and the cell goes into a depleted state. Tissue salts are present in our food when grown in mineral rich soil but modern- day agricultural practises leach the soils of their life-sustaining minerals, boosting them instead by chemical fertilisers, further depleting the body and creating metabolic imbalance.

Jimmy- Recommendation of Tissue Salts

Symptom	Facial signs	Diagnosis	Tissue Salt
Hyperactivity Poor concentration Memory problems	Pale skin. Forehead flat. Small head circumference	Foetal Alcohol Syndrome	Kalium Phosphate (Nos 6)
Easily distracted	Flat nasal bridge	Ongoing assessment for autistic spectrum disorder. Requires a structured	

		environment with clear boundaries and achievable goals.	
Nervous Anxiety. Difficulty adjusting to change. Easily frightened. Desire for sugary foods. Phobias	Small blue eyes	Requires supportive environment with plenty of encouragement.	

Prescription

4 tablets dissolved under the tongue in the morning and 4 tablets to be taken in the evening for a period of one month, followed by a review.

Outcome

Within two weeks of beginning the regime, Jimmy showed a marked improvement. His emotional outbursts lessened and his concentration improved. At home he was sleeping better and he was reportedly ‘less giddy.’ Jimmy’s aunt said that Jimmy brought the tablets to her to remind her when it was time to take the prescribed dose. These tissue salts have helped Jimmy get through periods of upheaval when his day to day structure and routine have been disrupted.

Progress

Jimmy requires a physical outlet and loves football. He now, (aged 9) plays for the local School Academy and enjoys football practice in all weathers and as striker is their chief goal scorer. He watches football skill demonstrations and set pieces on you tube and endeavours to imitate these when playing at his local Saturday morning football Academy. He initially was reluctant to pass the ball to his team mates but now willingly passes the ball to allow others to score.

At school, Jimmy is still reluctant to answer questions for fear of being criticised or ridiculed by his peers for giving the wrong answer and needs encouragement to think for himself. He often asks a question for reassurance when he knows the answer. Initially reluctant to read his school ‘reader’ and if unsuccessful at his first attempt he did not try again, now with encouragement and praise he will read short passages and supply a missing word. It is important to maximise the skills he is good at. Jimmy enjoys listening to stories with a repetitive rhyme, especially those which are about animals. He asks questions about family members and enjoys sorting family photographs in an attempt to find a place for himself to see where he fits in.

Although in his early years, he had difficulty expressing and receiving love appropriately, this has improved over time and Jimmy began to show genuine affection when his aunt came to collect him from our play sessions. He spontaneously shows kindness to both adults and children he perceives as struggling and is eager to offer his help.

- Eyesight has improved and Jimmy no longer needs to wear glasses.
- Hearing is within normal limits and grommets are no longer required.
- A diagnosis of Autistic Spectrum Disorder has now been given which will ensure continuing one to one funding support at school.