PROMISE 2
THERAPEUTIC SERVICES
2 PART WEBINAR

CO-FUNDED BY THE EUROPEAN UNION
The Barnahus model offers the child victim/witness of violence a child-friendly, safe and professional environment to disclose – which is fundamental to the criminal investigation, the judicial process and the follow up of the child. Interview is recorded and used as evidence in court.

Relevant disciplines and agencies are gathered under one roof, providing a multidisciplinary, including medical examination, mental health examination and treatment, response to each child. The model is integrated into the national social welfare, health, and/or justice systems in most countries.

### PROMISE: SUPPORTING THE BARNAHUS MODEL

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*NB: Based on Icelandic model, not necessarily representative of other established MD/IA services*
FROM 0 TO BARNAHUS

- PROMISE 1 explored the criteria for Barnahus and similar models in depth and developed standard setting publications
- Select professionals from around Europe were invited
- PROMISE 2
  - National level progress: dialogue, roadmaps, agreements, capacity building, and more.
  - EU dialogue: From 0 to Barnahus is an open invitation to join the discussions within the European Barnahus Movement.
- Key principles, standards, and challenges to consider when opening and operating a multi-disciplinary and interagency collaboration for child victims and witnesses of violence.
KEY COMMON CRITERIA OF BARNAHUS

- Psychological support, including short and long term therapeutic services for trauma, are available to the child and to non-offending family members and caretakers.

BARNAHUS QUALITY STANDARD 8 THERAPEUTIC SERVICES

- 8.1 **Assessment and Treatment** is routinely made available for child victims and witnesses who are referred to the Barnahus.
- 8.2 Staff have **specialised training and expertise**
- 8.3 Information and child participation: adequate information regarding available treatments and can influence the timing, location and set up of interventions.
- 8.4 Crisis Intervention: a clear organisational structure and permanent staff, which **routinely offers crisis support intervention** for the child and non-offending family members/care-givers if needed.

RESEARCH AND EXPERIENCE

- Effective treatment for the child and, if needed, the non-offending family members/care-givers, can minimise negative social, emotional and developmental effects of the trauma on the child.
- Avoiding undue delay is central to ensuring effective treatment, and children and non-offending family members/care-givers in need of treatment should therefore be offered therapeutic/mental health services as soon as possible.
Therapeutic Assessment and Treatment at Barnahus Iceland

Paola Cardenas
Psychologist, Family Therapist and Forensic Interviewer
Topics

• The importance of assessment
• Review of different trauma-focused therapies
  – Trauma-focused cognitive behavioral therapy (TF-CBT)
• Working with small children
  – Throughout the presentation
The Importance of Assessment
Treatment Services at Barnahus Iceland

- Victim therapy can start soon after the forensic interview
- For children who disclose abuse, treatment is always suggested
- Children are assigned to a therapist (different from the interviewer) who provides treatment and follow-up
- Therapy is practiced in the child’s hometown
- Psychotherapist are all trained in evidence-based treatment approaches
- The psychotherapist collaborates with different agencies
  - CPS, provides opinion of expertise to police/legal system and is often an important witness in court proceedings
Assessment

• Assessment provides a understanding and a overall picture of the child
• Assessment helps to determine
  – Presenting symptoms and the history of the traumatic exposure
  – Strengths and weaknesses
  – Parenting skills and support
  – Need for treatment
• Helps in development of treatment plan
  – Case conceptualization
Assessment of trauma in young children must focus on the presenting problem in the context of the child's overall development. This information can be gathered through:

- interviews with parents/caregivers
- observation of the parent/caregiver-child interaction
- standardized assessment tools
Assessment of Trauma in Younger Children

• **Assessment should include:**
  – Reactions of the child and parents/caregivers
  – Resources in the environment to stabilize the child and family
  – Quality of the child's primary attachment relationships
  – Ability of parents/caregivers to facilitate the child's healthy social, psychological, and cognitive development
  – Changes in the child's behavior
    • Sleep, mood, appetite and behavior
Methods

• Formal, standardized measurement with different scales and semistructured interviews
• Clinical Interview with the child and the family (timeline and family-map)
• Clinical observation and information gathered from other sources
Assessment tools

PTSD scales
- UCLA-PTSD index for DSM-IV and DSM-5
  - 7-18 years
  - Caregiver and Youth Report
- PCL-5
  - For older adolescents
- ADES-A
  - Disosication

Semistructured interview
- CAPS – Clinician Administered PTSD Scale for DSM-5
- CAPS-CA-5 Child and adolescent version
- Traumatic Events Screening Inventory (TESI)
Assessment tools

• Depression and anxiety scales
  – BYI-II – Becks Youth Inventories
  – CDI – Kovack’s Children’s Depression Inventory
  – DASS – Depression Anxiety Stress Scales
    • Older than 15
  – MASC – Multidimensional Anxiety Scale for children
  – ADIS (Anxiety Disorders Interview Schedule for DSM-IV)
Review of Different Therapies
Victim Therapy and family counselling

- Victim therapy can start soon after the interview
- Based on individual needs
- Age appropriate
- The recorded child’s disclosure is used as part of the initial assessment and treatment plan
- Therapy is practiced in the child’s hometown
- The therapist is often an important witness in court proceedings
Treatment

- PTSD - often requires full treatment of trauma-focused therapy
- Children with few/light symptoms benefit from a light version of trauma-focused therapy
- Young children – psychoeducation and parent involvement
- Further collaboration is needed when working with children who have a complex history of physical abuse/domestic violence
Types of Therapy

Therapist in Barnahus work with evidence-based treatment approaches

- TF-CBT
- CBT
- EMDR
- CPT

- Psycho-education
- Family support/therapy
- Play / sand therapy
- Group therapy/self esteem
Type of therapy

WHO (world health organisation) recommends the following therapies when working with children with PTSD

- TF-CBT (Trauma-focused cognitive-behavioural therapy)
  - https://tfcbt2.musc.edu/

- EMDR (eye movement desensitization and reprocessing)
  - https://www.emdria.org/

When working with older adolescents
- CPT (cognitive-processing therapy)
  - https://cpt.musc.edu/
What is TF-CBT?

• An evidence-based treatment for children experiencing trauma related difficulties
• Adresses wide range of traumas
• Developed for youth ages 3-18 years
• Components-based treatment protocol
• Time limited, structured (12-20 sessions)
• Parents are an integral part of treatment
What is CPT

- A short term evidence based treatment for PTSD
- A specific protocol
- With or without written account
- Can be conducted in groups and individually
- 12 sessions
CPT components

• Education regarding PTSD, thoughts and emotions
• Processing the trauma
• Learning to challenge thoughts
• Trauma themes
• Facing the future
What is EMDR

• An evidence-based treatment for children experiencing trauma related difficulties
• Re-processing of traumatic memories
• Standardized protocol
• For all ages
• One to four sessions
  – Complicated trauma needs more sessions
EMDR components

- History and treatment planning
- Preparation
- Assessment
- Desensitization
- Installation
- Body Scan
- Closure
- Re-evaluation
EMDR

- [https://www.youtube.com/watch?v=hKrfH43srg8](https://www.youtube.com/watch?v=hKrfH43srg8)
Family therapy

- Three family therapists in Barnahus
  - Always two therapists
- When the abuser is a family member
  - Young “offender“
- When severe conflicts in the family interrupts child’s recovery
- When the non-abusive parent is not supportive
Group therapy

• For adolescents that have finished therapy
• Two therapists
• Same sex – similar age
• Meeting others who have been through similar experience
• 6-8 sessions
• Focus on self-esteem, self-respect, self-regulatory skills
Trauma and TF-CBT
What is TF-CBT?

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TF-CBT Components

- Assessment
- Psychoeducation and Parenting skills
- Relaxation
- Affective Modulation
- Cognitive Processing
- Trauma Narrative
- Conjoint parent-child sessions
- Enhancing safety and social skills
Trauma Focused Cognitive Behavioral Therapy TF-CBT

TFCBT components

• P – Psycho-education and parenting skills
• R – Relaxation techniques
• A – Affective expression and regulation
• C – Cognitive coping
• T – Trauma narrative and processing
• I – In vivo exposure
• C – Conjoint parent/child sessions
• E – Enhancing personal safety and future growth
Therapist’s Role

• Structure
  – Agenda setting and kid’s choice
  – Homework Assignment and Review
  – Watch for and manage COWS (crises of the week)

• Directive
• Active
• Supportive
• Fun!
Psychoeducation

- Provide information about the impact of trauma and hope for recovery
- Facts about trauma/abuse (prevalence, who offends, why don’t children tell…)
- Informations about child’s symptoms and reactions
- Normalize emotional and behavioral reactions
- Educate family about the benefits of treatment
- Sometimes importance of psychoeducation is overlooked because we want to move on to the other parts of treatment!!
Parenting skills

• Teach parents positive parenting strategies to manage behavior problems, fears, sleep problems, sexual behavior problems
  – Attending skills and praise
  – Active ignoring / selective attention
  – Effective commands and time out
  – Behavioral management plan
  – Behavior charts

• Golden rules: Consistency, predictability and follow through
Relaxation

- Reduce physiological symptoms of stress and PTSD
- Explain body responses to stress
  - Shallow breath, muscle tension, headaches…
  - “where do you feel stress in your body?“
- Not just one technique
- Important to include a caregiver
- Be creative
- Make it fun!
Cognitive coping

• Help children and parents to understand connections between thoughts, feelings and behaviors
• Help children distinguish between thoughts, feelings, and behaviors
• Help children and parents view events in more accurate and helpful ways
• Encourage parents to assist children in cognitive processing of upsetting situations and to use this in their own everyday lives for affective modulation
The trauma narrative

- A form of **gradual exposure therapy** that allows the child to experience the negative feelings, thoughts, memories associated with the trauma in small doses in a safe, controlled environment.

- Goal is for child to be able to tolerate traumatic memories without significant emotional distress and no longer need to avoid them
  - Child tells story gradually in sessions
  - Increasing detail about thoughts and feelings during the trauma
  - Stress management used throughout narrative
Organizing the narrative

- Help child put chapters in chronological order
- First chapter "About me"
- Include disclosure, legal procedures, forensic interview, medical exams, how therapy helped etc.
- If multiple episodes than include: first time, last time, one best remembered, most disturbing
- Re-read book for accuracy and dysfunctional thoughts
- Create positive ending
  - What was learned in counseling, personal strengths and resilience, expectations for the future
Conjoint parent child sessions

• Child reads the trauma narrative for caregiver
• Caregiver is well prepared
• Why?
  – Reduce parent’s own distress
  – Correct cognitive disortions
  – Help parent to tolerate own emotions
  – Help parent to tolerate hearing about the trauma
  – Help parent serve as a model
  – Show child that parent is fully supportive
Enhancing Safety Skills

- Develope children’s body safety skills
  - Right to say no (body ownership)
  - Assertiveness
  - Identification/recognition of „red flags“
  - Safe people/safe places
  - Telling what happens
  - Secrets and surprises

- Education about healthy sexuality
  - Ok/Not ok touch
  - Risk behaviors
Therapy with young children
Play/sand therapy

• TF-CBT through playful interventions
  – Sand, art, games, puppets, stories
• Play is the language of children
• Motivates children to participate in treatment
P – Psycho-education and parenting skills

Have in mind…

• We need to accommodate ourselves to the child’s needs
  – Working on the floor, for instance
• Children are used to playing so psychoeducation is done through play
• Sessions with young children are usually 20-30 minutes
• Children need frequent breaks
• We reward children after the therapy to motivate them to come back
  – Stickers, playtime with the therapist, a toy
Psychoeducation with children -
Topics

Topics to discuss:
• Private parts
• My body
• Boundaries
• Trust
• The secret
Psychoeducation with children - materials

Materials:
• Sand
• Pusle
• Books
• Coloring books
• Drawings/stories
• Toys
BALANCE

PAST

PRESENT

FUTURE

CREATE

THE FUTURE?

OR

Dwell in

THE PAST?

Past → Present → Future
Watch part 1 now!

- Introduction to therapeutic services at the Barnahus
  – Featuring Mr Erlend Wittrup Djup and Ms Trude Lindø from Norway

More webinars planned for the fall, including:

- 12th September: Technical and legal considerations for the interview recording system – Presented by CBSS and Indico Systems
- A legal briefing + presenting a model law
  – Presented by Child Circle
- Presenting the child consultation methodology
  – Presented by CBSS and Child Circle
- Presenting PROMISE 2 progress and next steps
  – presented by CBSS, Child Circle and PROMISE 2 partners

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