

Webinar 25

Assessment and engagement with infants and children

**7:15 pm to 8:30 pm AEST
Thursday, 7th April 2022**

**Emerging
Minds.**

**National Workforce
Centre for Child
Mental Health**



Emerging Minds and MHPN wish to acknowledge the Traditional Custodians of the lands across Australia upon which our webinar presenters and participants are located.

We wish to pay respect to the Elders past, present and future for the memories, the traditions, the culture and hopes of Indigenous Australia.

Welcome to series four

This is the fifth webinar in the fourth series on infant and child mental health, presented by Emerging Minds and the Mental Health Professionals' Network.

Our final webinar in Series 4 will be:

- Building parents' understanding of play to promote infant mental health (15 June 2022)

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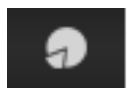
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Learning outcomes

At the webinar's completion, participants will be able to:

- Outline practical strategies to consider a 'whole child' approach to your work with children so that their hopes and goals are prioritised rather than focusing on problems and conditions.
- Identify strategies that will help children and parents feel more engaged, and less anxious, regarding their engagement with you from the first possible opportunity.
- Discuss ways that assessment protocols can shift from seeing children as naïve and inarticulate about what is challenging in their lives, to respecting them as knowledgeable about both problems and potential solutions.
- Outline how to include parents in assessment in ways that honour their importance in their child's life.

Tonight's panel



Emi
Child and family partner,
SA



Penny Sih
Clinical Psychologist, SA



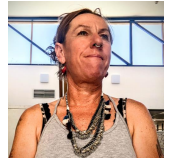
Kate Headley
Speech Pathologist, NSW



Facilitator:
Jacquie Lee
Emerging Minds, SA



Child and family partner's perspective



Emi

Whole Self

As a parent, I know that my child is so much more than the problem we are presenting with. I would want the clinician to learn a little more about my child and the family, not just the tricky stuff but the good stuff. What's fun, what gets my kid smiling, who's in the family, things like this...

These kind of questions lets my child feel like they matter, that the clinician knows them as a person, not just a problem.

Child and family partner's perspective

When I have been to seek help for my children, I am always a bit nervous. I'm thinking about how best to present the issues we are struggling with, how to ensure my children and I are heard, how to get past any possible negative judgments.

I think by recognising this at the outset, (these worries would likely be common ones with families), would help relax things a lot.

Part of the way to work with these feelings is to be curious in questions that are not directly related to the problem. This shows that a clinician is interested in me and my children as whole people, that they have the time and compassion to find out about us and who we are.

It's okay to not solve everything at once.

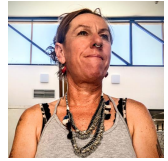
It's good to laugh and be silly.

Having a set of dad jokes is great, kids love them no matter the circumstance.

Have some quirky toys, a bubble mix or puzzles. Things that make silly noises. A dress up box.

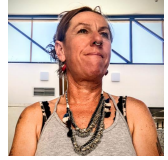
How to engage

- Have fun - make silly jokes, its ok to laugh. This also gives the family permission to laugh.
- Be curious - be open minded in questioning.
- Make time - don't try and fix it all.



Emi

Child and family partner's perspective

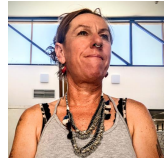


Emi

Kids know what they need

- Kids and families often have a lot of great solutions and strategies already. Some of them they are familiar with, some they may do without realising why.
- Conversations that help identify what's working are great. These are open and extended and could involve some mind mapping or everyone adding to a whiteboard.
- Having strategies that the family is using acknowledged and/or highlighted allows us to go home feeling empowered, knowing that we are already doing things which are helping.

Child and family partner's perspective

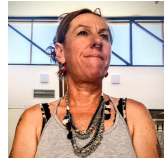


Emi

The family is a part of this too

- Parents are a part of their children's life. It's sensible to acknowledge this in assessment factors. I would want to be involved in this process. I would understand that some parts may not be suitable, but I would still want to be involved in some way.
- In a fractured family such as Zoe's, it seems important to involve both parents somehow. This may be by talking with Zoe about how she could share some of what has been talked about with her Dad. Maybe she could work on a booklet with the clinician or do some drawings or diagrams that would prompt her to talk about aspects of the assessment and session processes.

Child and family partner's perspective



Emi

Takeaways

- Take your time. Things can't be fixed all at once.
- Listen and be curious - ask lots of questions.
- Have fun - its ok to be silly! Have some prompts to be silly - a box of toys with funny noises, silly face pictures, dad jokes, costume corner.
- Families are resourceful - find out what the family is doing already, strategies that are working, who is supporting them, what they do when things are really tough.

Clinical Psychologist's perspective

Set up therapy roles and expectations well



Penny

Roles:

We are all on team Zoe – this works best if we all work together...

- Therapist role – I am the “Holding Environment”.
- Child’s role – You are the “Team Captain”
– this is all for you.
- Parent role – You are the “Head Coach”
– you know your child best.

Therapy expectations:

- Informed consent/evidence-based approaches.
- Confidentiality, limits to this.
- Realistic expectations.
- How and who will be involved.
- Home practice.
- Collaboration and honest, open feedback etc.



Clinical Psychologist's perspective



Penny

Work with a wise child *not* a mini adult

Kids (and adults) learn, engage and can access “tough” stuff much more successfully when they are relaxed and in “play” mode rather than defensive or confused.

- Use age-appropriate language (keep things clear and simple).
- Don't talk down to kids or parents.
- Use a Playful, Accepting, Curious and Empathy style (Dan Hughes).
- Scaffold and upskill in developmentally appropriate ways (don't dumb down adult questions/approaches).



Clinical Psychologist's perspective



Penny

Ask for details in ways that make it easy for kids (and parents) to answer

- Kids have developing reflective skills/language skills – scaffold.
 - Closed choice/Sliding scales.
 - Have a guess and “check”.
- Reduce the shame/social desirability bias.
- Bring the fun - Use games/activities and play to assess for details.
 - Design the Greatest School on Earth competition.
 - WANTED Poster: World's best teacher/parent/student/friend.
 - My best day ever...
 - My best life documentary.



Clinical Psychologist's perspective



Penny

Establish motivation for doing the work

What are the child's/family's reasons for being here and doing this (sometimes hard) work. Aim to identify reasons that the child can really connect with and is motivated to work for...

- Specific target behaviours and clear measurable goals.
- Assess for values/what really matters to the child/family.
- Identify strengths and favourite activities.
- Look for parent good intent, hope and pride.

Clinical Psychologist's perspective



Penny

Make sense of and normalise challenges

- Kids do well when they can (Ross Greene).
 - What is getting in the way of you being the kid you want to be/living your best life?
 - What is hard in this situation? What do you need help with?
 - Break it down . . . If we changed/you found it easier to do ... Would that make it better/worse or about the same?
- Parents do well when they can.
 - What do they need to know/understand or be supported with to help their child learn new ways of coping in this situation?
 - No blame – you can't give what you never had.
- Make sense of and normalise challenges.
 - Reduce shame through validation and appropriate self-disclosure.
 - Everyone makes mistakes/adults struggle too/we are all here learning together...



Speech Pathologist's perspective

Utilising discussion of daily routines

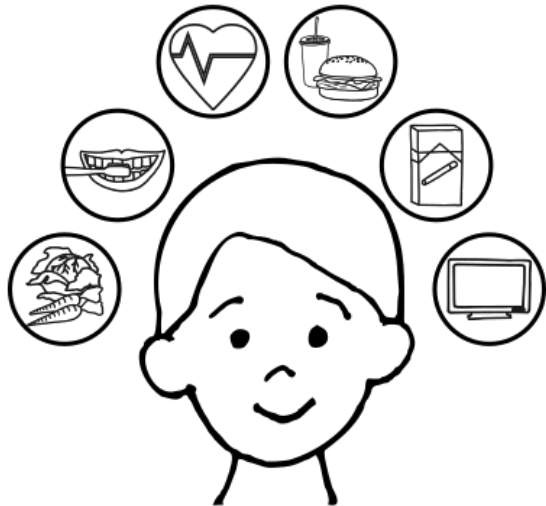


Kate

Opens up a wealth of information:

Environments
Relationships
Activities

Easily loans itself
to strengths-based
observations



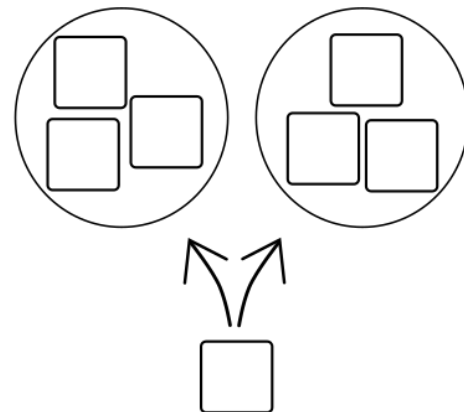
Speech Pathologist's perspective



Kate

Doing and showing as an engagement strategy

- Might feel easier than talking.
- Is inclusive for people with language difficulties.
- Can immediately position the child as knowledgeable.
- Can include observations of behaviour.



Speech Pathologist's perspective



Kate

Child friendly strategies for prioritising goals

- Supports the child to feel heard.
- Can draw comparisons and contrasts between different family members.
- Re-frame parents' perceptions of child's behaviour.



Speech Pathologist's perspective



Kate

Collecting detail about problem activities

- What's working/not working – recognition of context.
- Can make achieving goals feel more achievable.
- Supports child's understanding of self.
- Can drive empathy in parents.
- Can support engagement of appropriate supports from team around the child.



Speech Pathologist's perspective

Including children in development of support strategies



Kate

- Positions child as knowledgeable.
- Can support engagement.
- Ensures strategies are more likely to be effective.



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Q&A Session



Emi
Child and family partner,
SA



Penny Sih
Clinical Psychologist, SA



Kate Headley
Speech Pathologist, NSW



Facilitator:
Jacquie Lee
Emerging Minds, SA

Thank you for participating



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Upcoming Emerging Minds webinars in 2022:

- Building parents' understanding of play to promote infant mental health (15 June)

Upcoming MHPN webinars:

- An interdisciplinary approach to Perinatal anxiety and depression (12 May)
- Assessing functional capacity for psychological injuries (19 May)

This webinar was co-produced by MHPN and Emerging Minds for the Emerging Minds: National Workforce Centre for Child Mental Health (NWCCMH) project.

The NWCCMH is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

MHPN supports over 350 networks across the country where mental health practitioners meet either in person or online to discuss issues of local importance.

Visit www.mhpn.org.au to join your local network.

Interested in starting a new network? Email: networks@mhpn.org.au and we will step you through the process, including explaining how we can provide advice, administration and other support.



Thank You

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