Webinar 39

Working therapeutically with children who have experienced trauma from physical or sexual abuse

7:15 pm to 8:30 pm AEST
Thursday 19th September 2024

Emerging Minds.

National Workforce Centre for Child Mental Health

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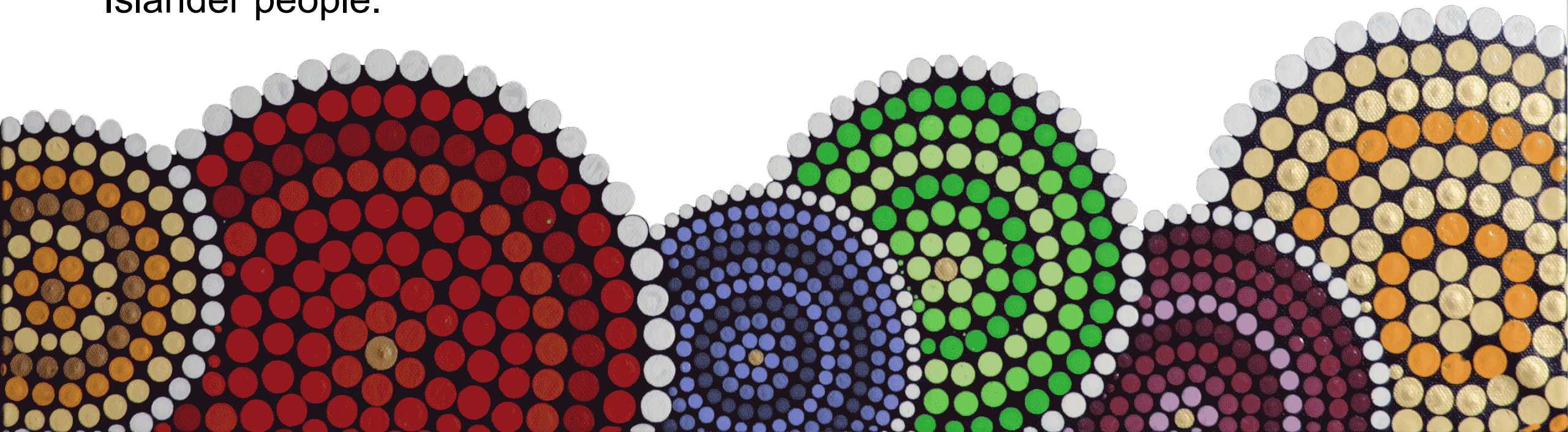
Acknowledgement

National Workforce Centre for Child Mental Health

I would like to acknowledge the Traditional owners of country throughout Australia and recognise the continuing connection to lands, waters and communities.

I wish to pay respect to Elders past and present, and acknowledge the memories, traditions, cultures and hopes of Aboriginal and Torres Strait Islander people.



Welcome to Series Seven

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

Series Seven topics include:

- Trauma
- Children in Out of Home Care
- Disasters
- Suicidal Ideation
- School Refusal
- Play with infants and toddlers

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Tonight's panel

Kate Headley
Speech Pathologist,
NSW

Dan Fighera
Counsellor,
SA

Cass Tinning
Director,
Youth at Risk Project, ACT
Health Directorate,
ACT

Facilitator:
Chris Dolman
Senior Practice
Development Officer,
Emerging Minds,
SA

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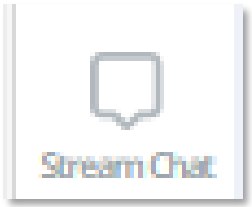
Live Chat



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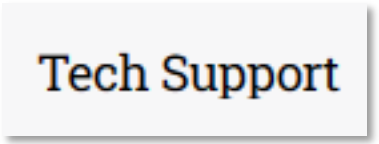

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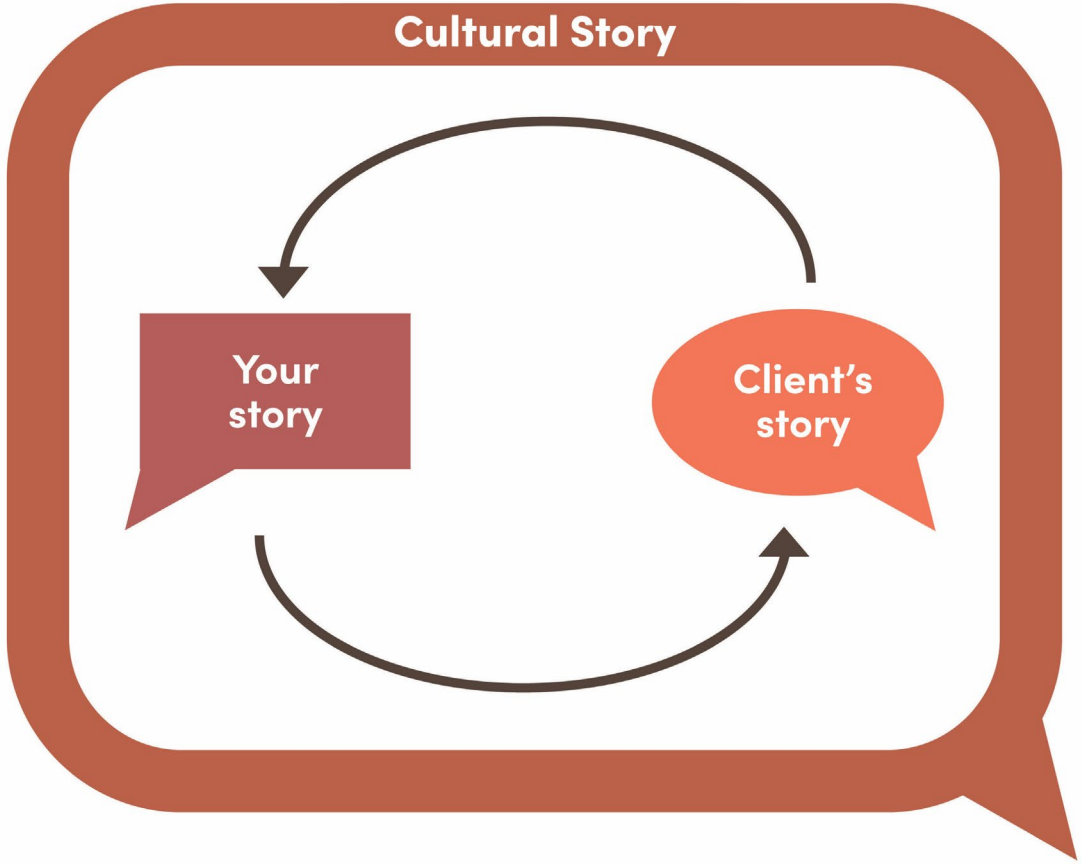
Learning outcomes

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

- Discuss how practitioners can invite and encourage children's participation in therapy when a child shows reluctance to engage.
- Outline ways to ensure therapeutic work with a child who has experienced trauma is purposeful and useful.
- Outline how to work with children and their families where the child has been positioned as being in some way complicit in the abuse.
- Identify how practitioners can work with children and their families where the child is experiencing anger, hurt and mistrust due to the abuse they have experienced.

Bringing a Mindset To The Work



Dan Fighera

Inviting and Encouraging Participation

Let's get curious…

Child: How does it feel for the child to attend therapy?

Us: How can we feel confident working in this space and how does our story influence our work?

Culture: What do we and others believe about/expect of children who attend therapy?

Summation:

- Be child-centric: they are an active, knowledgeable contributor with contextual behaviours.
- Note lived influence, bring fun, curiosity, transparency, mindful presence, follow their lead.
- Couch power and expectations, decentralise responsibility, recruit safe allies.
- If nothing else, provide a good early experience of "therapy" for future readiness.

Dan Fighera

Working With Anger, Hurt and Mistrust

Let's get curious…

Child: What are the child's behaviours saying and how might their experience(s) have shaped this?

Us: What is our responsibility and within our power to provide an opposite experience?

Culture: How can we influence the environment, and the narratives supporters hold about the child?

Summation:

- Trust breached, unsafe, invalidated, powerless, unheard, silenced, not consensual.
- Choice, predictable, normalise, validate, understanding, pause, collaborate, renegotiate.
- Involve, educate, collaborate and reconnect with safe people in their lives.
- Where we can, provide a space for their values, ideas and other meaningful life stories.

Dan Fighera

Working With a Sense of Abuse Complicity

Let's get curious…

Child: How can we give children a place to stand?

Us: What do we need to sit in this space with our clients to challenge shame and blame?

Culture: What societal narratives do we need to attend to and challenge?

Summation:

- Make power visible, stories of protest/resistance in "small" acts, combat tricks, lies and BS.
- We don't need to be perfect, sit in the hole with, work relationally, and seek support.
- Shine a light, bravery to contest language, cultural ideas and stigma in our circles.
- Ultimately, without challenge there is no change.

Dan Fighera

A speech pathologist's perspective

Challenge =
The child doesn't show an understanding of, or value in meeting with you

Try:

- Provide easily understood information about your role, the referral process, what you can do together, how long you will be working together.
- Child friendly strategies for collecting information about working/not working
- Child friendly strategies for goal setting/prioritisation
- Regular outcome measuring that is accessible to the child.

Kate Headley

A speech pathologist's perspective

Challenge =
The child presents as non-verbal, disgruntle and/or as if they won't talk with you

Try:

- Interacting through doing, rather than talking
- Using game/problem-solving contexts to reduce stress
- Modify the level of language and support with visuals
- Reduce the intensity of 1:1 interactions – use videos, songs, a book as conversation starters.
- Think about seating positions and body language

Kate Headley

A speech pathologist's perspective

Challenge =
The child speaks or acts in a way that shows they don't trust you.

Try:

- Building a sense of psychological safety by setting a routine and negotiated expectations for your time with them
- Use visual supports to 'stick to that plan'
- Simply and clearly explain changes – support with visuals
- Give forewarning of change if possible.

Kate Headley

A speech pathologist's perspective

Challenge =
The child demonstrates dysregulation

Try:

- Being curiously collaborative – "I feel like I might have got something wrong today?"
- What do they need in that moment to feel better?
- Return to their strengths – what gives them a sense of achievement/worth/mastery?
- Be reflective – What was their behaviour communicating?

Kate Headley

A social worker's perspective

- Today I will be exploring my reflections both as a **clinical supervisor & manager** AND as a **therapist** in a team providing therapeutic interventions for children and young people who have experienced all forms of child abuse trauma.

    - Clinical caseloads should not only be determined by number of clients. Good intake information can provide some insight into the likelihood of "complexity" and use this information in the consideration of caseload.

    - "Complexity" can include a child's reluctance to attend therapy, or strong sense of shame, or a child's belief in their complicity in the abuse. This should require a therapist to take a little more time to reflect, widely engage all the people in the child's life (the child's constellation) and seek support.

Cass Tinning

A social worker's perspective

- As a **supervisor/manager**, I spend much of my time supporting my team to complete their assessments!
  - Engage all the "stars from the child's constellation" and prioritise safety.
  - Remembering that the assessment is a point in time: it is never perfect or perfectly complete.
  - It is a step in the process, and the next step is the Review, and this supports a "good enough assessment".

- As a **therapist** I struggled to balance the process of information gathering & assessment writing with actually providing the intervention (can anyone relate?)
  - You don't need to "stop assessing" and "start therapy": assessments and therapeutic interventions can be happening at the same time.
  - I struggled with the idea that my assessment could not express everything I knew and could not be "perfect". But what is a "good enough" assessment?

Cass Tinning

A social worker's perspective

- **A "good enough assessment" is one that will be reviewed in a timely way.**
- It covers all the assessment domains that we know well (if unsure review the Blue Knot or Australian Childhood Foundation documents around clinical assessment of childhood trauma), ensures safety is included, BUT importantly includes rapport building, fun therapeutic activities, building a connection with all the stars in the child's constellation.
- As a **supervisor/manager** I observed that timely reviews creates the space to celebrate and feedback what my team can notice as a result of the therapy to the child, their family and their support constellation.
- Identifying clinical improvement, movement and change helps sustain **therapists** especially when they are "stuck" in therapy or when they are confronting really challenging issues of complicity and shame.

Cass Tinning

A social worker's perspective

- **My hot tips for therapists:**
  - Ensure that your assessments and reviews cover safety.
  - Make therapy a fun and joyous experience, even when you are working with children who have experienced horrible events in their life.
  - Many therapy & assessment activities come from the schools of expressive art therapy (see Cathy Malchiodi), play therapy (see Tasmanian Katherine Olejniczak) and somatic activities (Pat Ogden).
  - These provide the therapist with the information needed for a good assessment AND provide the child and their family either psychoeducation and/or the therapeutic intervention that is needed.

Cass Tinning

A social worker's perspective

- **My hot tips for both therapists & supervisors/managers**:
  - A therapist role modelling safe, reliable, predictable relationships with a child and their family is the key component to the therapeutic relationship and actually is a therapy intervention in and of itself.
  - Gathering evidence through the assessment and subsequent reviews of how the child and their family tolerates and learns from this relationship is often the answer to the question "is this intervention working?"
  - This must be supported by the therapist having enough time in their caseload to work at that child's pace, as well as completing a "good enough" assessment with regular reviews with feedback to the child, their family, their support constellation, and the therapist's supervisor/manager.

Cass Tinning

Q&A Session

Kate Headley
Speech Pathologist,
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Ask a question: To ask the speakers a question, click on the three dots and then ‘Ask a Question’ in the lower right corner of your screen.

MHPN Activities

Upcoming webinars:

- BPD: Caring for the carers - **Wednesday 9th October**
- The right time for return to work: Optimising work participation for patients/clients recovering from injury or illness - **Monday 14th October**

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MHPN Networks

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Thank you for participating

- Please ensure you complete the feedback survey before you log out.
- Your Statement of Attendance will be emailed within one week.
- You will receive an email with a link to the recording and associated resources associated in the next week.

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

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