

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

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Chris Dolman (00:00:01):

Good evening everyone, and welcome to this webinar, co-produced by Emerging Minds and Mental Health Professionals Network called Working Therapeutically with Children who have experienced Trauma from physical and sexual abuse. My name's Chris Dolman, I work with Emerging Minds. I'm really delighted to be joining you and the panellists this evening for this really significant topic. So thank you so much for setting aside time to be with us this evening. As we continue, we'd like to acknowledge the traditional owners of country throughout Australia and recognise the continuing connection to lands and waters and communities. We'd all like to pay respect to elders past and present and acknowledge the memories, traditions, cultures, and hopes of Aboriginal and Torres Strait Islander people and acknowledge the many skills and knowledges that Aboriginal and Torres Strait Islander people have gathered to take care of kids and look after kids and families wellbeing as well. As I said, I'm really delighted to be with you this evening and we've got a terrific panel that's joining us this evening. We've already distributed the biographies, but I'm going to now just briefly introduce each of them. So welcome, Kate, Cass, and Dan. Lovely to have you joining us this evening.

(00:01:27):

I'd like to actually just begin to ask you each a question really just to get your voices on air early on actually. So could I just ask maybe you Cass as well. Firstly, thanks for your time. As a supervisor and manager of service that are responding to children and families impacted by child sexual abuse and physical abuse, what is it that you have been or are most keen to encourage in your staff in terms of how they go about approaching this work?

Cassandra Tinning (00:02:02):

I'm really delighted to be able to work with folk who embrace a pace model, engaging with children, young people and the families, the constellation around them. So that's a playful way of being, a way that encourages the acceptance of a child or young person to also bring a sense of curiosity into all of our engagements with children and young people and their families, and also to be able to lead with empathy because this way we can provide a space, create a space and a relationship that children and families can really lean into with trust and support.

Chris Dolman (00:02:49):

Thanks, Cassie. You're really looking forward to your contributions to this discussion this evening, so thank you for that. What about for you, Dan, as a counsellor with children and families impacted by child sexual abuse and physical abuse? What is it that continues to draw you to this particular area of practise?

Dan Fighera (00:03:11):

Thanks, Chris. I think providing a safe and neutral place for young people and their families to speak their truths free of societal narratives that have caused shame and guilt and blame. If they can have at least one place where that is a different experience, it's worth it. And additionally, it's great work providing a safe platform for families to reconnect relationships that have been disrupted as a result of the abuse and set in motion, the supportive processes to continue that work long after we are gone.

Chris Dolman (00:03:50):

Thanks, Dean. You said at least one place, if you're vining at least one place for a child, then it's worth it to create that context for children. So yeah, really looking forward to your contribution as well. And Kate, yeah, welcome to you as well, Kate, in your role working as a speech therapist and having done extensive work in this field as well, what is it that continues to sustain you in this area of work?

Kate Headley (00:04:18):

I think probably it's because I get such a strong sense of value out of the work. I think my experiences have shown me and taught me that when we support children to develop their communication skills that goes on, to have a really cumulative positive impact across all areas of their life and their wellbeing, it will support them to have greater participation in activities that they want and need to do across their life. We see positive impacts on academic engagement and achievement, improvements in quality of relationships and just general improvements in mental and physical wellbeing. That being said, I'm mindful that filling a sense of value in this work isn't probably enough to sustain and I guess buffer against the complexities of the work. And I think for me, that has been about making sure that I put those protective factors in place for my wellbeing as a clinician in this complex space. So good supervision, creating networks of support with people who do similar work and engaging in education and learning in the topics.

Chris Dolman (00:05:40):

Great. Yeah, thanks Kate for sharing some of those, some of the learnings I guess, yeah, that you've gathered over the course of your work in responding to children and families. So yeah, looking forward to your contributions again. So this is the first in the seventh series of webinars, co-produced by Emerging Minds and Mental Health Professionals Network. And you can see on the screen there's a few other topics coming up in the coming months in relation to working with children out of home care community, responses to disasters and supporting children's wellbeing in those circumstances, as well as working with kids who are contending with suicide thoughts as well as other topics as well over the next few months. So yeah, we've sort of put those out there now we look forward to your company at those as well. In terms of this platform that we're on tonight, there's a few different instructions there. If you want to access the supporting resources, you can click that button there. There's a live chat function as well. You're very welcome and we'd love you to be contributing to the discussion through that chat chat mechanism. And also, yeah, if you're requiring some technical support, there's a button in the top right for you to access that.

(00:06:59):

In terms of what we're focusing on this evening in the context of responding to children and families in relation to childhood trauma, sexual and physical abuse, we'll be discussing how practitioners can invite and encourage children's participation in therapy when a child shows a reluctance to engage. We'll also be speaking around outlining ways to ensure that the therapeutic work with the child who's experienced trauma is purposeful and useful, be outlining how to work with children and their families where the child has been positioned as being in some way complicit in the abuse. Some of you may have already encountered that in your work with families where the child is somehow being blamed or partly to blamed for this, for the abuse they've been subjected to also be focusing on identifying how practitioners can work with children and their families, whether the child's experiencing anger and hurt and mistrust really as effects of the abuse they've experienced. How to not let those effects jeopardise our work with children and families. So yeah, it should be quite a rich conversation I think. So we're going to move into hearing from each of our panellists. They'll each give a bit of a presentation, respond to those learning outcomes. Then we'll move into a q and a session after that. But yeah, firstly great tool. Yeah, handing over to you, Dan to you to sort of bring the first reflections for this evening for us.

Dan Fighera (00:08:30):

Thanks Chris. Hi everyone. I guess to begin my slides, I just wanted to thought it would be helpful to bring a mindset to the work. Our team often speak with other mental health professionals about working in the CSA space and dilemmas that they face are that commonly low confidence with kids and families. And this leads pracs I think, to seek out acronyms and tools and lists and who, what, why, when questions. And in speaking to the pracs, we've found that this complicates or risk losing focus of where the focus needs to be, which is with the child. So we thought as a team, how can we

simplify things and boost practitioner confidence at the same time? And this idea revolves around three stories to be mindful of, mindful and present of ours, the clients and the cultural story. This leaves space to draw on the therapeutic skills that everybody in this room has and be present for the crucial parts where someone disclosing or a child need us to be. So we're encouraging people to bring a simple three story mindset to the work.

(00:10:00):

So I thought we could get curious and ask a couple of questions regarding these three stories. And they're just up there on the slide. I won't read them out, but I'll let people sort of have a look at those. And I guess if children are reluctant to engage with us, these questions can serve as a bit of a roadmap. And the answer to these questions might typically be for a child, it might be they're scared, confused, feel a bit powerless as to why they're there, feels a bit jargony the whole process and feel like they have little voice in the space.

(00:10:42):

For practitioners, it can be low confidence. We find this awkward, given the social taboos challenging. We might bring our own lived experience based on what we know about the statistics and also have this idea that we're seen as the expert, which I'm sure we're all familiar with. And I guess the culture is how do we hear and feel? How do they hear and feel that they're a problem to be fixed and that they have to follow our lead and that they're being sent here to avoid any future problems. So I guess we want to understand how we can try and create safety and offer a different experience and to these answers. So how can we bring a mindset for the child where they're an active, knowledgeable contributor and their behaviours exist within a context?

(00:11:40):

Can we name who we are, what we do, things we can do, and be transparent about what we know about the problem? 'em checking to see if that fits with what they know, why they're here, hear their fears and seek their input where it's possible. May we need to step back, notice, reflect about whether we've built enough rapport and have we brought equal levels of curiosity about their life as opposed to why they might be attending. And use questions that provide choice, follow their lead. We'd consider our tone effect and mitigate any power differences that they might be feeling in the room. And I want to encourage the very last point, if nothing else, they leave with a good experience, a good early experience of therapy for when if now is not the time that they're ready.

(00:12:47):

So looking at these questions, what are the child's behaviours saying and how might their experience have shaped this? What is our responsibility and within our power to provide an opposite experience? And how can we influence the environmental narratives that supporters might hold

about the child? I'm sure most people in the room are familiar with the iceberg analogy. So understanding behaviour, sorry, understanding communication through behaviour. An opposite experience might look like us offering control, choice, predictability, understanding, all of those sorts of things. So what does this look like? First, we're hoping to build rapport, we're hoping to connect with them. How can we get more comfortable to make this a space that children can sit in and bring, play into the therapeutic space in whatever way that the child may respond to bring a non-judgmental curiosity to the child's values and interests outside of the abuse narrative and their experiences.

(00:13:56):

And I guess also a curiosity about pausing, collaborating and renegotiating with them, whether that's using visual, verbal, or written means to sort of contract with the client, the child and say what we can do and ensure we can do that consistently. All of these things are going to be responding to the, I guess, feelings that the child has been left with as a result of the abuse. We might want to normalise responses of mistrust and alternate narratives, acknowledge the way they adopted to a tough situation and validating emotions and couching thoughts by bringing a curiosity to them, with them, sorry, rather than to them. There might be a need also for psychoeducation and understanding for the children about what we know about how the body responds. And we do that in an age developmentally appropriate way and checking in regularly with the child's ongoing experience of therapy and renegotiating where that's needed. But obviously we've also said what does the culture do for the child? So is there psychoeducation and understanding we can provide for supporters, whether that's parents or school teachers using facts and figures and normalising responses can go a long way to providing a safe place for the child outside this therapy space. And can we encourage child-directed reconnection, play at home and school with safe people?

(00:15:44):

Finally, how can we work with children where they've been positioned as complicit in abuse? So again, the questions can serve as a framework. Once safety has been established, we can work with this. And trauma is often described by some of my clients as feeling up to their neck deep in a swamp. But there's usually more to that story that helps them give them a place to stand. And we can look at that through a resistant response framework. We can ask into their knowledge, the differences about adults and children's responsibilities. We can bring a curiosity to the acts of resistance through their mind, but also through their body in the ways they made themselves unseen and how they protected others like siblings or parents, even a real curiosity about the tricks, lies and bullshit that they were told. And that's like a dulwich idea. So I'll credit them for that.

(00:16:43):

Where did they hear that and what did that narrative, who did that narrative serve? And a reflection for us about when we're doing this work, what makes it hard to sit in this space with them, they've trusted us to tell this story to and how can we honour that and work relationally with them and where necessary seek support within our teams and externally. And finally, the cultural story, which I think we're all seeing a big move in, not enough, but each shared story shines a light and it gives perpetrators less place to hide. Where can we contest language and reporting on CSA or abuse with children where they're not left to feel like they were the ones that did something wrong? There's a lot of great work by Jane Gilmore around reporting, and I encourage you to look at her work. How do we contest patriarchal societal ideas and the way that the legal system might leave people, particularly children, how does that position them to feel and how can we contest that? And ultimately without challenge, there is no change.

Chris Dolman (00:18:07):

Thank you, Dan. Yeah, thank you for bringing some of those really important considerations in terms of how we position ourselves in relation to the children and families we work with and indeed position ourselves in relation to the impacts of trauma on the lives of families. So Kate, we'd like to sort of hand over to you now to hear your perspective on these themes in working with children have experienced trauma.

Kate Headley (00:18:34):

Thanks Chris. ta. So I think we know that experiencing trauma particularly in the early years of childhood can interrupt children's development. And so a result of that is lots of allied health professionals may find that they're working with children who may be referred for developmental difficulties but will have experienced complex trauma and abuse as part of their early childhood experiences and certainly as a clinician with an interest area, I work with a lot of children who have experienced abuse and trauma and I think one of the first challenges that I see repeatedly is as we've got here on the screen, we'll often meet a child who doesn't show an understanding of or a value for meeting with you. And to me it really speaks to their lack of understanding about who I am in my professional role and how that relates to them and what's important to them in their life.

(00:19:40):

And generally I find that a child may not be able to express that verbally. They may be showing that in what might appear like combative or confrontational behaviour or equally in passiveness or behaviours that we might associate more with a sense of learned helplessness or a lack of agency or a low experience of self-determination. And I find that helping children to understand the details of how they came to be working with you creates that sense of transparency for them and can really set up your engagement with that child to have a much higher level of trust and set it up for more

success that they're likely to engage with you and potentially with other helpful services that they've got access to.

(00:20:38):

I think utilising child-friendly strategies for goal setting, so actively engaging the children and young people in their goal setting and prioritisation of those goals and then equally helping them to understand their progress towards those goals really goes a long way to help empower children and young people and increase motivation and help them to engage with your service. Then on the next slide, I speak to another challenge that I think is really common for a lot of allied health professionals and that is you may find that the child presents as nonverbal, disgruntled, or perhaps they don't want to talk with you. We know that experiences of abuse can create communication difficulties for children and young people for a whole range of reasons. And there's lots of great information out there to read and listen to that can explain those reasons. And some of those difficulties might be transient for a child or a young person and associated with strong emotions that they're experiencing in the moment. But for a lot of children, they may also have language disorder and so they then get that double whammy of difficulties with communication skills that are then magnified when they're meeting with you with the difficulties with the impact of feeling those strong emotions in the moment.

(00:22:28):

I think there's lots of different ways that we can look to try and help children to understand what we are saying to them and also to help them to be able to express themselves better that will help them engage with our services. So we want to consider how we use our interpersonal skills to ensure that interactions don't feel demanding or high pressure. And I know Dan just mentioned that as well. We want to view the interaction through a lens of developmental difference with language and consider how can I make this interaction less complex? How can I explain information to this child more explicitly or more simply, but not in a way that feels demeaning but just clearer? And we want to look for ways to enable the child to participate in activities with us potentially through doing more so than talking.

(00:23:39):

Then on the next slide, I think another challenge that I've experienced and certainly clinicians talk to me about is the child may speak or act in a way that really shows that they don't feel a high sense of trust with you change and the unknown is challenging for all of us. That is a normal human experience. We all can relate to how we feel when we enter a new workplace or we attend a medical appointment that we're unsure about. And those types of feelings can be magnified for children and young people who've experienced abuse. I think it's really important to put ourselves in a child's position and think how must they be feeling when they come to engage with us As an allied health

professional, we can use a whole range of different supports to help a child feel more psychologically safe in their interactions with us and then that in turn will increase their sense of trust and their engagement with us. So certainly creating routines in interactions and providing information in a way that the child can understand about what's going to happen in your time together can be really helpful starting points. And then as your relationship develops those interaction habits, those routines then start to present opportunities to introduce tools to support the child to manage change because change will happen and having an opportunity to support a child to understand and manage their feelings around change is really important.

(00:25:44):

And then finally on the next slide, I think a challenge, and this is certainly something that allied health professionals raise with me as a fear actually that they hold in this work is if a child demonstrates high levels of dysregulation while they're interacting with the clinician, and it is highly likely that when we're spending time with children who've experienced abuse, that they will have moments of dysregulation and our services with that child will be maximally helpful if our response to the child at those times is not negative but is also not open to being interpreted as negative by the child. In those moments, we need to accept how the child is feeling. We need to support them to meet their needs in that moment. And I know as a clinician it can feel really challenging and also a bit disappointing when maybe you held certain goals for your time with the child that day or you had certain hopes for how the appointment or the session or your time together might go and then things aren't going to plan because this child is demonstrating that they're feeling really dysregulated.

(00:27:23):

But it's really important in those moments for us to meet the child's needs and support them to meet their needs in that moment to either stay regulated or to re-regulate when needed. And I think that comes back to a bit of a personal commitment to accepting a child's behaviour as communication and recognising that that child's body is showing us communicating a message to us in their behaviour that they're not verbally able to express to us in that moment. And when we view it through that lens, it then equips us to model judgment-free curiosity in a way that invites that child into collaboration and problem solving around their own state of regulation. And so a bit of a nutshell, I know on my perspectives, but I think we kind of captured quite a few different things in those slides.

Chris Dolman (00:28:40):

I think we did, Kate. Yeah, thank you so much. I really appreciate you said this personal commitment to recognising the child's behaviour as communication and rather than just focusing on the dysregulation, but kind of turning the focus back on asking what can we be doing? I may have not got



something right today or really taking that responsibility for that and many other things you said. So thank you for that. And Cass, over to you now to bring a social worker's perspective, clinical supervisor manager's perspective and therapists perspective to this discussion. That's a big ask, but I

Cassandra Tinning (00:29:14):

Know all of those things. Watch me wear many hats tonight. Look, first I'd really like to acknowledge the excellent work that Dan and Kate have described for us tonight. I really love working in multidisciplinary teams and I'd love the privilege of working in a team with these folks at some point, which would be all about centering and honouring the child in all that we do, but also providing support to each other through that. Because something I've really noticed that they've mentioned throughout tonight, the way that they work with colleagues and understand and support each other in their excellent work. So the very first hat I'd like to wear firmly at the moment is that as manager and clinical supervisor, and I'd like to invite those people who might be joining us who are in those sorts of roles to really hold in mind the importance of considering the issue of complexities in clinical caseloads.

(00:30:11):

So complexity often is described as considering the severity of the abuse experience the child or young person has had, but I would really invite us to consider issues like a child's reluctance to attend therapy or a child coming with a strong sense of shame or a belief in their complexity, in their experiences of abuse as some key indicators that this is a complex case in a clinical caseload. Now, I'm not aware that there is a magical number that tells us how many clients we should have on a caseload, but I do know that if we consider complexity in the context of how many young people or children we might be seeing, it means that we have an opportunity to give a therapist a little bit more time with a complex client. So a little bit more time to reflect, a little bit more time to reach out and widely engage with the people in a child or young person's life, and also some more time in relation to seeking support and supervision, which is really important in this work.

(00:31:27):

Articulating how to do this in policies and procedures is challenging, and it's something I've struggled as a manager previously, but I know that in terms of successful recruitment and retention of staff managing vicarious trauma and the provision of safe and appropriate therapy interventions to children, this is something that we really do need to continue to revisit and find ways to articulate in our policies and procedures. And from a practical point of view, what can really help a manager in determining caseloads is a great intake assessment. So this is often the first opportunity for a whole service to begin engaging with a child and their family and all of the important people in the child's life. They're often folk who I would call stars in the child's constellation. And so what really this leads me onto is the importance of assessments in therapeutic work with children and young people,

especially when we know that there's this added complexity such as a child's reluctance to engage in therapy or complex issues as well.

(00:32:34):

So onto the next slide, again, wearing my manager supervisor hat, I could really see the benefit of a timely assessment early in the engagement from the service coupled with a timely review that was actually a tool in and of itself that can assist to ensure that the therapeutic work that we do is powerful and useful, as well as being able to address issues of what can seem like on the surface, perhaps a reluctance to engage but may in fact be a child or family who requires some extra support to engage with our service. But by providing a safe therapeutic space and finding really playful ways to engage with a child or young person, often the activities that we undertake in an assessment process, they provide us with opportunities to show a child unconditional positive regard and really highlight their strengths, the clever ways they might've engaged in protests or acts of survival that Dan was referring to in his presentation and in the information that's provided in this assessment stage.

(00:33:51):

We often also hear stories about those people in a child's life that the child really sees as a star in their night sky. They're the people that we want to recruit into our interventions. We want to be able to have them help a child or young person integrate what they learn in therapy out in the real world. And it's often these stars in a child's constellation who really shifts those pervasive narratives such as complicity and abuse and abuse being the child's own fault. But can I just acknowledge that and I'll pay some attention to self-compassion for myself. As a therapist, I often really struggled to balance the process of gathering and information writing, assessment, writing with actually providing an intervention. I found it really hard to stop assessing the child and start the therapy. That's what I would say to myself. But with the benefit of hindsight, I can really see that actually my issue I was struggling with was the idea that my assessment wasn't perfect.

(00:35:05):

It didn't express everything I knew. And so in fact, what I've ended up learning is the importance of a good enough assessment. And we can go onto the next slide. So what on earth is a good enough assessment? Because we want to do our best work with children and young people. I just want to acknowledge that an assessment is never perfect, it's never complete, but as long as it covers all of the domains that we know so well and it's fun, it's focused on rapport building and creating connections with those stars in the child's constellation, then that actually is enough. And it is especially enough when we know that we have a review scheduled, an opportunity to be able to reflect on what we've learned since the beginning of therapy. And that provides an opportunity for

the therapist in collaboration, often with their supervisor to be able to identify what might've changed over that period of time, what might've improved.

(00:36:06):

For instance, it's in a review that we might notice that a child who has seemed reluctant to engage in therapy, well, there may actually be some evidence that the child is getting positive outcome from the therapy or this might be able to provide the space for the therapist with their supervisor to be able to redirect what it is that we are doing as a manager and clinical supervisor. That time of creating space is really important for my staff. So especially I could identify where my clinician may not be able to, that there is in fact movement and change, and that's really helpful when the counsellor is feeling stuck in therapy or they're confronting really challenging issues like complicity and shame. And this brings me to my hot tips. So it's the next slide, please. So for therapists, I'd really invite you to make therapy a fun and joyful experience as long as it's safe.

(00:37:10):

I think it's really well articulated in that pace model I talked about at the beginning today. So finding fun ways to ask assessment questions with an ongoing working towards unconditional positive regard, these will build great rapport with a child or young person. And if you come into this assessment process with curiosity, genuine, authentic interest in the child at this time and empathy as you hear their stories and their experiences, I really note that this is often providing the relationship building that we know that's really important in a therapeutic context and a chance for a child to experience someone, a safe grownup working in relationship with them. So there's some really great information you can seek out from expressive art therapists like Kathy Malte and also somatic psychotherapist, Pat Ogden, who can give you great ideas about creative ways that you can engage with families in the assessment process and when you provide psychoeducation and in your therapeutic interventions.

(00:38:23):

A quick note, babe Rothchild wrote really beautifully about the concept of applying breaks, and that really speaks to something that Kate was speaking about earlier about when children show dysregulation in a session and that it's a way that a therapist can provide support to help a child be able to regulate, so return to regulation or to be able to notice and attend when they are beginning to slip into dysregulation. And this speaks to the wisdom of the Blue Knot three phased approach to trauma therapy as well, which is a great foundational guide if you are looking to provide safe effective therapy for people of any age who have experienced trauma. And my final slide, so these are actually hot tips for everyone. The act of being in a safe, reliable, predictable relationship with a child in their family is actually a key component to a therapeutic relationship, and that is a therapeutic intervention in and of itself that will be helpful for kids who have had these complex

experiences gathering evidence through an assessment and the subsequent reviews about how the child and family tolerates this relationship and learns through this relationship is often the answer to the question.

(00:39:47):

That therapeutic question is my intervention working? But all of this must be supported by the therapist having enough time in their caseload to work at a child's pace, as well as completing that good enough assessment with regular reviews, with feedback to all of the folk in all of the stars in the child's constellation. Thanks, Chris.

Chris Dolman (00:40:11):

Thank you so much, Cass, for those, well, not just the hot tips, but those other concepts that you've really brought into our discussion. I love the metaphor of the stars in the child's constellation. I'll have to ask you a bit more about that a bit later if we get the chance as well as there's good enough assessment concept and what that might offer practitioners as well. So thank you for that. Folks, we're going to move into the q and a time now. Thank you to all of those that have already submitted questions both before this evening as well as those that have been coming in this evening as well.

(00:40:46):

If you've got a question you'd like to put to the panel, there's a three dots in the lower right hand corner of your screen, click on those that'll enable you to submit a question for the panel. So yeah, we'd really welcome those. So yeah, Dan, I thought I'd pick up on a question that's been asked and link it into something you spoke about in terms of this noticing stories of protest and survival through small acts. You mentioned that. And could you just say a bit more about what you mean by stories of protest and survival through small acts and how you go about noticing them or asking about them? What helps you notice and what do you ask about that kind of makes them more visible?

Dan Figuera (00:41:42):

Yeah, of course. I think societal and cultural ideas are dominant and pervasive, and they tell us if something bad happens to us, there is something we did or didn't do that could have prevented it or even bring shame upon how we might've responded to it. And we're wanting to offer clients an opportunity to consider the other parts of the story, but relative to their level of power in the situation that's really significant. It may be ignored by them, it might be ignored by others if it didn't prevent the abuse from occurring. But what we know within the resist response framework is that in every way, in every instance of abuse, there is either a bodily or cognitive reaction and response of resisting that abuse. And we are wanting to tease that out in a non-judgmental, compassionate way that invites the client into the space.

(00:42:53):

And this is this information that was previously overlooked that gives a child a place to stand or an adult even for that matter. And it can change the trajectory of shame and blame to one of, I did all that I could to stop someone from doing something terrible to me, which that is quite significant in how that then translates through the remainder of their life. So as I said, we're wanting to bring non-judgmental curiosity to the work we're wanting, excuse me, to listen for details. And the way that they articulate that narrative, if we know that they were feeling powerless, we might notice what and where they've taken action. So if they were unable to take action in the home environment where the abuse occurred, they might be protesting injustice at school, which most people might not look there. And we are wanting to acknowledge the role that injustice played in the moment at school and how that made them feel and be a little bit curious about why they might enact this and how they could do it.

(00:44:12):

Part of the work might be looking at how we might do it in a way that serves them better into the future, but also acknowledging that they put up some resistance. I know I was speaking with a child who was responding in a way that seemed like running amuck, but it was in response to trying not to. They were really protesting separation from a sibling because they feared the sibling would experience the same thing that happened to them. So a story within a story within a story, and we can only tease that out and make that salient if we bring a curiosity to that. And also, I suppose noticing and bringing to the fore how others respond to their acts of resistance. They might not be others, might be just looking at the behaviour on face value. And so asking them how did they respond to when mom feels angry that they're protesting, and what purpose does that serve them? How do they feel when they feel powerful? Just getting really curious about those sorts of things.

Chris Dolman (00:45:33):

Great. Yeah, you've said a lot there, Dan. So there's these stories of protests and resistance that perhaps exist outside the context of the abuse in the school or as you've said in relation to how people are responding to that behaviour, but also within the circumstances of the abuse as well, the small acts of resistance that children and young people might bring to bear to somehow limit that abuse in some way or take themselves away from that in some way by imagining or something. Yeah. Great. Thank for this is an important part of your work, I gather from the way you've spoken about that.

Dan Figuera (00:46:10):

Sure.

Chris Dolman (00:46:11):

Yeah. Yeah. Thanks Dan. Okay, so Kate, I was wondering if I could just come back to something that you said in relation to encouraging children's participation in therapy and ensuring that it's useful. And you mentioned a bit about having child-friendly strategies for goal setting and this kind of thing and goal setting and outcomes measures. For example. Could you just say a little bit more about these child-friendly strategies, just to sort of fill that out a bit more in terms of sparking ideas for people tuning in?

Kate Headley (00:46:48):

Yeah, absolutely. I think probably, again, it starts with a value system and that value and belief being that you are committed to the notion that children are knowledgeable about themselves and that our role is to provide opportunities for children to share their knowledge. And I think then from that principle or that value, I then utilise lots of different ways to help children to participate in letting me and letting everyone around them know what their goals are for their life, what their priorities are within those goals. So I might start as simply as introducing a notion that might be something I've noticed as a strength of the child's. I might observe something, oh, I've noticed that you're really clever with making jewellery with loom bands. Or it might be a strength that a family member has flagged. Oh, mum told me you've been having a great season of soccer.

(00:48:04):

And then I generally try to somehow visually represent that, whether it's my horrendous efforts at drawing or whether I'm just writing down a keyword on a sticky note, but I'm kind of starting to create a pile of all these strengths that I'm either hearing about or noticing for the child. And then through that process, I'll try and get their active engagement in identifying some strengths themselves. And then from there I might try and explore with them then a bit around activities that might feel a bit more challenging or a bit more difficult. Sometimes I may need to give some suggestions, so specifically to my work, I might say something like, and how do you go or how does it feel when you're trying to listen to the teacher and understand what the teacher's saying in the classroom? And again, without judgement, we're just popping that on a sticky note and we're putting that in a pile, or we're putting that on a visual scale maybe that I've created just informally on the table or the floor or wherever we're sitting together.

(00:49:21):

Sometimes I find that a child or a young person may prefer to engage without all the talking, but they might be quite happy to start categorising a set of picture cards that might be your strengths cards, or I have some collections of pictures of everyday activities, and the child might sort those either across a scale or into piles of things that feel like something that's easy for them to do and something

that's a bit more difficult for them to do. And then in terms of prioritising that, I might use the magic wand statement, if I did have a magic wand from this pile, what would be something that you would pick? That's the one thing you really wish could change? And then we might expand on that and we might pick, and then what would be the next thing until we've got one, two, or three things that we might see as priority for the child, or equally, even very young children that I work with can use really basic visual rating scales that might be colour coded. I've seen little three year olds that I work with put things that feel good in a green pile, things that feel a little bit tricky in the orange pile and things that feel really tricky in a red pile. So there's lots of ways that we can modify goal setting and prioritisation that allows us to hear the child's voice and centre our work on what's important to the child.

Chris Dolman (00:51:09):

Thanks, Katie. I really appreciate. So this kind of goal setting comes out of a real exploration and a curiosity around the whole different aspects of the child's life, not only things that they're good at or they're into these kind of things, whether it's through the strengths cards or the post-it notes or these other tools, it comes from that. Yeah, I really appreciate you describing it in that way. Thank you for that. Yeah. And so, okay, there's more I could ask you about that. I'm also a bit mindful of the time ca. I'd love to ask you actually a bit about this notion of a good enough assessment and how this idea that the assessment and the work are the same. So by thinking of them as the same rather than this kind of delineation, what do you feel as though that's, that offers practitioners

Cassandra Tinning (00:52:02):

That's more about that? Good question. Question. Yeah. Thank you, Chris. So look, when I talk about the work, what I'm really referring to is the therapeutic intervention. I've worked with lots of emerging clinicians over time, and I've heard lots of really, really wonderful people say, oh, I don't think I'm clever enough to be able to do therapeutic intervention with complex young people and children. But when I've observed them undertaking assessments for instance, I can really see that their assessments are often just filled with therapeutic interventions. I will say that if you are posting, I've just shown my age, if you are emailing out a list of a bunch of questions or forms for someone to fill in and writing an assessment report from these, then you are doing an assessment in and of itself. But if you are welcoming a family into a safe space and being really curious and really interested about the child and being thoughtful and prepared about what activities you're going to be doing with them, then you are doing something therapeutic and you can embrace that and know that this is the work too.

(00:53:21):

And I'll give you a super quick real life example. So my two kiddos, they really hate craft. I'm surprised that they're my kiddos, but they really don't like it. So if they went and saw a therapist who said, for this assessment activity, we are going to cut out some different size butterflies, and I'd like you to write your biggest worry on the biggest butterfly and the littlest worry on the little and so on and so forth, my kids would fold their arms and glare. However, if you said something like, I'd really like you to identify an anime character who best expresses the worries that you have, and then I want you to insert the anime character into a comic pain size to demonstrate the size of the worry, they would be fully into it with no questions asked whatsoever. And so I think what I experience is that when you bring that playful curious stance into all of your engagements from a service perspective from the beginning, we are more likely to be able to really demonstrate that we understand the child, we get them, and that we feel like we have something to offer them the child.

(00:54:44):

And that really brings that sense of hope into the clinic room, which is what we're all after. I hope that helps, Chris.

Chris Dolman (00:54:53):

I've got a suspicion it will. Yeah, thanks. Thank you very much Cass for that. I think it actually links to some other questions that have come in as well in relation to that. So thank you for that, Kate, to you, we've had a couple of questions. I guess mindful of your professional background in relation to setting up the therapy space, a trauma informed space, and whether Kate, there is a couple of pointers or considerations that you could offer for practitioners around that.

Kate Headley (00:55:26):

It's actually a really interesting question for me, Chris, because I work as a mobile therapist,

(00:55:34):

So I actually work with children and young people in their everyday environments. So that might be their homes, their schools or a community setting that relates to their goals that they've engaged with my service around. So I think this is great. This is great to think about, well, what does it mean to be a trauma informed setting? And so for me, probably the two key things that I'm immediately considering are privacy and psychological safety. So when I think about privacy, and I'm even thinking now as I'm talking, I think one of the things that we need to be mindful about is not making assumptions about privacy and being guided by children with what they're comfortable with. So for example, we could assume that a home environment is a private environment and a safe environment for children to engage with you in, but actually a child might feel a sense of discomfort



in attempting activities with me if a siblings in earshot or potentially they've got a parent who is a bit critical in their feedback style around a child's engagement or effort or something in an activity.

(00:57:12):

So I think yes, we think about privacy as in confidentiality of information, but I think privacy can also be considered in terms of a child's emotional safety and wellbeing to engage with you. And then in terms of psychological safety, I think for me, going into different environments, planning is absolutely key and learning about that context and that environment before I engage with children in that environment. So for example, if it is a school environment, I want to get a really good feel for who are the people within the school that the child has their best relationship with. Where do they seem to be most comfortable physically in the school? When do they seem to be most relaxed and comfortable? What time of day, what type of activity, what that kind of stuff so that I can use that information to then plan how I can try and set up the best kind of trauma-informed safe space to work with this child.

(00:58:27):

Part of that for me, and I know as a communication therapist, I'm always talking about this, but the power of pre-warning children and giving children information before the moment in which they're expected to meet with you and engage with you. So whenever possible, I find that if I can give children information, it might be a photo of me or an introductory video that I send to their parents that they watch before they're going to meet me at school, or it could be just a little PowerPoint with some pictures of what we're going to do together and where we're going to work together. It can just really set up a greater sense of psychological safety from the start of that engagement.

Chris Dolman (00:59:19):

Thanks, Kate. Yeah, I love that example you just mentioned of a little introductory video of yourself. So introduce yourself to the child before they even get to you kind of thing. I guess they're hearing your voice, they're seeing you, maybe seeing the space around you, that kind of thing. Or you mentioned like a PowerPoint of different things as well. Yeah. So really very kind of doable things for practitioners I think. So thank you for those. I guess I'm thinking a bit about how even those practises, Kate can sort of support a practitioner's confidence in the work that they've laid the groundwork for the work with the child. And I wanted to sort of ask Dan actually a bit about confidence because Dan, you spoke about confidence and asked us the question about what is it that can support our confidence in the work? And you mentioned about that mindset to the work as well that we bring. But Dan, could you say a little bit more, perhaps a bit about what you've learned from speaking with other practitioners on your team and beyond about what is that helps practitioners feel more confident in the work?

Dan Figuera (01:00:31):

Sure. I think personally I've found that a good team and seeking external supervision is really important, both either work related or personally, but having a space to be able to reflect with someone or your team where you can acknowledge and normalise, I suppose the difficulty of the work and that we won't always have the answers, but usually when we're doing that in a team, a problem shared is a problem halved. So to make space for another to discuss it within whatever internal supervision model works for the team is invaluable. Within our model, we normally name what it is we're needing, so do we need that idea to be held gently? IE, do we need validation and compassion? Do we need to dive into the complexity IE seeking support to figure it out or a thought outside the box? Can we approach this from a different perspective? So really making space for the practitioner to explore with their colleagues everything that they can in order to and safely in order to do the work. And I think also bringing a curiosity to ourselves is important. How might our experiences be impacting the work to be able to hear the client and be able to be present for what they're needing?

(01:02:04):

As I said, we want to simplify the message. We know that CSA affects one in three girls and one in five boys. That is a significant percentage of the population. So there are going to be a lot of people affected in any given population, whether that be your sporting club people at the supermarket or the people in your team. And so it might not even be directly related to the CSA itself. We work with people, for example, in our team who are currently incarcerated in the prison system on the premise that they experienced abuse before they committed any crime. And CSA is represented extensively in prisons. So how we sit with the complexity of that work and make space for the complexity of that work is really important and explore the feel and the ethics of doing such work as well.

(01:03:09):

Like Kate said, we might not be in our space, we might be in a non-trauma informed environment. So we have to be able to explore with the team what works and what doesn't in different environments, and we can't pull all that knowledge ourselves. Relying on our team is really important. And even within this webinar, I'm sure we've got a really diverse range of wisdom and therapeutic skill to be able to explore these ideas. And if we feel there is a gap, there is always additional training we can do. And this is a space that's often overlooked. So I would encourage people to reach out and for programmes like this webinar or other programmes to upskill their team and do so compassionately.

Chris Dolman (01:03:59):

Great. Thanks very much Dan. And CSA child sexual abuse is yes, is something that we will encounter in our work almost no matter what sort of work context we're in actually. Yeah, if we're sort of

creating a context where people can begin to speak about that. So thank you for that, Dan. Cass, I wanted to just pick up on something you mentioned in your presentation, this metaphor of the stars in the constellation of the child's life. And so I just had a bit of a question about that. You mentioned about really inviting those people into the work, so to speak. Could you say a bit more about how we can extend those invitations to other people in the child's life to be active in contributing to the child's wellbeing?

Cassandra Tinning (01:04:53):

Look, thanks so much. I'm delighted to talk about it because this is a passion area for me. Over time, what I've really, what we know and what I certainly noticed is that kids who have experienced sexual and physical abuse often come into therapy with a really reduced social network. So similar to the process of isolating that we see described domestic and family violence, often the kiddos that we see have had the hurting adults in their life really reduce the number of protective adults that the child has contact with. And for that reason, it's really important to explore with the child and young person to understand the relationships they have with all sorts of different people. So teachers and neighbours and family friends, and to understand the value of the relationship, understand the nature of the relationship, what that brings for the child, what it means for the child.

(01:05:53):

And look, there's some really practical ways we can go about doing this. Some of my fabulous colleagues have used play therapy techniques to draw this kind of conversation out from the child. So for instance, in an assessment process, lots of clinicians would be familiar with developing an eco map of the different people in the child's life on butcher's paper with some textures and squiggly lines to illustrate the quality that there are different relationships that folk have with a child or young person. However, some of my colleagues have over time, they've used Lego mini figs and hot wheels and polished gemstones, fragrant oils, and look at the ever reliable Maccas toys to be able to give children and young people a chance to identify I guess some of those key characteristics around these people in their life and describe them, illustrate them for us. So we really understand, we are all really clear about who these people are and what relationship they have to the children.

(01:07:07):

So for instance, we might take that information from a session like my teacher, Mr. Chris, he's like this brachiosaurus because he's a vegetarian, which means that he won't eat me. And he's very kind and he's strong and big. And so as the therapist, I would reach out and say, gday, Mr. Chris, your kiddo in your class really thinks that you are strong and safe. You're a strong and safe adult in his life. He knows you're a vegetarian and that means that you won't eat him. But I think what that means is that you're really special to him. We do activities in therapy, which are about us rehearsing our relationships with grownups. I wonder if we might be able to invite you to help us with some of that,

or if I could invite you to a care team meeting to help me understand more about what's happening for this kiddo and how the therapeutic intervention might be having an impact.

(01:08:09):

And so I would often use the language of saying, this kiddo, Mr. Chris reckons that you are a star in his life. And often I like 99 out of a hundred times the grownup would say, well, I'm a bit chuffed that this child thinks I'm a star in their life. I'm really happy to find the time to help. And then I often provide that advice back to the kiddo as well. Mr. Chris was really chuff to hear that you think he's like a brachiosaurus and you're a star in his night sky in his constellation. And I think it gives kids a great opportunity to be able to understand this process of how we can reach out and engage the safe people in their lives.

Chris Dolman (01:08:53):

Great. Thanks, Cassie. It's be so much fun, isn't it, to have other people join the conversations that are supportive of the child and can be a witness to some other aspects of the child's life and the steps the child might be taking to lessen the impacts of the trauma in their life. So yeah, thank you for those reflections. I'm a bit mindful of the time. We've had some really thank you to all those who've been submitting questions, some really interesting questions, quite a few actually about working with the parents of children that have experienced sexual or physical abuse and you know how this abuse can really interrupt those relationships, intrude on them and ways of working with parents and children in relation to that. We haven't got time to sort of go into that, but I think that would be a wonderful focus for a future webinar actually. So I just wanted just to acknowledge that and thank people for their thoughtful questions in relation to that. But I think we might need to begin to finish a bit there, folks. And in doing so, before I do though, or before we do, I'd like to ask each of our panellists just for a bit of a reflection in relation to what's been spoken about or something that you just really be wanting people to make sure they understood or took away or were reminded of as a result of our discussion tonight.

(01:10:19):

So Dan, for you, was there something in terms of a brief response to that question that I've just asked? You've got,

Dan Figuera (01:10:28):

Yeah. I guess similarly to the slides that I presented, how can we simplify, make this easier for ourselves to be able to be present for the children and also their families? Just even quickly in response to that question about working with parents, I would just say compassionately and in bringing that compassion to the work, I think that helps us sit in that space with the child and the

family and like I say, be able to provide a different experience of societal ideas. They might be hearing even just from friends or family, people that they might otherwise feel safe with or might not, but they don't understand the situation. So I guess just being able to sit in that space, think about how we can do that effectively and compassionately and seek the support that we need in order to do that. And if these conversations aren't being had within our teams, how can we have those to make it easier to do that work?

Chris Dolman (01:11:46):

Great. Thanks for those reflections, Dan. Yeah. Is there something, Kate, that you'd like to say to sort of sum up just in a minute about a key idea or message you'd like to get over?

Kate Headley (01:11:58):

I just think it was really nice and powerful to hear the commonalities across our approaches and our values and our learnings, given that we're all from different discipline backgrounds and represent a multidisciplinary team. And I think the commonalities for me that really stood out is that belief system around the fact that children are knowledgeable, the knowledgeable about their experiences and what helps them. And for me, the translation of that to clinical practise is around how can I work as the clinician to engage children as active participants in determining their goals and reflecting on their progress towards those goals so that I can validate the knowledge that they hold about themselves.

Chris Dolman (01:12:53):

Yeah. Great. Thank you Kate. Cass, for you, what's something that you'd like to finish off with a reflection or something other thoughts?

Cassandra Tinning (01:13:04):

I'd just really like to acknowledge that the hope that I think all of us have communicated through the presentation today, which speaks to the fact that we are willing to be safe, reliable, predictable grownups that children and families can see us role modelling about how we are in the world and can see that relationships can look different and be safe and appropriate. And by being able to live in those values, walk the walk that Kate was speaking about in relation to ourselves and our clients, but also as Dan was talking about with ourselves and our teams, then that means we're actually, we are making a difference. This is therapeutic intervention and that's just as important as any special fantabulous magical kind of solution that people might be searching for out there. So continue to be hopeful, role model those great ways of relating to other people and seeing children as holding their own power as well. And I think that gives us an opportunity to really make a difference.

Chris Dolman (01:14:30):

Thank you, Cass. Thank you to you all. Okay folks. So in terms of what's ahead with MHPM, there's a number of upcoming webinars which you can see on your screen. Have a look through those or look over the MHPN webinars webpage to browse and register for other webinars that might well be of interest. And also take note of the latest podcast releases as well, including one around creative arts therapies. And there's a couple of questions about that. So that podcast might be part of what you're looking for as well. There's many MHPN networks across the country, over 350 of them. And so visit the MHPN website to sign up for your local network and area of practise interest and get together with others who share that interest to encourage each other and extend skills. So thank you so much for being a part of this webinar this evening. Please complete the feedback form before you log out and you'll get a statement of attendance and a link not far away with the recording of this webinar. So I'd just also really again like to thank our three panellists, Kate Headley, Dan Figuera, and Cass Tinning for sharing your practise wisdom and insights and reflections. It's been really wonderful. So thanks folks. And yeah, we look forward to your company next time. Thank you.