

Module Five: Assessment and Treatment Issues

Session Plans

Session One: Stress and Trauma

Timing: 2 hours

Session learning objectives:

- To be able to define and understand stress, distress and trauma;
- To understand the particular responses of children to stressful and traumatic events; and
- To understand the normal and abnormal (pathological) phases of responses to stress, distress and trauma/

Session contents:

- Definitions of stress, distress and trauma;
- Causes of stress, distress and trauma;
- Explanation of normal and abnormal (pathological) phases of responses to stress and trauma;
- Explanation of the particular responses of children to stressful and traumatic events;
- Discussion of examples from participants' experiences; and
- Discussion of cultural issues.

List of new terms:

- | | | |
|-----------------------------------|---|--|
| • Stress | • Activation | • Relaxation |
| • Distress | • Stressful event | • Trauma |
| • Traumatization | • Traumatic event | • Overwhelms |
| • Coping mechanisms | • Trauma response | • Sense of safety |
| • Out of control | • Sense of self | • Lost sense of future |
| • Sense of betrayal | • Loss of trust | • Attachment trauma |
| • Flight or fight response | • Loss of belief | • Child exploitation |
| • Child abuse | • Child neglect | • Outcry |
| • Denial | • Intrusion | • Working through |
| • Completion | • Panic | • Exhaustion |
| • Extreme avoidance | • Flooded states | • Psychosomatic responses |
| • Character distortion | • Controlling behaviour | • Compliant |
| • Dependent behaviour | • Clingy | • Numbness; spaced out |
| • Compensation | • Challenges current meaning | • Create new meanings |
| • Active telling and re-enactment | • Create crisis to solve | • Self harm |
| • Risk taking | • Children in Especially Difficult Circumstances (CEDC) | • United Nations Convention on the Rights of the Child (CRC) |

Key questions to be asked:

1. “What do you understand by the term stress?”
2. “What do you understand by the term trauma?”
3. “Is there ‘good stress’ and ‘bad stress’? Please explain your answer with an example if possible.”
4. “Do children and adults have different responses to traumatic events? Please explain your answer, with an example if possible.”
5. “What experiences have you had with stressful and traumatic events?”
6. “What do people in your country/region/country generally do, and feel, when they experience traumatic events?”
7. “What do children in your country/region/country generally do, and feel, when they experience traumatic events?”
8. “Given what we have discussed, are there cultural differences which may influence a person’s response to a traumatic event? Please explain your answer, with an example if possible.”

Method of presentation:

This session should be conducted as participatory as possible. Questions 6 and 7 could be used for small group work, perhaps with participants working together in same country/same region/same community groups.

Workshop aids and equipment required:

- PowerPoint presentation equipment (not essential)
- Overhead projector
- Transparencies and pens
- White board and markers
- Flip-chart paper and markers

References:

Resource materials provided in the participants’ folder

Session Two: Assessment – Signs and Symptoms of Traumatization

Timing: 2 hours

Session learning objectives:

- To understand how to recognise a child who has experienced trauma; and
- To understand age-specific signs and symptoms of traumatization.

Session contents:

- Biological and physiological responses to traumatic events;
- Cognitive responses to traumatic events;
- Age-specific signs and symptoms of traumatization:
 - Children aged 5 years and younger;
 - School aged children;
 - Adolescent children;
- Discussion of examples from participants' experiences; and
- Discussion of cultural issues.

List of new terms:

- | | | |
|---|----------------------------|---|
| • Biological and physiological responses | • Cognitive responses | • Autonomic functioning |
| • Aggressive | • Apathetic | • Violent |
| • Submissive | • Bossy | • Moody |
| • Hysterical | • Frozen | • Pale |
| • Submissive | • Frenzied | • Panicked |
| • Label | • Overcome fear responses | • Re-establish safety |
| • Differentiation between distorted minds and distorted lives | • Arousal | • Increase in activity |
| • Sensory perception | • Attentiveness | • Suppressed emotion |
| • Conditioning at the reflexive level | • Sense impressions | • Kinaesthetic impressions |
| • Sense of terror | • Sense of helplessness | • Paralysis and immobilisation of behaviour |
| • Shocklike or stunned reaction | • Torpor | • Make meaning |
| • High degree of vigilance | • Tantrums | • Depression |
| • Culturally specific | • Context specific | • Expressing emotion |
| • Effort to regain control | • Re-enactment | • Change role |
| • Hypervigilance | • Sleep disturbances | • Rumination |
| • Intrusive thoughts | • Absent minded | • Disoriented |
| • A world of their own | • Feeling of guilt | • Reconstruction of the event |
| • Vigilant | • Dependency | • Gives up |
| • Grieving process | • Stages of loss and grief | • Numbing acceptance |
| • Separation anxiety | • Clinging behaviour | • Withdrawn |
| • Isolated behaviour | • Traumatic anxiety | • Inhibition of |

- Fixation
- Fantasy
- Developmental stages
- Compliant
- Elaborate re-enactments
- Acting out
- Unemotional journalistic retelling
- Inner plans of action
- Anxious attachment
- Thematic play
- Perfectionistic
- Preoccupation with self
- spontaneous thought
- Obsessive reliving
- anxious
- Conceptual skills
- Regression
- Nightmares
- Risk-taking behaviour

Key questions to be asked:

1. “What are some descriptions or labels used to describe children who have experienced trauma?”
2. “What are some biological and physiological signs and symptoms of trauma in children?”
3. “What are some cognitive signs and symptoms of trauma in children?”
4. “Do children of different ages exhibit specific signs and symptoms of trauma? Please explain with an example if possible.”
5. “What are some signs and symptoms of trauma that you think may be typical of children who have experienced trauma in your country/region/community?”
6. “From what we have discussed, are there cultural differences in the signs and symptoms of trauma exhibited by children in the Greater Mekong Sub-region? Please explain with an example, if possible.”

Method of presentation:

This session should be conducted as participatory as possible. Questions 1, 2, 3, 4 & 5 could be used for small group work.

Workshop aids and equipment required:

- PowerPoint presentation equipment (not essential)
- Overhead projector
- Transparencies and pens
- White board and markers
- Flip-chart paper and markers

References:

Resource material provided in the participants’ folder

Session Three: Helping and Communication Skills – Recovery from Trauma

Timing: 2 hours

Session learning objectives:

- To understand the value and usefulness of some basic helping and communication skills;
- To understand some core values for effective carers/helpers in programs for exploited and abused children;
- To understand the need to provide particular support for carers/helpers in programs for exploited and abused children;
- To understand the “ideal course” of recovery in a crisis including the tasks to be completed in order to recover from a traumatic event; and
- To understand some factors which might influence recovery from trauma.

Session contents:

- Basic helping and communication skills for being an effective helper;
- Description of some core values for effective carers/helpers;
- Discussion about ways of providing particular support to carers/helpers;
- The tasks to be completed in the “ideal course” of recovery in a crisis;
- Discussion of the path to recovery from a traumatic event;
- Factors which might influence a child’s recovery from trauma;
- Discussion of examples from participants’ experiences; and
- Discussion of cultural differences.

List of new terms:

- Effective helper
- Personality characteristics
- The setting for helping
- Listening attentively
- Behaviour – Thoughts - Feelings
- Providing comfort and support
- Assessing the problem
- Following up
- The “ideal course” of recovery in a crisis
- Revise memories, attitudes and/or belief systems
- Sorting out your own problems
- Caring for the carer
- Building up trust
- Probing for information
- Questioning and leading
- Encouraging self-sufficiency
- Developing a plan of action
- Empathy
- Translate perceptions

Key questions to be asked:

1. “What are some useful skills for being an effective helper in your country/region/community? Please explain with examples, if possible.”
2. “Why is it important to have an understanding of the “ideal course” of recovery in a crisis?”
3. “What are some factors which might influence a child’s recovery from trauma?”

Method of presentation:

This session should be conducted as participatory as possible. Questions 1, 2 & 3 could be used for small group work

Workshop aids and equipment required:

- PowerPoint presentation equipment (not essential)
- Overhead projector
- Transparencies and pens
- White board and markers
- Flip-chart paper and markers

References:

Resource material provided in the participants' folder

Session Four: Group Work - Case Study

Timing: 30 minutes

Session learning objectives:

- To understand the purpose of the case study; and
- To meet briefly in country/region/community origin groups to discuss ways of working together on the case study.

Session contents:

- Explanation of case study; and
- Explanation of the work to be done and the timetable for the group work.

List of new terms:

- Group work
- Trafficking
- Identification papers
- “Night life”
- Training plan

Key questions to be asked:

1. “In your experience, does the case study reflect a real-life situation? Please explain with an example, if possible.”
2. “What is the value of working in small groups made up of participants from the same country/region/community?”

Method of presentation:

This session is principally focussed on giving information to the participants about the work to be done on the case study. As such, the facilitator should ensure that participants understand the content of the case study and, understand the tasks to be done by the small work groups. Participants should be encouraged to ask questions in order to clarify the tasks to be done. This session should be included in the final session of Day 1 of the training module. This will assist participants to begin to think about the issues raised in the case study, and to discuss the work to be done on the case study with others in their small work group.

Workshop aids and equipment required:

- PowerPoint presentation equipment (not essential)
- Overhead projector
- Transparencies and
- White board and markers
- Flip-chart paper and markers

References:

None

Session Five: Treatment and Counselling – Fostering Healing and Supporting Recovery

Timing: 3 hours

Session learning objectives:

- To define Psychosocial Recovery [or Rehabilitation] (PSR), as a holistic model for the provision of supporting and recovery services to children who have experienced traumatic events such as sexual abuse and exploitation;
- To understand the possible benefits of PSR for fostering healing and supporting recovery of traumatised children;
- To understand some general guidelines for interventions for the provision of healing and recovery to traumatised children;
- To understand the kinds of interventions that are suitable to support the child during the crisis period;
- To understand when it would be appropriate to refer a traumatised child to a mental health professional; and
- To understand the kinds of interventions that are suitable to support the child after the crisis period.

Session contents:

- Definition of PSR;
- Explanation and discussion of PSR as a holistic model for the provision of support and recovery services to children who have experienced traumatic events;
- Explanation and discussion of some general guidelines for interventions for the provision of healing and recovery to traumatised children;
- Explanation and discussion of the kinds of interventions that are suitable during the crisis period;
- Explanation and discussion of the kinds of interventions that are suitable after the crisis period;
- Discussion of examples from participants' experiences; and
- Discussion of cultural issues.

List of new terms:

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|--------------------------------------|--|--------------------------------------|
| • Restoration to a former state | • Reduction of harm | • Increasing physical well-being |
| • Elevating self-esteem and respect | • Self-protection | • A level not previously experienced |
| • Innate resilience | • Recovery (Rehabilitation) strategies | • Direct rehabilitation services |
| • PSR Micro environmental activities | • PSR macro environmental activities | • Medical model |
| • Penal model | • Institutional model | • Psychotherapy |
| • Psychiatry | • Increasing human capacity | • Equipping people with new skills |
| • Self-determination | • Normalisation | • De-professionalisation |
| • Early intervention | • A social not a medical model | • Psychological interventions |

- Community residential living
- Mind/body interventions
- Control
- Volunteers
- Don't give false promises
- Don't interrupt the child; listen carefully
- Don't give up on your role as an adult
- Talking/listening/counselling
- Traditional medical/healing practices
- Telling the story
- Don't fall apart
- Don't make judgements
- Associations
- Don't emotionally withdraw from the child
- Self awareness and communication
- Safety
- Partnering
- Untellable
- Don't put the child down
- Don't put the child through an inquisition
- Supportive, normalising and affirming contact
- Disorganisation
- Confidentiality
- Processing the trauma
- Composed
- Disorientation
- Perceiving the event correctly
- Normalising
- Subdued
- Introduce yourself
- Reorienting the child
- Restoring/nurturing environment
- Perpetrators of trauma
- Meaning phase
- "Round robin"
- Cognitive signs
- Fact phase
- Emotion of the event
- Mental health professional
- Visual or auditory flashbacks
- The "good past"
- Feeling phase
- One-to-one basis
- Referral
- Out-of-control hallucinations
- Fear of losing my mind
- Uncontrolled hysteria
- Ritualistic
- Over-protective
- Emotionally unavailable
- Vigilant
- Re-traumatisation
- Reprocessing the trauma
- "Stuck" with unhelpful meanings
- Dispelling fault
- Co-operative responses
- Family structures
- Bizarre, irrational beliefs
- Behavioural signs
- Dishevelled appearance
- Health assessment
- Support network
- Emotional signs
- Agitation
- Irritability
- Core person
- Vouch for the child's character
- Financial security
- Gender bias
- Habitual
- Escape hatch
- Ethnic bias
- From fear and loss to hope and future
- Confrontation
- Exploring fears
- Self-talk
- Tolerance
- "Safety first"
- Modelling behaviours
- Patience

Key Questions to be asked:

1. "What is Psychosocial Recovery/Rehabilitation?"
2. "Do you think that PSR is a useful model for fostering recovery and supporting healing for sexually abused and exploited children? Please explain your answer with an example, if possible."
3. "Would it be possible to introduce PSR in your organisation/agency? Please explain your answer with examples, if possible."

4. “Are there cultural issues or difficulties in your country/region/community concerning the PSR model? Please explain your answer with an example, if possible.”
5. “Given our discussion about the general guidelines for interventions, are there any issues or difficulties that you have with them regarding using the guidelines in your role? Please explain with examples, if possible.”

Method of presentation:

This session should be conducted as participatory as possible. All of the questions could be used for small group work.

Workshop aids and equipment required:

- PowerPoint presentation equipment (not essential)
- Overhead projector
- Transparencies and pens
- White board and markers
- Flip-chart paper and markers

References:

Resource material provided in the participants' folder

Session Six: Case Management

Timing: 1 hour

Session learning objectives:

- To understand the general purposes of case management;
- To understand the elements of case management; and
- To understand the process of case management.

Session contents:

This session will briefly cover the following content:

- Definitions and description of case management;
- Discussion of the general purposes of case management;
- Discussion of the elements of case management;
- Discussion of the process of case management;
- Discussion of examples from participants' experiences; and
- Discussion of possible cultural issues,

List of new terms:

- | | | |
|--------------------------------|----------------------|-------------------------------|
| • Case management | • Case study method | • Sense of partnership |
| • Pro-active | • Re-active | • Dependency |
| • Listening and hearing | • “Too professional” | • Paternalistic/maternalistic |
| • Fact file | • Advocacy | • Monitoring |
| • Phasing out | • Held accountable | • Personalising |
| • “Blame the victim” mentality | | |

Key questions to be asked:

1. “What is Case Management or the Case Study Method?”
2. “What is the purpose of case management?”
3. “Do you utilise a case management approach or method in your organisation/agency? Please explain with examples, if possible.”
4. “Are there cultural issues or difficulties in your country/region/community concerning the case management approach or method? Please explain with examples, if possible.”

Method of presentation:

This session should be conducted as participatory as possible. Questions 3 and 4 could be used for small group work

Workshop aids and equipment required:

- PowerPoint presentation equipment (not essential)
- Overhead projector
- Transparencies and pens
- White board and markers
- Flip-chart paper and markers

References:

Resource material provided in the participants' folder

Session Seven: Group Work - Case Study

Timing: To be decided by each work group

Session learning objectives:

- To meet in small groups to work on the tasks to be done;
- To listen to, and hear, the contributions of each member of the small work group;
- To discuss, and agree on the content, of the group presentation on the case study; and
- To set out the group's presentation on the case study, in preparation for final work on the following day.

Session contents

- To be decided by each work group

Key Questions to be asked:

- To be decided by each work group

Workshop aids and equipment required:

- PowerPoint presentation equipment (not essential)
- Overhead projector
- Transparencies and pens
- White board and markers
- Flip-chart paper and markers

References:

None

Note: For this Module, particular acknowledgement is given to Dr Sandi Plummer of the University of Canberra, Canberra, Australia, for permission to utilise "Trauma and Children: Fostering Healing and Supporting Recovery", a manual for those who work with children who have experienced trauma. This manual was prepared for CEDC Workshops conducted for World Vision International in 1997.