

## **Presentation Notes: Communicating with children**

### **Communicating with children who have experienced significant adversity at different developmental stages**

#### **Introduction: How should the trainer introduce the presentation?**

The rights of children in the CRC include a variety of communication rights: the right to be heard and to be taken seriously; to free speech and to information and to maintain privacy. Children's voices need to be heard and taken seriously, the possibility for expressing their wishes, feelings and opinions and their access to important information should be expanded. Communication efforts need to respect children's privacy and dignity and foster their self-esteem and confidence. We need to fully recognize children, at each stage of their development, as having unique needs and skills, as well as personal voices that deserve to be listened to with respect and empathy. We also need to be aware that children at different developmental stages respond to significant adversity in differing ways and that adversity is rarely a single even, adverse events tend to be multiple and have a cumulative impact on children's lives, their health and their development. Effective communication is a powerful tool, communicating positively with young children helps them develop confidence, feelings of self-worth, and good relationships with others.

Positive communication focuses on respect for the child and involves both speaking and listening. Communication is what we say and how we say it. Positive communication leads to nurturing relationships, cooperation, and feelings of worth. Poor communication can lead to children rejecting adults, conflicts and bickering result, and feelings of worthlessness.

We as practitioners can have difficulty communicating positively with children when feelings are involved-either our own or the child's. We need to put ourselves in the child's shoes when they meet us, to use our 'metallisation' skills to tune in to how they are feeling, and try to meet them where they are. We will consider the various contexts where children who have suffered significant adversity, and need to be communicated with. This includes trying to understand the nature of their experiences; when the court is involved, to decide on their care needs, or whether they have been a victim of a criminal act, and also as a preparation for therapeutic work

#### **Slides 3 and 4 The context of communicating with children**

These two slides represent the context of working with children when there is a need to communicate with them to establish what their experiences have been. The first of the seven stages represent the point when concerns have been raised about a child either because of their physical health – presentation with injury, physical harm, their emotional responses associated with adversity, distress and anxiety, living in contexts of neglect or emotional and physical rejection. An initial

assessment by children's health, social care and police authorities may indicate fuller information needs to be gathered about the child and his family.

Communicating with the child in these contexts is an essential component for a holistic assessment. This requires further stages of organising information available, stage three, analysing patterns of harm, stage four, decisions about the need for protection stage five developing a plan of intervention stage six and identifying outcomes measures for intervention stage seven

**Slide five** is the framework for the assessment of children in need and their families. This provides information about the sort of needs which need to be established when children subject to significant adversity are being assessed. This includes their health and their education, their emotional and behavioural development, their sense of identity, family and social relationships, social presentation and self-care skills, Other dimensions look at parenting and family and environmental factors. Establishing the full picture of the child, parenting, the individual, family and environment provides a map of the family and the way it works, helping the practitioner to understand the nature of their difficulties and helping to suggest solutions. It provides a picture of strengths and difficulties.

Detailed communication with children is a key component of the assessment process. This presentation will introduce some of the principles and resources to to achieve a valid and reliable picture of the child's life, which both witnesses, validates and values their experiences. We will be asking you to take part in a number of practice exercises to explore some of these approaches, so you can share the experiences of communicating and being listened to, we ask you to participate actively respecting safety and confidentiality

## **Slide 6 Communicating with children**

Purpose: To introduce participants and facilitators to each other to

Ask a question:

- ▶ What kind of experiences do you already have related to this theme?
- ▶ Please introduce yourself to your neighbour, and discuss your experiences of communicating with children who have experienced significant adversity
- ▶ Briefly describe a particular child or young person you have talked to – what was the nature of significant adverse experiences revealed
- ▶ In what context have you talked to them, your role

- ▶ Participants to introduce their neighbour and the child's experiences described. Note the range of significant adverse events described by participants on a flip chart

## **Slide no 7 – 12 The range of situations when communication with children is necessary**

This set of 6 slides introduce the range of situations when communicating with children is necessary as a result of concerns raised in the initial stage of assessment. These include children subject to physical abuse children, subject to sexual assault, subject to maltreatment, subject to property crime and witnessing violence. Each slide gives an overall idea of the incidence of the different forms of adverse experience, and definitions. There should be a link with the sort of cases which participants have already described in the introduction. Get feedback on participants experiences.

**Slide 11 introduces the concept and importance of polyvictimisation**, whether this accords with participants experiences – any examples in the cases they report, or the presenter's experiences.

**Slide 12 introduces the theme of children disabilities.** Emphasise the higher rate of maltreatment in these children and young people, and promote a discussion about what makes children more vulnerable – possible explanations are given, get the participants to enlarge the discussions, share experiences, draw up a list on the flip chart, and refer to during subsequent discussions

## **Slides No 13 – 23 The goals and challenges for practitioners communicating with children**

**Slides 14 and 15 introduce the concept that adverse events cause stress** which can be manageable – or can be overwhelming causing toxic stress. Slide 15 defines the context which causes toxic stress, and the Harvard diagram of the areas of the brain which 'prepare for flight and flight' and which can lead to some of the long-term anxiety and aggression which are associated. The presenter and participants to share their experiences, and discuss whether the cases they have identified have responded with manageable or toxic stress, traumatic impacts.

**Slide 16. This slide introduces a discussion on the goals of communicating** with children, and the challenges. Again try to list key points to address in the later presentation. **Slide 17**, introduces the goals, children as witnesses in legal proceedings, care proceedings, and as a basis for therapeutic work. Point out the

distinctions between what might be required for each context – none leading accounts, encouraging the child to develop a narrative account of their experiences, recognising even brief statements which the child themselves make provide an authentic account vs encouraging, and facilitating the child to elaborate and communicate their experiences as a way of initiating therapeutic work, always remembering that the child's voice needs to be the centre of the work, amplified, but not influenced by our approaches

**Slide 18 describes the challenges to establishing a child centred approach**, initiate a discussion about the challenges and solutions to the fear, anxiety felt by many children and young people meeting a stranger. Get participants to think about how they have created a child friendly environment with children they have worked with, think of the context of work, and children of different ages.

**Slide 19** Preparing a child friendly context – preparing the setting, seating, useful materials related to the age and stage of development of the child, including children with special needs. **Slide 20** describes some of the **principles of communicating with children**

- ▶ **Get the child's attention before speaking** - children can only concentrate on one thing at a time. Look directly at the child and call her name. A touch on the shoulder or taking her hand will help get her attention. Give her time to look at you before you start speaking.
- ▶ **Communicate on the same level as the child** - Communication is more effective if both people are on the same level. Adults need to stoop down to the child's level or sit beside her. Making eye contact with the child lets her know that she has your attention and is much less intimidating to the child.
- ▶ **Speak as if you mean it** - Make important requests firmly. Use a firm tone of voice without sounding angry or pleading. Tell the child what you want her to do and why. Give clear, consistent instructions. Remember your body language. It should show that you are serious and expect the child to comply. Say "Please," "Thank you," and "You're welcome" to the child. Modelling appropriate behaviour is one of the best ways to get desired behaviour from a child. Children also deserve the common courtesies that we, as adults, expect. Children are more likely to carry out desired behaviours when we add these courtesies.
- ▶ **Make requests simple** - **Too many requests are confusing for a young child to remember.** Make sure that your requests are short, clear and consistent.
- ▶ **Use more positive direction than negative** - Positive communication with children uses more "Do's" than "Don'ts." In other words, tell the child what to do rather than what not to do. Allow children to make choices when possible.
- ▶ **Talk with-not at-children-** Adults should communicate with children with the respect and consideration they give their friends. Sometimes, adults

spend so much time talking "to" the child that they neglect the listening part of communication. Talking with children lets them know that not only do we have something to tell them, but that we are also willing to listen to **what they have to say**.

- ▶ **Keep lines of communication open by listening attentively when the child talks to you** - Encourage the child to talk to you. Answer questions honestly. Share your feelings and ideas but accept the child's fears, ideas and feelings. Never promise the child anything that you cannot deliver.
- ▶ **Slide 21** introduces a 'reflective task' to put some of these principles into practice, participants to think of times when they felt listened to and heard, and to share an event with another participant, and for an **observer to note about the process of communication**
- ▶ **Slide 22**, discusses adaptations in communicating with a child with a disability, initiate a task of communicating when the individual has a significant absence of vision, hearing, and cognitive impairment!!
- ▶ **Slide 23** summarises the main principles communicating with children

## **Slides No 24 - 30: Child Development and Communication Needs and Skills**

### **Introduction to the topic:**

**Slide 25 - Children's cognitive, emotional, physical and social skills** develop as they go through life. As they grow and mature, their needs, abilities, interests and challenges change. The approaches to children of differing developmental stages need to take this into account. This slide indicates briefly differences in approaches across the different stages of development.

Various psychological theories on human development are based on the concept of "stage". The key to stage theories is the understanding of stages as unique periods of development, with each stage typified by its own special behavioural and cognitive characteristics. According to child development and psychological research, all individuals progress through the same stages in a fixed chronological order, although genetic and/or environmental factors can speed up or slow down the rate from one stage to another.

So while toddlers may be able to listen to a story for only a few minutes at a time, preschoolers may be more attentive and older children stay attuned for much longer. Similarly, while younger children may be able to comprehend very simple language and concrete images, older children are able to process more complicated linguistic and visual expressions.

## Slide No 26 - 30: Differentiation by age - Interviewing children

The purpose of these slides is to go through different age groups and highlight the main facts to keep in mind. For each developmental stage have a discussion about what the best means of communication would be – observations of infants and toddlers with family members, observation of separations and reunions, observation of response to play with family members, responses to new and familiar play material, observations of responses to the practitioners joining in play activities.

Toddlers and preschoolers are developing language skills – recall that a 3 year old has around 300 words but understands 3,000. Pre-schoolers like to talk about imaginary experiences, and have difficulties in separating fact from fantasy, although they can give coherent narratives about past real experiences, but can also be compliant and suggestive. They can talk about their feelings, talk whilst playing and draw. Managing separations, and establishing an interview without support is challenging

From the age of two or three years old children seem to have at least some understanding of different person perspectives. Flavell and his colleagues (1990) have defined two levels in perspective taking in children. In level one, the child knows that other people can experience something differently than the child him- or herself. This is the knowledge a two- or three-year-old has. In level two the child develops a set of complex rules that help understand more precisely what another person sees or feels. This knowledge starts to develop in four or five year old children.

Children can be more suggestible (susceptibility to suggestion) and compliant (the tendency to trust an adult and the will to please the adult by giving correct responses) than adults. For instance, children seem to be more vulnerable to leading questions, and this effect is stronger for pre-school aged children (three to five years old) than for school aged children. When suggestive questions are asked and the child wants to perform well he/she possibly chooses or 'recognizes' the best option from the choices that are offered by the interviewer, without that necessarily being an actual memory of the event. Open ended questions may be responded to briefly, but often more meaningfully.

School age and adolescent children are more ready to be interviewed individually, may need a transition of support, but can accept a meeting with an adult in a child friendly context – language capacities increase significantly, talking in full sentences, can understand and take other people's perspective – developing a theory of mind, can handle more information, and can provide coherent reliable and accurate narratives of their experiences, feelings, and relationships. They can role play social situations, to manage conflicts – the importance of peer relationships. Adolescents maintain these processes, conversation is important, differentiating themselves from their family establishing



identities, but can be challenging and obstructive to interview, and managing to promote a conversation needs experience and skills!!

## **Slide No 31 – 43 Principles of facilitating communications with children building a picture of a child or young person's life**

This set of slides explores the principles of how to facilitate communications with children

**Slide 32 Gives the basic principles of facilitating communication**, which is to build a picture of the child's life, through building rapport, getting to know the child or young person. Subsequent slides give some ideas how to establish the child's world. Building rapport through neutral topics, favourite things, some suggested topics include food, animals, sports, school subjects. It is stressed humour and playfulness, being interested, helps establish what makes them tick and sparkle. Essentially you are joining with the child, reflecting and responding to the way they present themselves – think of the way you sit, your smile, respond, use your 'mentalising' skill to think how are they thinking, and feeling, and respond. The concept of 'marked mirroring' is helpful to think of how you should respond

**Slides 33 – 35 Building up a picture of a child's life** These 3 slides gives some ideas of different ways children and young people can be helped to build a picture of their lives – all about me – ways of identifying feelings which define =all about me – and refers to the importance of other media drawings – the Winnicott squiggle drawing – where the interviewer and child take turns, and the other turns it into 'something' can be revealing, drawing a house, tree and a figure is helpful, drawing your family 'doing something.' The way the child draws a person can be revealing in terms of their cognitive capacities

A special needs child is a broad term used to describe any child with a behavior or emotional disorder, physical disability, or learning disability. Sometimes a child may have more than one disability. Children with special needs children might require extra assistance in school. They might need medicine or therapy that typically developing children don't need. Many children with special needs are limited in verbal communication, or they are non-verbal. Communicating with children with special needs can be challenging.

**Slide 36 Building up a narrative** The goal of communicating with children is to help them build a picture of their lives, and to facilitate them build a narrative' of their experiences, and enables the interviewer to build up a picture of the way they see their world, their views of themselves, their feelings, their behaviour, actions, relationships with family, peers, and educational contexts.

A video of an interview with Ben Bradshaw will be shown, he has a history of punitive harsh parenting, get the participants to speculate what his play is communicating.

Describe the 'Story Stem' approach which uses a variety of play scenarios with family and animal figures – and asks the child to continue the story – eg the spilt juice, and what happens, child waking up in bed, mention there is a Child and family Training computer based approach 'In my shoes' which builds scenarios of people, places and events into a computer programme.

**Slides 37 -39 Using questionnaires and prompts** – Introduces the observation that children and young people like answering questionnaires, and can be revealing, children may reply giving more information than face to face interviewing, The important step is to expand on such indications. Two questionnaires are shown in the next 2 slides – one to be responded to in terms of frequency, the other giving prompts which require a descriptive statement. Try them out 'thinking of how you would answer if you were a stropky teen-ager' feed back on their value

**Slides 40 -41 Other approaches to build up a picture of the child's life** -This lists a number of approaches – including genograms, and the slide illustrates an ecomap – again where children put important people in their lives reveals a good deal about their feelings, and explanations of why important people are close or far, and the strength of the relationships helps elaborate the picture of their lives

The responses also gives an indication of the network of attachments – and the degree and nature of security, organisation, and patterns. The nature of security is explored in a number of ways including helping the child find words to describe important figures in their lives, and noting the degree of organisation or disorganisation in the accounts given of these individuals, and the organisation or disorganisation of their play

**Slide 42 – 43 Building a narrative with children who have special needs** – Get participants to think of children with special needs they have worked with – consider which of the approaches we have covered so far would be relevant and helpful

Run through the list of different approaches to facilitate communication with children with special needs – stressing that this is an introduction!!

**1) Music** - Music is understood by all people across the world. Music is especially effective in communicating with special needs children. Some children with



special needs children are nonverbal, while others are very verbal. Music provides endless opportunities for learning and development.

For nonverbal children, music is a way to express themselves and interact with others without using words. Music can also be used to motivate children with special needs. During difficult situations, it might be helpful to sing a song in order to help your child work through it.

**2) Touch** - Tactile activities help children increase their fine motor skills, and they are a great way to communicate with children who are blind and/or deaf. Touch can help children build concepts as they link objects to experiences. Touch can also be used to teach children with special needs the fine motor skills they are often lacking. Giving them different textures to play with can help their bodies learn those skills.

**3) Art** - Art, like music, is a way for children with special needs to express themselves without using words. For children who are non-verbal or limited in verbal communication, it is a creative outlet. Children with special needs may become frustrated by their inability to complete tasks. With art, there is no way to fail. There is no right or wrong way to create pieces of art. Art projects also provide a great opportunity for children to touch different textures and work on their fine motor skills.

**4) Movement** - Movement helps children with special needs feel more engaged in learning. Movement increases focus, attention, and impulse control in children. Movement can also be a form of self-expression for children with special needs who have difficulty expressing themselves with words. Children can learn how to establish a connection between music and movement through dancing and increase their fine motor skills.

**5) Social Stories** - Social Stories, developed by Carol Gray, are visual or written guides to describe different situations which could include skills, social interactions, or behaviors. Social stories help children, especially autistic children, manage social situations. For those children who struggle with transitions during their day, creating a schedule using pictures can help them understand what activity is next on the schedule, making transitions easier.

**6) Technology** - Technology has provided a whole new way for children with special needs to communicate. Children who are nonverbal or have limits in verbal communication can type on iPads or use voice output devices. Devices such as iPads provide numerous apps to help children with special needs learn. Some apps can help children communicate by typing words or allow children to

create sentences based on pictures. Other apps teach children how to engage in social settings. The In My Shoes approach, and apps 'This feeling' associated can be helpful for children with disabilities

**7) Gestures** - Using gestures is a non-verbal way to communicate to a child with special needs and can be very beneficial for children who have auditory challenges. For some children, they might not notice gestures, so make sure the child is paying attention before using them.

**8) Motivators** - Children respond well to encouragement and praise. This is no different for children with special needs. Giving small rewards can help children with special needs feel motivated to complete a difficult task or get through a challenging social situation.

**9) Sign Language** - Sign language, like gestures, is a way to communicate without using words. Sign language is not only for deaf and hard of hearing children. It can also be used for nonverbal children. Sign language is a way for children with special needs to communicate to others without feeling frustrated by their inability to use words.

#### **10) Talk to Children with Special Needs The Same As Typically Developing Children**

Some children with special needs have the same brain functionality as typically developing children, they just might not be able to communicate that. Talk to children with special needs the same as any other child. This may result in better responses from the child if they feel like you are treating them like other children their age.

**11) Transition Time** - Transitions can be a difficult time for children with special needs. Some children require ample time to transition into a new activity. Communicate these transitions clearly. Children may need to be told several times what activity is coming up next, or be given a 5 minute warning before the transition occurs. For others, social stories are helpful to make the transition process easier.

**Slide 44 -56 – Establishing whether the child or young person has suffered specific emotional and traumatic responses**

**Slide 45 – 47 Principles of communicating to establish emotional and traumatic responses.** Introduces the importance of working collaboratively, supporting children to have their own 'light bulb moment' they are the expert on

their experiences. The 'Socratic' approach to questioning is introduced, which aim to clarify statements, probe assumptions which are revealed, explores the rationale reasons, and evidence, can include 'circular' questions – 'if your friend, grandad, social worker were here what would their view be, do you think that view might be reasonable? implications and consequences if you continue in that way, have you wondered whether an alternative might be? Introducing different views without prescribing them. Try out Socratic questioning – a scenario is suggested – a 14 year old thinking it's OK to have sex at that age, could be a different one. Get some feed back about the value of the approach

## **Slides 48 – 51 Using evidence based assessment tools**

**slide 48 and 49 – the goals using evidence based tools.** The value of using evidence based tools – questionnaires and scales is that the fixed wording, and responses can help derive a score which can provide guidance whether a child has evidence of a mood problem, anxiety or conduct problems. They help establish of the nature and level of a child's functioning. Key scales – eg the SDQ can be administered to the child, his parent and teacher to develop a comprehensive picture from a number of perspectives. They help to establish partnerships with the child. However, they can only be relied upon if the interviewer finds the meaning of the response

**Slides 50 and 51 Two scales – Adolescent well-being and Strengths and Difficulties Questionnaire.** Describe these two scales, pointing out the sort of questions for each, and the function, for depression, emotional problems, conduct, hyper-activity and peer problems

## **Slides 52 – 56 Case Example the Nieland Family to demonstrate the use of scales in practice**

**Slide 52 The Family Structure** Point out the family structure, Grace is living on her own with her 3 children, Ella aged 10 the youngest has Downs syndrome, Amber is her none identical twin, and Lucas is 12 years of age. Father has left the family.

**Slide 53 The referral information** Ella is becoming distressed oppositional in lessons, Grace is called into school to help manage Ella, and is feeling very stressed by the demands, and getting depressed – she has limited social support. Amber gets drawn in to help cope with Ella's difficult behaviour, and is getting distressed herself – Lucas tries to stay out of the way

**Slide 54 observation of video clips.** There are 2 video clips – a family meeting and the interview with Amber when she completes the Adolescent Well -being scale – although the scale is titled for adolescents, it is standardised down to 7 year olds. Get participants to observe the communications with Amber and Ella in the family

meeting, and in the meeting with Amber when she does the scale. Observe how the interviewer engages Amber, and builds on her responses – feed back

**Slide 55 principles for using questionnaires and scales.** The key approach to using scales is that what is needed is for the child to describe the **actual event** which led the child to respond to a particular question, not what **usually happens**, what **did he do** not what **does he do**, Follow up with what does the young person think and feel about such incidents

**Slide 56 Remember to praise the child** – building on skills noted, and reinforcing strengths whenever relevant, this will help promote the communication process

### **Slides 57 – 60, Communication with the child in Court**

The key difference between interviews for the court is that if the child has been a victim of sexual or physical abuse, or they may have witnessed a crime. In such cases, what is required is an objective narrative -picture of what the child has experienced or witnessed – what has happened, rather than the subjective narrative; what do they feel essential for a therapeutic approach. The Care court needs a mixture of both objective and subjective, particularly when a child's wishes and feelings need to be explored when decisions have to be made when parents separate

is very important that the young witness is interviewed properly as his or her statements could prove to be crucial later in the investigation. Research on interviewing children indicate that investigative interview procedures have to be adapted for children and young people, eg the 'Achieving Best Evidence Approaches' utilised in the UK and elsewhere to achieve a reliable account of a child's experiences. The aim to maximise the information, and minimise any distortion from the way we interview the child, eg asking suggestive questions,

### **Slide 59 and 60 – What to keep in mind**

- ▶ Avoid bias; explore alternative hypotheses or explanations
- ▶ Videotape (or at least audiotape) all investigatory interviews
- ▶ Interview the child alone -approach should be child-friendly, bearing in mind the developmental stage, language capacity, adjusting to the responses of the child
- ▶ Have a rapport building phase at the beginning
- ▶ Have a practice interview
- ▶ Provide ground rules

- ▶ I wasn't there and I don't know what happened. Please tell me everything you can remember.
- ▶ It's all right to say "I don't know" if you don't know the answer: Please don't guess.
- ▶ If you cannot remember everything, that's okay. It's all right to say "I don't remember."
- ▶ If I misunderstand something you say, please tell me. I want to understand everything you say.
- ▶ If I get something wrong, please correct me.
- ▶ It's important to only talk: about things that really happened. We don't talk about make believe or pretend.
- ▶ If you don't understand something I say, please tell me and I will try to say it using different words.
- ▶ Ask open questions and encourage a free narrative from the child
- ▶ Do you know why you came here to talk to me today?
- ▶ Now that I know you a little better, I want to talk about why you are here today. Tell me why you came to talk to me.
- ▶ I understand some things have been happening in your family. Tell me about them
- ▶ Pair specific questions with opened-ended prompts encourage the child to tell you more! i.e. "tell me more about that" ask the children to elaborate on everything
  - what do you mean when you say "<repeat what the child said>?"
  - ask them to elaborate on words they use, e.g. "what do you mean when you say <word the child has used>?"
- do not assume you know what the child means, but instead use your ignorance, try to formulate a picture in your mind of what the child tells you, and ask for elaboration on anything that is unclear
- ▶ Avoid pressure, coercion, suggestion through giving the child information, asking leading questions, and repeating questions
- ▶ Avoid Suggestibility (definition and examples)
  - a suggestive question is where the interviewer provides information to the interviewee, that the interviewee hasn't brought up yet
  - we do this all the time in day to day interaction, especially with children, as the job of a parent is to give words and meaning to the world around the child
    - e.g. we ask "Did you have a fun day at school?", assuming (suggesting) it was fun; the same inquiry asked in an open ended way would be "Tell me about your school day!"

- ▶ children under school-age are especially vulnerable to suggestion, but also adults' memories are easily contaminated by suggestive questioning and so called post-event information (something you have heard after the fact)
- ▶ Avoid play, fantasy, and imagining
- ▶ There are times interviews may not be appropriate – eg the age of the child – think about the consequences for the child, eg information derived in high conflict situations
- ▶ **PRACTICE SESSION -Interviewer, child and observer** – child has witnessed her mum being hit by her new boyfriend – feed-back on the interviewer sticking to the rules!!

## **Establishing whether there are specific emotional and traumatic response. Slides 61 – 72**

**Slides 61 – 66 Exploring different feelings** These slides describe the process of exploring feelings – worrying, mood problems, anger

**Slides 62 and 63** describe different approaches to identifying feelings – feeling charts, temperature charts, cards figures with different feeling states, finger puppets, masks

**Slides 63 to 65 Ambers' predominant mood state** – These slides show a range of facial expressions, part of the C&FT establishing the predominant mood of the child, given the information available about Amber, which is the predominant mood she would identify with, what sort of words would she use to identify them, go on to get participants to think of the 'cycle' of feelings, thoughts and actions which might follow, and how might she scale the level of distress she might feel, and for how much of the time – helps to establish whether this mood responses in the face of the difficult family situation or whether a 'fixed' low mood state has been triggered – such states are less frequent in children, than they are in adults, children can often be helped to come out of low mood with activities – see later slide.

**Slides 66 – 68 Probes to elaborate on indications of low mood, and anxiety.** Get participants to try out the questions which aim to elaborate when there is evidence of a mood disorder, or anxiety symptoms. Puts questions about mood and anxiety in the context of the ordinary ups and downs, worries and disappointments of children's lives. Explores sadness, and loneliness, loss of interest, the origins of such sad feelings including losses – which can be major – loss of a family member, loss of friendships, deaths of pets, biological symptoms, loss of appetite, low energy levels, whether there are telection, sources of strength thoughts about self, and whether there any times when 'you have felt life was not worth living' and any self harming behaviour



The slide on activity selection helps to establish what are the child's coping strategies – play as the child's life line - explores types of activities which help a child feel better, can include activities, from swimming, football, to watching TV or listening to music

The questions on worrying tries to distinguish between anxiety, as a way of being aware of proper concerns, vs worries which are unrealistic, and may represent persisting anxieties related to significant adversity – practice sessions should explore mood, anxiety, and strengths – could be Amber, or a case seen by the participants, or constructed by the presenter, eg a child with a significant loss, or a child who has experienced a traffic accident, and has an excessive worry about roads,

**Slides 69 – 72 – exploring angry responses** – Janine has a significant history of separations and losses, persistent neglected appearance and extensive disrupted oppositional and fighting oppositional behaviour, aggression leading to a child being hurt – try the sequence of questions which tries to establish the cycle of thoughts feelings and behaviour which results in angry outbursts, usually an externalising approach – being controlled by 'Mr Temper', and looks for possible sources of anger, grievance, resentment and anger, losses expressed.

The final slide of this sequence establishes a child's goals and wishes, 3 wishes, magic wand, genie, time machine – past and future speculation

## **Slides 73 – 79 Exploring stressful and traumatic events**

**Slide 74 General guidelines communicating with children about traumatic and stressful events.** Points out that it is important to 'normalise' their experiences, they are not alone. Acknowledge how hard it is to talk about the events, and that we all try not to. Sometimes the memories seem to push themselves through the 'gates' which keeps their dream/imagination world closed, and they have 'daymares' rather than nightmares.

Find out if participants have worked with children who have described such experiences.

to think or remember them, but that lots of children say that when they see something which reminds them, or they have a dream, they feel back in the middle of the event even when they have been working hard to try to forget. Sometimes the memories seem to push themselves through the 'gates' which keeps their dream/imagination world closed, and they have 'daymares' rather than nightmares. That's why we think we need to talk about these events so we can put them firmly where they belong in the 'memory bank'

Find out if participants have worked with children who have described such experiences.

**Slides 75 and 76 Case study Michael Ward aged 8 years** - introduce Michael Ward, accommodated after being found wandering near his home – bruising on the legs, and a history of a step-father punishing him harshly for being late for school. His mother was drinking heavily, there had been incidents of domestic violence and Michael was increasingly neglected, insufficient food in the home. His sister Laura – a significant protective figure had gone to stay with a friend!!

The In My Shoes computer assisted approach to interviewing – which has been demonstrated to be non-leading and to provide reliable narratives – enabled Michael to demonstrate 2 separate events which led to his step father punishing him severely,

**Slides 77 – 78 Probes to explore the impact of traumatic events** These 3 slides explore the 3 categories of responses associated with exposure and experiences of traumatic events – **feeling forced to recall events** through flash backs, scary dreams, re-living experiences, in memory, physical feelings or playing, drawing, re constructing the event – feeling drawn back. **Avoidance responses**, avoiding people place, and objects associated with the event, spaced out, withdrawn, no interest, detached, no feelings, feel life fore-shortened. Feeling jumpy and startled, restless, can't concentrate, hyper-alert, exaggerated startle

**Practice** these scripts with Michael and an interviewer – take turns, feed back and discuss the way that this sort of interview can lead into the **establishment of a trauma narrative** – being able to construct a full account of the experience – drawing writing, learning to cope with anxiety, and fully expose the experience, and ensure a sense of guilt and responsibility are dealt with and a memory, rather than a reality is experienced

**Slide 78 Feed back on the day – what's been learnt**