



## 2 Appendices

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**Network** Note here complicating factors with the biological mother and father, if applicable with others (foster parents/grandparents), such as parents' diagnoses, IQ, drug/alcohol use, imprisonment. Note here the contact arrangements in frequency, supervised or unsupervised. Describe the relationship briefly such as the child is overly loyal, close, normal attached or distant.

Biological mother	Biological father
Contact arrangements with mother	Contact arrangements with father
Others/family	
Contact arrangements	

<b>Questions/unclear?</b>	<b>How can I get this information?</b>
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# Appendix 3

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## Sleeping Dogs® Development and Barriers Form

Name child: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_  
Who is/are the child's main attachment figure(s)? .....  
Who is/are support person(s)? .....  
Which parent gives the child permission to talk about memories? .....

Sleeping dogs	Child's negative cognition	Shift to positive cognition

Fill in for which sleeping dogs the barriers are analysed, which dysfunctional cognition the child may have and which shift the child needs to make.

### Instructions

The form has two goals:

**Green (light shading)** – These are questions to assess which developmental areas and circumstances need improvement for the child to grow up as safe and healthy as possible in his circumstances. The questions are numbered 1aa, 1bb, 1cc etc. The questions are scored from the professional's perspective:

1=no, this area needs a lot of improvement for the child to grow up safe and healthy

## 4 Appendices

2=to some degree, this area may need improvement for the child to grow up safe and healthy

3=yes, this area is good enough and does not need improvement for the child to grow up safe and healthy.

Plan interventions on the Integration Action Plan, for all scores '1' and discuss for scores '2', whether interventions are needed.

**Red (dark shading)** – These are questions to find out what could be main reasons for the child not wanting or being able to talk about his/her traumatic memories. The questions are numbered 1a, 1b, 1c etc. The questions are answered from the child's perspective, what would he/she think or feel. Tick the box as yes or no. Focus only on the main barriers, so do not tick nearly all. Interventions are planned in the stabilization phase on the Barriers Action Plan. These interventions have priority.

### Motivation and Nutshell Checks

The child has passed Motivation Check. If yes, discuss whether to fill in this form.

The child has passed Nutshell Check. If yes, discuss whether to fill in this form.

Development and Barrier I Safety			
<b>1aa</b>		The child is safe enough	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>1a</b>	<input type="radio"/> <input type="radio"/>	Is not being or feeling safe because the abuse could happen again a barrier?	
<b>1bb</b>		The child has enough attachment figures	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>1b</b>	<input type="radio"/> <input type="radio"/>	Is not having an attachment figure or is not being sure who is an attachment figure a barrier?	
<b>1cc</b>		Contact arrangements with attachment figures are clear and sufficient	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>1c</b>	<input type="radio"/> <input type="radio"/>	Is not having regular contact with that attachment figure, or not being sure that contact is guaranteed to continue, a barrier?	
<b>1d</b>	<input type="radio"/> <input type="radio"/>	Is being afraid that disclosures will have legal consequences and/or that contact arrangements will be changed, and/or that the child will be removed or not reunified a barrier?	
<b>1ee</b>		The child can talk freely about his thoughts and feelings	<input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>1e</b>	<input type="radio"/> <input type="radio"/>	Is not having permission from the biological parents to talk about the memories and being afraid of being punished a barrier?	

<b>Development and Barrier 2 Daily Life</b>			
<b>2aa</b>		The child has no problems at home or they are under control	① ② ③
<b>2a</b>	Y N	Is having too many problems at home, and/or the child being afraid to be removed from home, a barrier?	
<b>2bb</b>		The child has no problems at school or they are under control	① ② ③
<b>2b</b>	Y N	Is having too many problems at school, and/or the child being afraid of getting expelled from school, a barrier?	
<b>2cc</b>		The child has sufficient daily routine	① ② ③
<b>2c</b>	Y N	Is the child or caregivers being afraid the child does not have enough distraction because the child does not have a daily routine a barrier?	
<b>2dd</b>		The child sleeps well and sufficiently	① ② ③
<b>2d</b>	Y N	Is the child or caregivers being afraid of not being able to handle an increase in flashbacks and/or sleeping problems a barrier?	
<b>2ee</b>		The child does not use alcohol and drugs or this is not a problem	① ② ③
<b>2e</b>	Y N	Is the child or caregivers being afraid drugs and alcohol abuse will increase and/or lead to serious problems a barrier?	

<b>Development and Barrier 3 Attachment</b>			
<b>3aa</b>		The attachment figure has a calm enough brain in daily life	① ② ③
<b>3a</b>	Y N	Is the child being afraid of upsetting the attachment figure who would not keep a calm brain when the child would process the traumatic memories a barrier?	
Question 3b is only relevant when 3a forms a barrier			
<b>3bb</b>		The child has enough support persons with a calm brain in daily life	① ② ③
<b>3b</b>	Y N	Is not having a support person with a calm brain in daily life who can compensate for the attachment figure with his permission a barrier?	
<b>3cc</b>		The child's attachment system is sufficiently activated in daily life	① ② ③
<b>3c</b>	Y N	Is being afraid that the child cannot stay in contact with the therapist during trauma processing a barrier?	

6 Appendices

<b>Development and Barrier 4 Emotion Regulation</b>			
<b>4aa</b>		The child can feel and tolerate bodily sensations sufficiently	①②③
<b>4a</b>	Y N	Is the child not being able to feel and tolerate bodily sensations during trauma processing a barrier?	
<b>4bb</b>		The child can feel and tolerate and express feelings sufficiently	①②③
<b>4b</b>	Y N	Is the child not being able to feel and regulate the feelings during trauma processing a barrier?	

<b>Development and Barrier 5 Cognitive Shift</b>			
<b>5aa</b>		The child does not have sufficient acknowledgement of his/her innocence	①②③
<b>5a</b>	Y N	Is the child fearing that the mother blames him/her for the abuse or neglect and will reject him/her when the child would believe he/she was innocent, and the child does not want to risk this a barrier?	
<b>5b</b>	Y N	Is the child fearing that his/her father blames him/her for the abuse or neglect and will reject him/her when the child would believe he/she was innocent, and the child does not want to risk this a barrier?	
If applicable otherwise skip:			
<b>5c</b>	Y N	Is the child fearing that ..... (other person) blames him/her for the abuse or neglect and will reject him/her when the child would believe he/she was innocent, and the child does not want to risk this a barrier?	
Question 5d is only relevant when 5a and 5b both form barriers			
<b>5d</b>	Y N	Is the child not having an alternative attachment figure acknowledging the child's innocence and the child not wanting to risk ending up alone a barrier?	

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# Appendix 4

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## Sleeping Dogs® Barriers Action Plan

Name child:

Date:

DOB:

Evaluation dates:

Current owner of the plan:

	<b>Circle Barriers</b>	<b>Example interventions</b>	<b>Describe actions with barrier numbers</b>	<b>Who will do this?</b>	<b>With whom?</b>	<b>OK</b>
1a	Safety	Safety Plan (SP) Inform child of SP				
1b	Attachment figure (AF)	Discuss with network who is AF Find new AF Inform child of AF				
1c	AF stays in child's life	Clarify with AF/child protection worker (CPW)/organization/ police Establish or intensify contact with AF Inform child of contact				
1d	Consequence Disclosure	Clarify legal consequences Clarify consequences contact arrangements Inform AF and/or child				
1e	Emotional permission	Ask mother Ask father <b>Inform child</b>				

## 8 Appendices

2a	Home	Caregiver support and Compensation plan Within Window of Tolerance Prevent trigger plan <b>Safe Deposit Box</b> Safe Place Here and Now Relaxation School support and compensation plan Distraction plan Sleep plan Drug/alcohol plan				
2b	School					
2c	Daily routine					
2d	Flashback and sleep					
2e	Drugs Alcohol					
3a	Calm brain	Compensation plan AF Self-regulation AF AF informs child				
3b	Other calm brain	Assess other calm brain Discuss with AF AF gives child permission for other				
3c	Attachment system	Increase contact AF/ biological parents Life story work Attachment exercises/therapy				
4a	Bodily sensations	Sensory exercises/therapy Relaxation				
4b	Feelings	Psychoeducation Management plan Self-harm/suicide plan Intensive work/therapy				
5a	Mum not acknowledge	Discuss with mum/ dad/other Find other to acknowledge Inform child in session/letter/video message or note Trauma Healing Story				
5b	Dad not acknowledge					
5c	Other not acknowledge					
5d	No other to acknowledge					



	<b>Circle Barriers</b>	<b>Example interventions</b>	<b>Describe actions with barrier numbers</b>	<b>Who will do this?</b>	<b>With whom?</b>	<b>OK</b>
	Motivation	<b>Find princess</b> Filing Cabinets Window of Tolerance Volcano Heater Princess story Matryoshka <b>Motivation Check</b>				
	Nutshell	<b>Nutshell Check</b> Remote control				
	Trauma processing	Process awake dogs				

## Instructions

Fill in the child’s name, DOB, date and current owner of the plan. Circle the identified barriers. The numbers correspond to the barriers. Examples of interventions are listed. The **bold interventions** are frequently used. Describe concrete actions with the numbers of the barriers that are addressed by the action (e.g. 1b and 1c, 3a and 5b) or only one (e.g. 1e). Fill in who is going to do this action (e.g. foster care worker Sonja) and with whom this action is going to be done (child protection worker Tina, biological mother and child). Several interventions can be combined into one action. Note an evaluation date.

When evaluating this Action Plan, tick ‘OK’ for the completed actions. Describe new or altered actions. Note a new evaluation date. Continue until all barriers are removed. Then describe actions for Motivation, Nutshell and trauma processing. Note an evaluation date.

After trauma processing evaluate the child’s symptoms. Set goals and describe actions for the integration phase. Note an evaluation date and evaluate until goals are reached.

## Sleeping Dogs® Integration Action Plan

	Circle areas	Tick interventions	Describe actions with area numbers	Who will do this?	With whom?	OK
1	Safety	Safety Plan Find new AF Inform child of AF Execute consequences AF/CPW/organization/ police Inform child Ask mother Ask father Inform child				
2	Daily Life	Carer support and home improvement plan School support and improvement plan Safe Place Relaxation Sleep plan Drug/alcohol plan Difficult circumstances				
3	Attachment	Improvement plan Therapy parent Assess other calm brain AF gives child permission for other Start contact with parent Increase contact parent/AF/siblings Reunification plan Life story/video Visit former houses Attachment exercises/therapy				
4	Emotion Regulation	Sensory therapy Relaxation Intensive work/therapy				
5	Cognitive Shift	Assess child's wish Family therapy Trauma Healing Story Forgiveness plan				