
Appendix 5

Manual of the Sleeping Dogs® 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 questions in the Barriers Form focus only on whether or not this item from the child's perspective potentially forms a barrier and does not reflect the child's daily life functioning. The goal of this form is to find out what could be the 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.

Barrier 1 Safety

- 1a Is not being or feeling safe because the abuse could happen again a barrier?
- Ongoing abuse, being or feeling threatened can form a barrier when the child is afraid that the abuse *from the past* will continue to happen in the future. The adults may know the child is safe, but the child has not been explicitly informed about the safety measures that are in place. If this forms a barrier, not all abuse needs to be stopped in order to overcome this barrier. For example, it may be possible to process memories of domestic violence in the past, even when emotional neglect is ongoing, or to process the memories of dad hitting mum without being able to address ‘mum not protecting the child’. The child can be currently unsafe because of problem behaviour or fighting in school, or bullying, but those only form a barrier when the child is constantly terrified and outside his/her Window of Tolerance.
- 1b Is not having an attachment figure or not being sure who is an attachment figure a barrier?

This can form a barrier, when a child does not want to talk about his/her memories mainly because he/she does not have anyone who thinks of him/her and supports him/her. Why would he/she do it, for whom? In the Sleeping Dogs method, an attachment figure is defined as someone who loves the child and who wants to stay in the child’s life. The attachment figure would want to be informed when the child for example would get severely injured, moves elsewhere or when a placement ends. When the child would get married, the attachment figure wants to come to the wedding and sit in the front row. When children are born, the attachment figure will want to know. The child does not have to live with the attachment figure or have intensive contact. Most children have one or both of their parents as an attachment figure.

The primary focus here is the quantity ‘is there an attachment figure?’ The quality of the relationship does not have to be good and the child does not have to be attached to that person, as this is addressed in barrier 3. The attachment figure can even be a father in prison, a grandmother who visits every two years or mother with a borderline personality disorder who lives in a psychiatric hospital and has, once every two months, two hours supervised contact with her daughter. She loves her and wants the best for her. Sometimes she is too unwell and the visits are cancelled, but the daughter knows mum still thinks of her and approves of her talking to the residential staff.

Children in residential care with staff on a rotating roster without any contact with family, mother died and father in prison, can have this barrier. They do not have anyone to do this difficult therapy for. More often than one would think, lack of an attachment figure is a reason for depression in children (manifesting itself as problem behaviour). For those children an attachment figure needs to be found in order to wake up sleeping dogs.

- 1c Is not having regular contact with that attachment figure, or not being sure that contact is guaranteed to continue, a barrier?

This forms a barrier when the child's main reason not to start talking about his/her painful memories is that he/she cannot rely on the attachment figure to continue to be there for him/her. The child needs to be certain that the attachment figure will stay in his/her life and cares about his/her well-being. Contact does not have to be regular or intensive, as long as the child has another temporary support person to talk to and the attachment figure has approved that. Some parents can be unpredictable and say they never want to see the child anymore during fights, even though they do not mean it. If the child knows that, that is good enough. Contact is not guaranteed when the parent is capable of refusing contact with the child for months until for example the child apologizes. When the parent would then not come to the hospital to see his/her injured child, because he/she is angry, this attachment figure is not good enough and the child needs another attachment figure in addition. This can form a barrier for children in foster care who may not know whether their foster parents want to have a life-long relationship with them, or are only daily caregivers until the placement breaks down or the child becomes eighteen. They need to be informed about that. The child may live with grandparents who are very old or sick and he/she cannot be sure he/she will not end up alone. They need another attachment figure to wake up the sleeping dogs.

- 1d 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?

This forms a barrier when the child is worried that talking about his/her memories will have consequences for people outside the family. The child can be afraid the police will be informed, and his/her parents or he/she him/herself will be convicted. Children can refuse to talk because they fear the legal guardian will reduce contact arrangements, not reunify the child or make contact supervised. Children can also fear the opposite, that the legal guardian will intensify contact, make contact unsupervised or reunify him/her with his/her parents because his/her problems are solved. Besides traumatic memories of incidents that were already disclosed or are known, the child may also have secrets or think he/she has secrets, which would be *new* disclosures. Reassurance needs to come from people outside the family. The possible consequences need to be clarified to the child, so the child can decide what to do based on this information.

- 1e Is not having permission from the biological parents to talk about the memories and being afraid of being punished a barrier?

This forms a barrier when the child is worried that talking about his/her memories will damage the relationship with one of his/her parents or both. H/she is afraid of his/her parent's reaction. The parent may have threatened him/her or the child is not sure if his/her parent approves of him/her talking. Many children do not know what their parents think and they need to be explicitly told by their parents. To overcome this barrier, the child needs reassurance from his/her parent. Parents can also fear consequences from outside the family, which can be the reason for them to tell the child not to talk. Reassurance from outside for the parents can also help to overcome this barrier.

When the child fears abuse as a repercussion, barrier 1a is analysed, as reassurance from the parent is not enough to overcome that barrier. The child needs a Safety Plan. When the child does not really care about what his parents think, this does not have to form a barrier. Or when the child has one parent who gives him permission and he lives with this parent, and does not really care about the other parent not approving.

Barrier 2 Daily Life

Processing traumatic memories requires the child to be calm enough to focus on doing this. It can temporarily increase the child's symptoms. What could be the main reason why the child wants to avoid this?

- 2a Is having too many problems at home, and/or the child being afraid to be removed from home, a barrier?

With 'home' is meant where the child currently lives. This forms a barrier when the child has too many problems to deal with and he/she refuses because he/she does not have the headspace to also dig up old memories. Or the child does not want to talk about his/her memories because he/she is afraid he/she will get more difficult to handle and his/her (foster) parents or the residential staff will be unable to handle that. The child's placement can be under pressure, staff can be exhausted, and this can even be discussed with the child. The child rather keeps 'a lid on his/her traumas' than risking being removed. Or the child absconds so much that the caregivers, attachment figure or others cannot talk to the child to motivate him/her, provide psychoeducation or eventually make sure the child attends therapy sessions.

- 2b Is having too many problems at school, and/or the child being afraid of getting expelled from school, a barrier?

This forms a barrier when the child is barely managing at school and refuses to talk because he/she does not have the headspace to also dig up old memories. Or the child does not want to talk about his/her memories because he/she is afraid he/she will get more difficult to handle, and the

school will be unable to handle that, or the child needs to pass exams. The child may have been expelled several times and been given a last chance, and this can even be discussed with the child. The child rather keeps ‘a lid on his/her traumas’ than risking being expelled.

- 2c 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?

This forms a barrier when the child does not go to school, has no job, lies in bed all day or hangs around with too much time to think. Waking up sleeping dogs can be difficult and the child needs to have some distraction. The child does not have to go to school or have a job, a schedule with activities can be good enough.

- 2d Is the child or caregivers being afraid of not being able to handle an increase in flashbacks and/or sleeping problems a barrier?

This forms a barrier when the child has so many flashbacks and sleeping problems, that he/she can barely function. Or the child’s caregivers are exhausted, and they fear that talking about memories would cause more flashbacks and sleeping problems and they would not be able to handle that. They can fear not being able to take care of the other children, losing their job or failing at work. However, in most cases this does not form a barrier and flashbacks reduce significantly and sleeping problems become less after processing traumatic memories.

- 2e Is the child or caregivers being afraid drugs and alcohol abuse will increase and/or lead to serious problems a barrier?

Children use alcohol and drugs to numb their feelings, they ‘self-medicate’. In most cases bad feelings reduce significantly after processing traumatic memories and the need to use drugs and alcohol also reduces. It becomes much easier to stop afterwards. This only forms a barrier when the child or his/her network fear that the child cannot come to the sessions sober, and when they fear that that talking about memories would increase the child’s need to numb bad feelings with alcohol or drugs and this would lead to an overdose, serious injuries or death.

Barrier 3 Attachment

The child needs to feel supported to process trauma. What could be the main reason why the child is not supported enough?

- 3a 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?

This forms a barrier when the child fears the attachment figure will become upset *when he/she would talk about his/her memories*. For example when the attachment figure is traumatized, overwhelmed, has experienced the same trauma such as domestic violence or has become upset in the past. By avoiding traumatic memories, the child cares for the attachment figure.

This does not form a barrier if the parent has severe emotion regulation problems in daily life, but is able to stay calm when the child talks about the traumatic memories and the child is aware of that. Barrier 3a assesses whether the quality of the relationship forms a barrier because the child does not have enough emotional support, whereas barrier 1b assesses whether not having an attachment figure forms a barrier, the quantity. Barrier 3a assesses whether the child thinks that the attachment figure can handle ‘talking about memories’, whereas barrier 2a assesses whether the attachment figure can handle the child’s behaviour.

Question 3b is only relevant when 3a forms a barrier.

- 3b 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?

This forms a barrier when the child’s attachment figure does not have a calm brain and the child does not have anyone else to talk to, or the attachment figure does not allow the child to talk to this adult, or the child is not sure if he/she can. This does not form a barrier when the child’s parent allows the child talk to the other parent, a grandfather or aunt, foster parents or residential staff.

- 3c Is being afraid that the child cannot stay in contact with the therapist during trauma processing a barrier?

This forms a barrier when the network or child itself fears that the child will dissociate or run away during the trauma-processing sessions. Many children dissociate or avoid in daily life situations and in therapy sessions where their bad behaviour is discussed, but are very capable of staying in contact during a trauma-processing session. Then this does not form a barrier. Symptoms and daily life are like big clouds of suffocating smoke, while the traumatic memories are the fire causing this smoke. Children can find it easier to get to the fire directly, than talking about the smoke session after session.

Barrier 4 Emotion Regulation

During trauma processing the child needs to tolerate the old feelings. Is the child able to do that?

- 4a Is the child not being able to feel and tolerate bodily sensations during trauma processing a barrier?

When bodily sensations are not tolerated and they need to be dissociated or blocked, this can form a barrier, for example with children with a dissociative disorder or conversion. The child needs to learn to tolerate these first. However, in most cases this is not necessary and children become more aware of their bodily sensations after trauma processing. When barrier 4a is identified, 4b also forms a barrier.

- 4b Is the child not being able to feel and regulate the feelings during trauma processing a barrier?

When feelings are not tolerated and they need to be dissociated or blocked, this can form a barrier, because trauma processing can overwhelm the child, for example with children with a dissociative disorder or conversion. Children can be afraid they will become violent and harm someone or themselves, or self-harm or be suicidal. If this forms a barrier, the child can make a plan to control this temporarily, so he/she can get through the trauma-processing phase, after which these feelings often reduce. However, in most cases this is not necessary and children become more aware of their feelings and can express them better after trauma processing.

Barrier 5 Cognitive Shift

These questions are only relevant when the abuser is a parent or someone the child will maintain close contact with. Experience shows that with a stuck case, this is very often one of the identified barriers.

- 5a 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?

This can form a barrier, when the child's mother blames the child and the child finds her opinion important, or when the child thinks his/her mother blames him/her but is not sure. When the mother blames the child, this does not have to be a barrier. The child can have his/her own view and know he/she was not to blame, or have the father, or foster parents acknowledge his/her innocence. With help, most parents can acknowledge that the child was not to blame for the past. That is good enough, even though they continue to blame the child for his/her current behaviour.

- 5b 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?

This can form a barrier, when the child's father blames the child and the child finds his opinion important, or when the child thinks his/her father blames him/her but is not sure. When the father blames the child, this does not have to be a barrier. The child can have his/her own view and know he/she was not to blame, or have the mother, or foster parents acknowledge his/her innocence. With help, most parents can acknowledge that the child was not to blame for the past. That is good enough, even though they continue to blame the child for his/her current behaviour.

If applicable otherwise skip:

- 5c 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?

This can form a barrier, when for example the child's sibling, stepmother or grandfather blames the child and the child finds their opinion important, or when the child thinks they blame him/her but is not sure. When the

child's sibling, stepmother or grandfather blames the child, this does not have to be a barrier. The child can have his/her own view and know he/she was not to blame, or have the father, or foster parents acknowledge his/her innocence. It also does not have to form a barrier when the child's sibling, stepmother or grandfather is no longer part of his/her life and he/she does not have to have a relationship with them. However, with help, most people can acknowledge that the child was not to blame for the past. That is good enough, even though they continue to blame the child for his/her current behaviour.

Question 5d is only relevant when 5a and 5b both form barriers.

- 5d 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?

This can form a barrier when both parents continue to blame the child and threaten to reject the child when the child would claim innocence, and the child does not have someone else to rely on. To maintain the relationship, the child then chooses to continue to take the blame. This does not form a barrier when the child lives with foster parents who do not blame him for the past and who guarantee to maintain the relationship and will be guests at the child's wedding.