



Kevin

Ten-year-old Kevin lives with his mum and stepdad and his five-year-old half-brother. He has trouble concentration, is behind in learning in school and is very hyperactive. He fights a lot with the teacher and other children and has no friends. Kevin is quickly irritated and throws things, screams and hits other children. He does that in school and at home. He often says he hates himself.

Kevin doesn't sleep very well, he is awake till late. His parents divorced when he was 4 and he witnessed domestic violence. Kevin's father has ADHD and uses drugs. His mother does not want him to have contact with his father.

Child protection services reports that the police was at their house several times. Once father threw a stone through the window and in another report mother was shouting with a knife in her hand and father was outside bleeding from a head wound.

Before the divorce mother went twice to a shelter home with Kevin for a few days but then she returned home. After the second time she tried to kill herself by slicing her wrists. She called father who came from work and took her to the hospital. Mother used drugs as well in those times. There were financial problems and the grandparents helped out by giving them food. After getting a relationship with stepdad mum stopped using drugs. She has Borderline Personality Disorder and is in therapy for that and used medication. She is still very afraid of Kevin's father and does not go outside alone. Kevin does not talk about his dad. He calls his stepdad father. Mum and stepdad are irritated by Kevin's behaviour. His brother is much sweeter.

Mother is afraid Kevin will become just like his father. However, they do want him to stay with them. Kevin was referred for trauma treatment but he does not want to talk about what happened. He says he forgot and his mother is afraid to wake up sleeping dogs.



Sleeping Dogs® Case Conceptualisation Form

Note the traumas and other important events for the child such as separation or going to foster placement on this time line (conception-birth-now).

Child's Symptoms Which trauma-related symptoms does the child display, that are expected to reduce after trauma-processing?

Aggression at home and in school Concentration/school Sleeping Negative self-image/I am stupid Hyperactivity/hyperaroused No friends/isolation	Age: 10 IQ if determined: no Diagnosis if determined: no Child Protection Order if applicable: no Motivation for trauma treatment: No
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Traumas Note the traumas from the timeline in keywords (for example DV/SA/Neglect) and circle whether these are awake (AD), sleeping (SD) or preverbal dogs (PD). Fill in the Barriers Form for the sleeping dogs.

DV dad and mum SD
Suicide attempt mum SD?
Neglect (hungry, dirty, emotional-drugs dad and mum) 0-4 years SD (and PD)
Emotionally unavailable /mum's Borderline PD behaviour and drugs 4-5 yearsSD
Dad leaving?SD?



Network *Note here complicating factors with the biological mother and father, if applicable with others (foster parents/grandparents), such as parent’s 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.*

<p>Biological mother BPD-MH-medication/anxiety outside the house Suicide attempt Stopped using drugs</p> <p>Contact arrangements with mother Lives with mother and stepdad, with new half brother 5</p>	<p>Biological father</p> <p>ADHD/drugs</p> <p>Contact arrangements with father No contact, unclear how relationship is</p>
<p>Others/family Grandfather?</p> <p>Contact arrangements ?</p>	

<p>Questions/unclear?</p> <p>What does Kevin want, what is a problem to him? Does Kevin know about the suicide attempt? How is mum’s BPD at the moment, how does it influence her? Is grandfather still alive? Are there other supportpersons/ network? Where is father? Can we contact him? Can I motivate them for traumaprocessing or do they want to get rid of Kevin? Do the parents allow Kevin to talk about his memories?</p>	<p>How can I get this information?</p> <p>Talk to mum and stepdad Talk to Kevin (Later talk to dad)</p>
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The Barriers Form

Name child: Kevin

DOB: 10

Date: 8-10-2019

Who is/are the child’s main attachment figure(s)?.mother, father?, stepdad?

Who is/are support person(s)? grandfather? Stepdad? Others?

Which parent gives the child permission to talk about memories? Mum? Dad? Not sure

Sleeping dogs®	Child’s negative cognition	Shift to positive cognition
Domestic Violence (DV)	I am powerless/unsafe	I am in control/safe now
Agression mother/her problems/drugs	I am powerless/unsafe or Its my fault or I am a bad child?	I am safe now or its not my fault, I am ok (even though my mother did these things)
Neglect	I am not worthy	I am worthy (even though my parents did not take good care of me)
Suicide attempt	Its my fault	Its not my fault

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 main reasons for the child not wanting or being able to talk about his traumatic memories. The questions are numbered 1a, 1b, 1c etc. The questions are answered from the child’s perspective, what would he 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 stabilisation phase on the Barriers Action Plan. These interventions have priority.

Motivation and Nutshell Check

Ⓝ 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? The domestic violence and drug-use and aggression from mother seems to have stopped. He seems safe now, but check
1b		Is not having an attachment figure or is not being sure who is an attachment figure a barrier? No, mother is attachmentfigure. Dad is probably an option for the future but now there is no contact. Stepdad it is unclear how he views the relationship with Kevin.
1c		Is not having regular contact with that attachment figure, or not being sure that contact is guaranteed to continue a barrier? No, there seems to be no plan that he has to go and live with dad, does he know that?
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? Yes, we need to check. Has he been threatened? Does mum or dad or do I have to go to prison, can I never see dad again?
1e	Ⓝ	Is not having permission from the biological parents to talk about the memories and being afraid to be punished a barrier? Will mum or dad get angry with me for talking about it?

Barrier 2 Daily Life		
2a	Ⓝ?	Is having too many problems at home, and/or the child being afraid to be removed from home a barrier? There are a lot of problems at home but that does not seem the reason why he does not want to talk. It cannot really get worse. Need to check
2b		Is having too many problems at school, and/or the child being afraid to get expelled from school a barrier? There are a lot of problems at school but that does not seem the reason why he does not want to talk. It cannot really get worse.
2c		Is the child or caregivers being afraid the child does not have enough distracting activities a barrier? Not applicable
2d		Is the child or caregivers being afraid of not being able to handle an increase in flashbacks and or sleeping problems a barrier? No, it will only get better
2e		Is the child or caregivers being afraid drugs and alcohol abuse will increase and/or lead to serious problems a barrier? No he does not use as that is not described



Barrier 3 Attachment		
3a	Y	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? I do not want to make mum sad because I am worried she will use drugs again or commit suicide.
Question 3b is only relevant when 3a forms a barrier		
3b	Y	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? Kevin does not know who he can talk to, maybe grandfather or stepdad?
3c		Is being afraid that the child cannot stay in contact with the therapist during trauma processing a barrier? There is no indication this will be a problem and attachment work is not going to solve his resistance.

Barrier 4 Emotion Regulation		
4a		Is the child not being able to feel and tolerate bodily sensations during trauma processing a barrier? Emotion regulation is not good but this is not the main reason Kevin does not want to talk.
4b		Is the child not being able to feel and regulate the feelings during trauma processing a barrier? Emotion regulation is not good but this is not the main reason Kevin does not want to talk.

Barrier 5 Cognitive Shift		
5a	Y	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? Kevin may be afraid that his mother blames him for the domestic violence (he did not help mum), her drug use and the suicide attempt (Kevin made his mother unhappy). Mother seems to be able to acknowledge Kevin's innocence.
5b	Y	Is the child fearing that his 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? Kevin may be afraid that his father blames him for the domestic violence (you were a terrible son). Dad can probably acknowledge Kevin's innocence.



If applicable otherwise skip:	
5c	Is the child fearing that(other person) blames him/her for the abuse and 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? No one else was involved as perpetrator.
Question 5d is only relevant when 5a and b 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? No, mum and dad can most likely do that with interventions.



Sleeping Dogs® Barriers Action Plan

Name child: Kevin

Date: 8-10-2019

DOB: 10

Evaluation dates: 10-12-2019

Current owner of the plan: Arianne

	Circle Barriers	Example interventions	Describe actions with barrier numbers	Who will do this?	With who?	Ok
1a	Safety	Safety Plan Inform child of SP	Session with mother and stepfather about: threats father/aggression mother, consequences and permission to talk about his memories. What does mother think dad would say, does he allow? Can I contact father? And discuss Kevin's possible worry that he will be removed from home (1a,d,e). Second session with mother and stepfather about a compensation plan/ self regulation plan to get a calm brain (3a and 3b) and possible network to help. Third session with mother and stepfather about acknowledgement (5a)	Arianne		
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 Inform child				
2a	Home	Caregiver support and compensation plan Within W of T	Session with father about 1a,d,e,5b			
2b	School	Prevent trigger plan Safe Deposit box	Session with mother and Kevin about 1a,d,e,3a,b, 5a and Volcano Session with Kevin Safe Deposit Box, motivation and Nutshell check, princess worksheet			
2c	Daily Routine	Safe Place Here and Now				
2d	Flashbacks and Sleep	Relaxation School support and compensation plan				
2e	Drugs Alcohol	Distractive activities plan Sleep plan Drug/alcohol plan				
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					
	Motivation	Find princess Filing Cabinets W of T Volcano Heater Princess story Matryoshka Motivation check				
	Nutshell	Nutshell check Remote control				
	Trauma Processing	Process awake dogs	EMDR	Eva	Kevin	

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 c, 3a and 5b) or only one (e.g. 1e). Fill in who is going to 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 barrier numbers	Who will do this?	With Who?	Done
1	Safety	Safety Plan Find new AF Inform child of AF Execute consequences AF/CPW/organisation/ police Inform child Ask mother Ask father Inform child	Carer support and home improvement plan School support and improvement plan Start contact with father Family therapy session about new family system and stepdad and Kevin's position	Colleague Ivon Colleague Ivon Arianne Arianne		
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				
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