



# Case Formulation and Theoretical Background

# Intake

At the first meeting a questionnaire/intake is given and a clinical interview is conducted by the Child Psychiatrist of the program based on the following points:

- Demographic data
- Prenatal information
- Perinatal history
- Pre-natal and perinatal history
- Preschool age
- Early school age
- Adolescence
- Request for referral
- Family history
- Major life events
- Medical History
- Medication
- Clinical assessment

# Assessment and Intervention

The evaluation produces data that lead us to specific interventions

Medical support

Parental counselling

Counselling support to child/ren

Parent counselling support

# Counseling the adolescent and/or parent

Counselling support for survivors of gender-based violence has been shown to be helpful when it focuses on:

- Stress management
- Conflict management
- Coping with stress and coping with conflict
- Creating a safe place (trauma intervention)
- Developing management strategies
- Solution Focused Therapy (brief)
- Mindfulness techniques

(Stavrou et al., 2013)

# Neuro affective relational Model/ Proposed Model

2 processes in the trauma cycle

1. From the bottom up (lived experience structures cognitive and emotional reactions)
2. From top to body ( already structured reactions influence expression in bodily manifestations)

The goal of the intervention is to develop psychological resilience through the relationship and the transition from the identity of the victim to the identity of the survivor.

# Neuro affective relational Model

Support, Connection and organization

Creating identity

Working in the here and now

Regulation

(Macaluso, 2015)

# Play therapy / Narrative approach

This model is based on social construction theory and narrative therapy:

They describe identity development based on the stories we tell about ourselves and the stories others tell about us.

The intervention will be described from the practitioner and the results will be measured in a pre and post assessment research methodology. The analysis of the data will be mixed (qualitative – interview) and (quantitative – pre post questionnaires)

# Play therapy / Integration

- The game as a symbolic process is used in the clinical process in order to evaluate the trauma and to provide the opportunity to reframe the trauma through the narrative.
- Reframing at a time chosen by the survivor (therapeutic alliance)
- It is important for the therapist to be focused on the here and now by considering the child's need and pace

# Therapeutic process and making meaning

In therapy the child exercises imaginary stories that children face in their social life.

How?

Understanding and controlling reality

Change of meanings

Exploring alternative plans and solutions

....until the stories are developed in such a way that the child can support themselves and not lead to further exploitation

(Cattanach, 2006)

# Questionnaires/

Cloitre, M., Shevlin, M., Brewin, C. R., Bisson, J. I., Roberts, N. P., Maercker, A., ... Hyland, P. (2018). The International Trauma Questionnaire: Development of a self-report measure of ICD-11 PTSD and complex PTSD. *Acta psychiatrica Scandinavica*, 138(6), 536–546.

The child and Adolescent version

Semi structured Interview – Interpretative phenomenological Analysis

# Βιβλιογραφική ανασκόπηση

Tol, W. A., Stavrou, V., Greene, M. C., Mergenthaler, C., Van Ommeren, M., & García Moreno, C. (2013). *Sexual and gender-based violence in areas of armed conflict: a systematic review of mental health and psychosocial support interventions*. *Conflict and Health*, 7, 1-9.

Cattanach, A. (2006). Narrative play therapy. *Contemporary play therapy: Theory, research, and practice*, 82-99.

Macaluso, N. (2015). *Toward an integrative somatic depth psychotherapeutic model for relational trauma: Exploring the psychotherapy client's lived embodied experience*. Pacifica Graduate Institute.