

A close-up photograph of an adult hand gently holding a child's arm. The child is wearing a colorful patterned garment. The background is softly blurred, focusing attention on the supportive touch.

Caring for Child Survivors Of Sexual Abuse (CCS) Training (Second Edition)



MHPPS Assessment and Interventions

Module 6B

Objectives

- To learn key elements of carrying out an MHPSS assessment for child survivors of sexual abuse.
- To learn and practice MHPSS interventions that caseworkers can implement as part of their CCS services.

Assessment and Action Planning: MHPSS

Assessing Mental Health and Psychosocial Needs

- Observe child's emotional state, facial expressions, body language, and other behavior.
- Ask about main worries.
- Ask about behavioral changes.
- Ask about changes in everyday activities.
- Ask about the child's feelings.
- Identify strengths, interests, support networks, and coping strategies to build upon.

MHPSS Assessment Tool for Child Survivors

When to use?

- After immediate health and safety needs have been met.

Why do we use it?

- Assess MHPSS needs, problems, and existing worries.
- Develop well rounded sense of support in child's life.
- Develop understanding of child's current functioning and parent/caregiver concerns.
- Develop action plan specific to psychosocial needs.

How does it impact the services we provide?

- Informs us of the specific needs, priorities, support, strengths, and areas of need for individual survivors.
- Allows case workers to better tailor.
- The PSS interventions used in the case management process.
- The referrals to other services for the survivor.
- The support and referrals for parents/caregivers.

Role play video on MHPSS Assessment

Assessing and Mitigating risk of Self-harm

Assess current/past thoughts of self-harm

- *“I’m going to ask you some questions that may be hard for you to answer, but I am worried about you, so I want to know that you are going to be ok.”*
- *“Are you feeling so sad that you’re considering harming yourself?”*
- *“Has all the pain you’re going through made you think about harming yourself?”*

Assess risk

- *“Have you ever tried to harm yourself in the past?”*
- *“Have you thought of how you might harm yourself?”*

Assessing and Mitigating risk of Self-harm

Address feelings and provide support

- Stay calm, be aware of body language and facial expressions.
- LISTEN – *“That sounds really hard. I can understand why you feel this way.”*
- Validate feelings – *“Many children who go through this feel the same way and have similar thoughts to cope with the pain.”*
- Don’t try to fix or solve the problem – focus on alternative coping strategies to keep them safe.

Formulate a safety plan

- Identify warning signs – *“When do you usually have thoughts of self-harm? How are you usually feeling?”*
- Identify strategies that help them to feel better – *“What stops you from doing it? What helps you to change your mind?”*
- Identify a safe person – *“Is there someone you trust that we can share this with to provide additional support?”*

Role Play Video on Suicide Risk Assessment

MHPSS Interventions

Individual MHPSS Interventions in Case Management

- Healing Education
- Relaxation Training
- Coping Skills Plan
- Problem Solving



MHPSS Interventions

Healing Education

Provides specific, accurate information about sexual abuse and related topics. Helps them understand the impact of sexual abuse and stay safer in the future.

Relaxation Training

Teaches children ways to cope with stress and reduce physiological symptoms such as racing or pounding heart, difficulty sleeping or concentrating, anger, anxiety, etc.

Coping Skills

Helps children identify and develop their own internal coping skills and external coping mechanisms, including social support and activities that build on their interests and strengths.

Problem Solving

Provides tools to identify and solve problems that arise from life stressors, to improve overall quality of life.

Relaxation Training

- Children experience anxiety and / or psychosomatic complaints resulting from anxiety & stress
- Relaxation techniques help children feel in control of their bodies & calm their minds. This intervention aims to:
 - Ensure that children & caregivers manage stress-related symptoms on their own.
 - Ensure that children & caregivers sleep & eat regularly.

Steps for Relaxation Training

- Two types of exercises: Controlled Belly Breathing and Progressive Muscle Relaxation.
- Step 1: Explain the exercise.
- Step 2: Demonstrate the exercise.
- Step 3: Practice the exercise.
- Step 4: Ask the child and caregiver to practice at home.

Practice Relaxation Training

Healing Education

- Type of education aimed at increasing child and family's understanding of what happened.
- Improves children & families' ability to cope with the experience by:
 - Provide children & caregivers with understanding of sexual abuse & associated impacts.
 - Ensure children & caregivers can identify signs & symptoms of distress.

Healing Education

- Healing education covers three main topics:
 - Topic 1: What every child and family should know
 - Topic 2: Body safety and safety planning
 - Topic 3: Caregiver's role in children's healing process.
- Topics 1 and 2 involve both the child and the caregiver and may be covered in one or two sessions.
- Topic 3 should be conducted in a separate session with the caregiver only.

Coping Skills

- Children may have negative feelings after sexual abuse. Coping skills help children learn to help themselves.
- This intervention aims to:
 - Help children recognize their feelings, positive and negative.
 - Help children increase their capacity to cope with difficult emotions.
- A coping plan includes:
 - social support that makes a child feel safe and that their emotional needs are being met;
 - activities that build on their interests and strengths;
 - exercises that build on internal skills and social and emotional competencies.

Steps for Developing a Coping Plan

- Step 1: Identify safe people and self-comforting actions.
- Step 2: Identify the activities the child enjoys.
- Step 3: Develop a plan with the child.

Problem Solving

- Children have ideas & knowledge about how to solve their problems. Caseworkers can help children develop “problem solving plans” to address their main problems.
- This intervention aims to:
 - Teach children and caregivers to identify everyday problems.
 - Empower children and caregivers to think through solutions.

Steps for Developing a Problem Solving Plan

- Step 1: Identify the problems which concern the child the most.
- Step 2: Priorities the problems.
- Step 3: Develop a problem-solving plan with the child.
 - Name the problem.
 - Name the goal.
 - Identify strategies to reach that goal – what the child, caregiver and caseworker can do.

Practice

Practicing Interventions

- 5 minutes – review the intervention instructions individually.
- 15 minutes – practice the intervention with one person role playing the survivor and one person role playing the case worker. Others in the group act as observers.
- 5 minutes – we will come back as a group and discuss how the practice session went, what adaptation you had to make, and questions you have.

Case Vignettes – MHPSS

- **Vignette 1:** [NAME] is a 4-year-old boy who was brought to you by his mother. She noticed physical signs of sexual abuse and has come to you for help. She has not told anyone else about the abuse as she is afraid of how her family will react to it. As you speak with her and her son, he is very reserved and shy. He does not warm up or begin speaking to you beyond answering a few yes or no questions.
- **Vignette 2:** [NAME] is a 13-year-old girl with a cognitive delay. She understands a lot but her understanding is closer to a typical 8 or 9 year old, rather than a 13 year old. She has been blamed by most of her family. She does have one auntie who is supportive of her. She is living in the same block as the perpetrator and family do not believe he has abused her. She does attend sessions at the WGSS and says she feels like the girls in her group activities are a source of support for her. She attends school and previously enjoyed it.
- **Vignette 3:** [NAME] is 16-year-old girl. Community leaders pressured parents into agreeing to a marriage between her and perpetrator. She now experiences on-going IPV in home. She has little contact with her parents as she is married. She feels lonely and isolated. She worries about her safety and feels angry that she had to marry her perpetrator.
- **Vignette 4:** [NAME] is an 8-year-old girl who has hearing impairment. Her parents are supportive but have had trouble finding services for her that can communicate with her because of her hearing impairment. Most service providers have not tried to speak with her and only speak to her parents. She seems bright and happy most of the time but does stay very close to her parents and does not have a lot of interaction with children her own age.
- **Vignette 5:** [NAME] is a 14-year-old boy and a member of marginalized ethnic group. His ethnic group faces discrimination within the community, particularly as they are often viewed as untrustworthy. He has a lot of fear about being believed by any service provider and only started seeing the case worker when he accidentally mentioned being sexually abused by an older boy in the community during an adolescent boys group at the Child Friendly Space and was referred. He doesn't fully trust the case worker at this point and has not disclosed much about his experience or his needs.
- **Vignette 6:** [NAME] is a 9-year-old boy whose mother and grandmother are very supportive. Other relatives, including his father are not supportive. He has not been going to school and no longer wants to play football in the neighborhood with other boys. He has become more isolated and stays at home more than he did prior to experiencing the abuse. He has told his mother and grandmother he is afraid to be away from home because it might happen again.

MHPSS Follow-up

MHPSS Follow-up

- **Reviewing action plan**
 - What's working, what does the child like?
 - What's not working/helping?
- **Assessing functioning**
 - Determining baseline (recommend to look at from the initial point of MHPSS assessment, use Part 4 as baseline).
- **Planning next steps**
 - If the child is doing well in CM.
 - If the child continues as is.
 - If the child seems to struggle or have additional concerns that do not seem to be helped by the interventions.

MHPSS Follow-up

If the child is doing well – suggestions for facilitating conversations:

- How are you doing today?
- What changes have you noticed since we have started working together? ... Well, I wanted to share that I've noticed a change in your....
 - What do you think has contributed to this change?
- I'm so happy to hear that you are feeling better and the coping strategies have been working. You've done a lot to help get yourself to this point.
- Let's review your action plan together to see the progress we have made.
- It looks like we have reached all of the goals we initially set-out. How do you feel about this? Do you think anything needs to be added to your plan or changed?

MHPSS Follow-up

If the child is maintaining as is, suggestions for facilitating conversations:

- How are you doing?
- I'm glad to hear that things have not gotten worse, but also hear you that things have not gotten better.
- I am wondering if we can walk through the coping strategies/PSS interventions we practiced and to see what has been helping and whether we need to make any adjustments.

MHPSS Follow-up

If the child is struggling

- How are you doing?
- I'm sorry to hear that you haven't felt like xxx.
- I hear you saying that it is still a struggle for you to xxx.
- *If referrals to higher level mental health care are available:* It seems like more support may be helpful for you. Can I tell you about some other options where we could refer you to for additional support?
- Remember, this does not mean that you have to stop seeing me. It means we would bring in others to help support you with different services.
- *If referrals to higher level mental health care are not available:* Would it be helpful to look at what we have tried and what we can still try to decide your next steps?

Key Points

- A MHPSS specific assessment can be an important tool in identifying and prioritizing the unique needs of child survivors and the MHPSS interventions that will be most impactful for them.
- GBV and CP caseworker, with appropriate training can implement specific MHPSS interventions as covered in this training.
- Individual and group interventions can be helpful for child survivors. These should be analyzed for best fit within the context.

Questions?