

Abstract workshop

Title
(Returning) to a healthy system with inpatient intensive family trauma treatment.
Summary
<p>In the Netherlands an estimated 36.000 children and young people are placed outwith their family homes (CBS 2016).</p> <p>Often there are intergenerational problems and parents as well as their children have a history of adverse childhood experiences such as sexual abuse, domestic violence and emotional neglect. If serious emotion-regulation problems and associated poor child rearing skills of family members are not viewed as inabilities caused by serious and long-term trauma, and therefore PTSD is not diagnosed and treated, there is an increased risk of a 'catch 22' situation: the spiral of intergenerational problems repeats itself.</p> <p>More often than not traumatization is being recognized yet an effective trauma treatment is not initiated. The divide between mental health services for adults and those for children and young people form an additional stumbling-block for coordinated treatment for all family members.</p> <p>Outpatient treatment of complex trauma is relatively time consuming and the risk of drop-out is high.</p> <p>Treatment is, in particular at the start, emotionally challenging whilst patients will not be supported much by their family members because they are taken up by their own problems.</p> <p>Specifically for these families the KINGS model has been developed (Wanders & Ploeg, 2017). Both parents and children receive an intensive in-patient trauma treatment imbedded in an intensive trauma sensitive educational supportive program. In May 2017 a pilot started with the KINGS-intellectual disabilities (KINGS-ID) version for very vulnerable families in which one or more family members have a mild intellectual disability and/or autism. This project is a collaboration between Accare and Ambiq, carried out at Accare-Smilde in the north-eastern part of the Netherlands.</p>
Learning objectives
<ul style="list-style-type: none">• Teaching of how EMDR can be integrated in the KINGS-LD is carried out (organization, problem formulation, case conceptualization, dealing with avoidance behaviors/dissociation, alignment and coordination of parent-child trauma treatment)• Understanding of how the trauma reprocessing occurs in the parent and simultaneously how the parent further develops in his or her parenting role.• Reflection on factors hindering or promoting return of the child to a healthy family system
Resources
This workshop will make use of video material and the results of repeated measurements from a single case study design.
Speaker(s)
Liesbeth Mevissen en Marjolein Evers

Background of the speaker(s)

Liesbeth Mevissen, PhD, is a clinical psychologist and researcher at the mental health organization for children and young people and their parents 'Accare'. Liesbeth is an EMDR Consultant and Psychotraumatist NtVP

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Marjolein Evers, MSc, is a Primary Care Psychologist at 'Ambiq' an organization supporting children, young people and adults with intellectual disabilities and additional problems .

Marjolein is a EMDR practitioner and a cognitive behavioral therapist in training.

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