

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?

	Age: IQ if determined: Diagnosis if determined: Child Protection Order if applicable: Motivation for trauma treatment: Yes/Not sure/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.

..... AD/SD/PD
..... AD/SD/PD
..... AD/SD/PD
..... AD/SD/PD
..... AD/SD/PD
..... AD/SD/PD
..... AD/SD/PD

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.

Biological mother	Biological father
Contact arrangements with mother	Contact arrangements with father
Others/family	
Contact arrangements	

Questions/unclear?	How can I get this information?

The 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 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	<input type="radio"/> <input type="radio"/>	Is not being or feeling safe because the abuse could happen again a barrier?
1b	<input type="radio"/> <input type="radio"/>	Is not having an attachment figure or is not being sure who is an attachment figure a barrier?

1c	ⓎⓃ	Is not having regular contact with that attachment figure, or not being sure that contact is guaranteed to continue a barrier?
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?
1e	ⓎⓃ	Is not having permission from the biological parents to talk about the memories and being afraid to be punished a barrier?

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?
2b	ⓎⓃ	Is having too many problems at school, and/or the child being afraid to get expelled from school a barrier?
2c	ⓎⓃ	Is the child or caregivers being afraid the child does not have enough distracting activities a barrier?
2d	ⓎⓃ	Is the child or caregivers being afraid of not being able to handle an increase in flashbacks and or sleeping problems a barrier?
2e	ⓎⓃ	Is the child or caregivers being afraid drugs and alcohol abuse will increase and/or lead to serious problems a barrier?

Barrier 3 Attachment

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

Barrier 4 Emotion Regulation

4a	ⓎⓃ	Is the child not being able to feel and tolerate bodily sensations during trauma processing a barrier?
4b	ⓎⓃ	Is the child not being able to feel and regulate the feelings during trauma processing a barrier?

Barrier 5 Cognitive Shift

5a	(Y)(N)	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?
5b	(Y)(N)	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?
If applicable otherwise skip:		
5c	(Y)(N)	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?
Question 5d is only relevant when 5a and b both form barriers		
5d	(Y)(N)	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?

Sleeping Dogs® Barriers Action Plan

Name child:

Date:

DOB:

Evaluation dates:

Current owner of the plan:

	Circle Barriers	Example interventions	Describe actions with barrier numbers	Who will do this?	With who?	Ok
1a	Safety	Safety Plan Inform child of SP				
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				
2b	School	Prevent trigger plan Safe Deposit box				
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				

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				
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				