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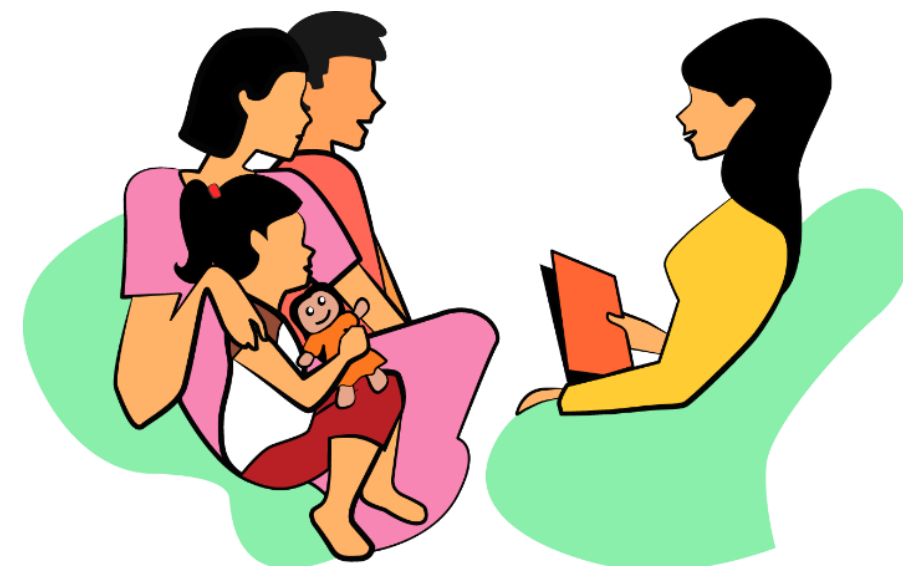
# AK PARA SA BATA

THE INTERNATIONAL CONFERENCE IN MANILA

THEME:

***STRESSED?***  
**Coping, Recovery, and Healing**

DECEMBER 1-2, 2016  
SMX CONVENTION CENTER MANILA

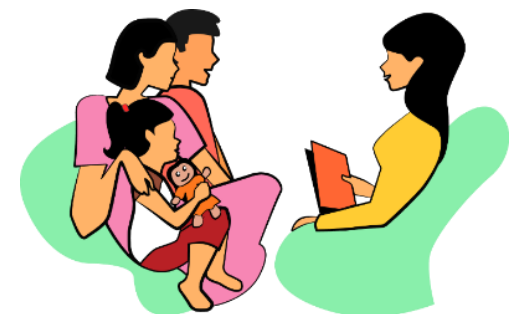


SESSION D1 | PART 2

# INTRODUCTION TO COMBINED PARENT- CHILD COGNITIVE-BEHAVIORAL THERAPY

# INTRODUCTION TO CPC-CBT

CECILIA KJELLGREN



# Introduction to CPC-CBT, help for families where physical abuse occurs

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# My background

- Experienced clinical social worker in the field of child physical and sexual abuse
- PhD – thesis on Adolescent sexual offending
- Research projects
  - Physical abuse of children and treatment outcomes
  - Adolescents who had sexually abused other – treatment and outcome
  - Professionals who sexually offend against children in their care
  - How the services for victims of domestic violence is organized

# Sweden is here

Sweden



Philippines

# Child physical abuse

- Sweden 1st country in the world, 1979, to ban physical punishment against children.
  - Previously, physical discipline of children were banned in schools
  - The prevalence of child physical abuse has dropped dramatically
  - 13% of children reported being physical abused by parents

# Physical abuse is still present among some families in Sweden

- increased police reports on child physical abuse (50 – 100%) over the last ten years
- probably not indicating an actual increase but explain higher awareness among professionals and
- awareness among children

# The consequences of physical abuse on children

- Emotional problems
  - PTSD
  - Depression
- Behavioral problems
  - Internalizing
  - Externalizing
    - Greater risk to engage in violent and criminal behavior across the lifespan as well as in partner violence

# Parents who are using violence

- More difficulties with
  - Anxiety, depression, anger, substance abuse compared to non-abusive parents
- Tend to have
  - Fewer parent-child interactions in general, especially positive ones.
  - To have a more aversive behavior toward their child.
- More likely
  - To have been victims of physical abuse in their childhood

# Recent Swedish research indicates that physical abuse is associated with

- Single parent x 2
- Alcohol or drug addiction x 2
- Domestic violence x 6
- Poverty x 3
- Children with disabilities or long lasting disease x 2



# Ten years ago – no treatment available in Sweden

- Runyon, M. K., Deblinger, E., Ryan, E. E., & Thakkar-Kolar, R. (2004). An Overview of Child Physical Abuse: Developing an Integrated Parent-Child Cognitive-Behavioral Treatment Approach. *Trauma, Violence, & Abuse*, 5(1), 65-85.
- Combined Parent-Child Cognitive-Behavioral Therapy for Families at Risk for Child Physical Abuse, CPC-CBT
- Engaged national agencies and received support to start a project in Sweden 2007



# CPC CBT

- good treatment effect in two U.S. studies and one Swedish study (Runyon et al., 2009, Runyon et al., 2010, Kjellgren et al., 2013)
  - Included in SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP): <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=213u>
  - and the California Evidence-Based Clearinghouse for Child Welfare: <http://www.cebc4cw.org/program/combined-parent-child-cognitive-behavioral-therapy-cpc-cbt/>

# The philosophy of the treatment model

- to help parents stop the harmful behavior
- to support children in dealing with the consequences of being victims of abuse
- in a collaborative clinician-client context

# The theoretical framework

- Grounded in CBT
- Elements from developmental, learning, family systems, trauma and motivational theories

# The program

- Individual parent and child interventions and a joint parent-child intervention
  - (12)-16-20 sessions
- A single family or a group of families (up to five)
- The abused child and siblings aged 4-16 years

# The goals of the treatment model

- Empowering families to develop optimistic outlooks on parenting and a peaceful home environment experienced by children and parents. Increase positive parent-child interactions
- For families which engage in coercive parenting strategies
- In a collaborative clinician-client context

# The program works for families...

- where a child/children has reported physical abuse committed by parents
- where parents admit to some degree that they have a problem bringing up the child
- when children have not been severely injured by the abuse (in need for in-patient hospital care)
- where parents do not have a present drug/alcohol addiction
- when domestic violence is not present

# Program overview

- Four phases
  - Engagement
  - Skill building
  - Family safety
  - Abuse clarification

- Individual parent and child interventions and a joint parent-child intervention
- Parent session with a therapist
- Child/children session with therapist
- Joint family session with therapist
- The total time of the session 60-90 minutes for a single family and 120 minutes for a group



# Families referred to treatment

# 1st phase – engagement - parent

## 1<sup>st</sup> sessions

- Introduction
- Disclosure of the referral incident
- Consequence review
- Establish common goals
- Obtaining a commitment to family safety (non-violence contract)

# 1st phase – engagement - parent

- Psycho-education begins and continue across all remaining sessions
  - About short- and long-term behavioral and emotional effects of severe corporal punishment
  - Information to support realistic parental expectations for children's behavior based on on developmental and normative information.
  - Introduced to praise their children
    - As the first parenting skill
  - Prepare for joint meeting
    - Rehearse
    - Parent gives permission to talk

# 1st phase – engagement - child

- Purpose of the program
- Establish rules and reward system
- Establish therapeutic relationship
- Prepare for joint activity
  - To encourage children to identify appropriate parent behaviors to praise.
  - “Name at least one thing that your parent did this week that you liked”

# 1st phase – engagement - child

- Provide the child with an understanding of violence and abuse
- Educate the child about types of abuse and violence and the effects
- Assist the child in the identification and expression of emotions
- Identify and normalize the ambivalent feelings that may be experienced by children who have been exposed to abuse and/or violence
- Provide an understanding of how feelings are related to thoughts and behaviors

# 1st phase – engagement – joint session

- Short session – to play and/or to have a snack
- Parents are encouraged to end the session by identifying something the child did this week that the parent liked.
- Child praise the parent for something positive.

# 2nd phase –skill building - parent

- Appropriate developmental expectations for their children
- The impact of violence on children
- Effective parenting strategies
  - Positive parenting
  - Gaining cooperation through effective instructions
  - Time-out for younger children
  - Positive reward systems to address specific parenting dilemmas
  - Establishing house roles

- Anger management strategies
  - Eliciting anger provoking situations with children
  - Examining internal and external anger cues
  - Cool down (for parents)
  - Stress management techniques and self-care
  - Relaxation skills training
  - Anger management strategies
- Prepare joint session



# 2nd phase –skill building - child

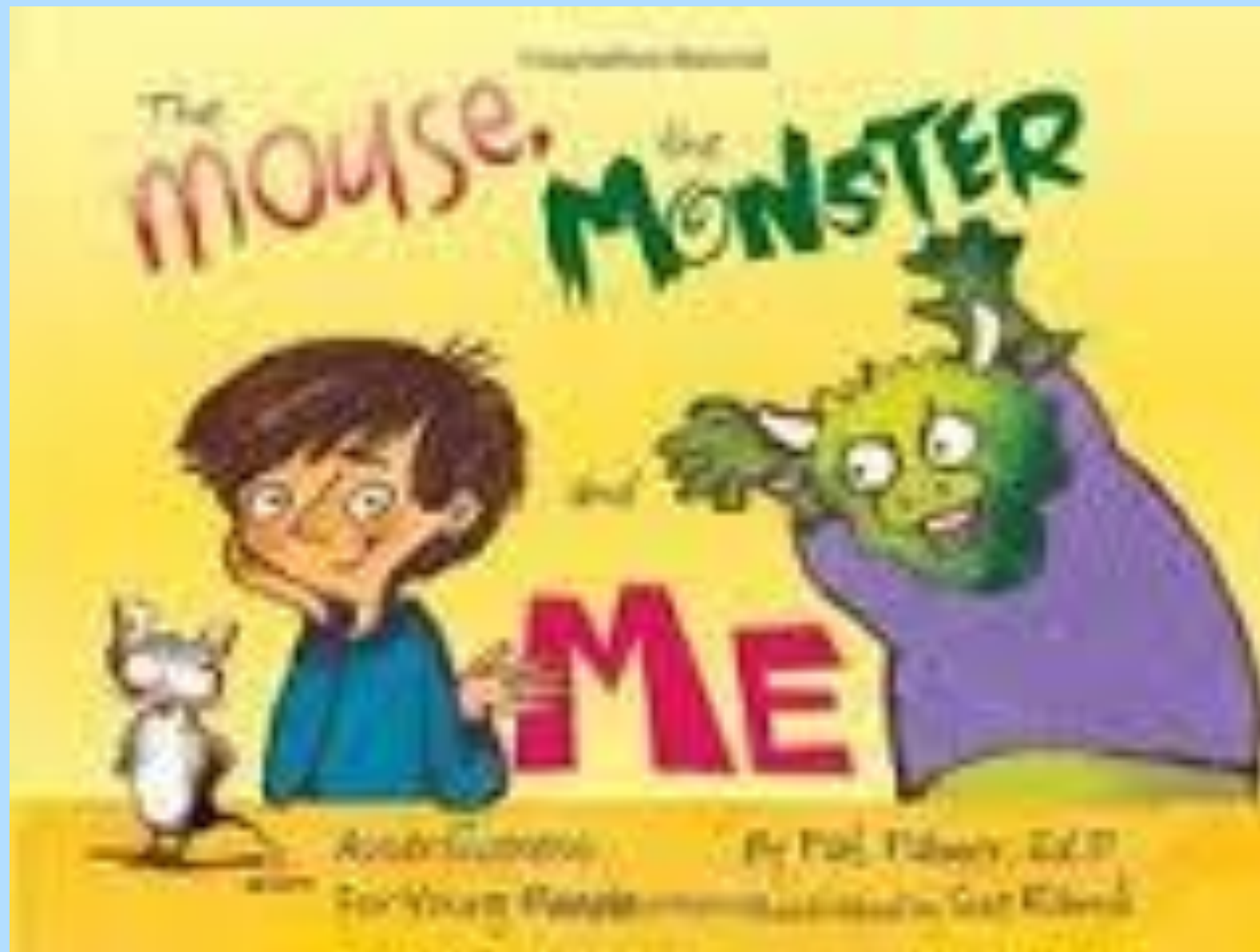
- Review confidentiality rules
- Monitor weekly parenting practices
- Define assertive behavior
- Assertiveness skills training
- Teach the child to identify his anger cues
  - Anger management skills
  - Relaxation skills
- Joint activity
  - preparation

# 2nd phase –skill building – joint session

- Family plays a game to assist the child in identifying assertive, aggressive or passive behaviors
- Praise for appropriate responses

# THE MOUSE, THE MONSTER AND ME

by Pat Palmer, Ed. D.



# 3rd phase - safety planning - parent

- Continue integration of skills so parent can respond to children in a safe and calm manner
- Teach the skills of active listening
- Assess the readiness for family safety plan
- Develop and rehearse safety plan

# 3rd phase - safety planning - child

- Continuation of assertiveness and anger management skills
- Preparation for safety planning
- Develop and rehearse family safety plan

# 3rd phase - safety planning – joint session

- Implement a safety plan
- Exchange praise

# 4th phase – abuse clarification - parent

- The parent develop a clarification letter to the child accepting responsibility for the abuse that are processed with the therapist
- The parent address the ongoing fears, worries, or concern of the child

## 4th phase – abuse clarification - child

- Assist the child in developing and processing a trauma narrative about her abusive experiences
- Initiate exposure and processing of beliefs and feelings related to abuse/violence in the family



# 4th phase – abuse clarification – joint session

- The child shares the trauma narrative
- The parent responds with the clarification letter
- The child asks the parent questions – parent is coached to respond in a positive manner
- Graduation

## Interview study (Thulin, Nilsson & Kjellgren, manuscript)

- 19 children from 18 families in Sweden who completed treatment.
- 14 girls and 5 boys,  $M=12$  years old
- Families received treatment from eleven different out-patient treatment units.
- Interviews were conducted individually when treatment was completed.

# Comparing two studies on some outcome measures

- Pre and post treatment measures for families who received CBC-CBT
- Swedish pilot study, Kjellgren et al., 2013
- US pilot study, Runyon et al., 2009

# Parents' reports on child behavioral symptoms

Variable	Pre M (SD)	Post M (SD)	t-value	p	d
CBCL <sup>1</sup>					
Internalizing SWE	56.2 (13.6)	48.0 (11.2)	3.32	.003	.66
US	57.4 (8.4)	47.9 (9.2)	5.17	.001	1.08
Externalizing SWE	63.1 (11.6)	54.7 (12.1)	3.74	.001	.71
US	63.5 (8.3)	52.5 (8.6)	6.22	.001	1.46
1.Child Behavior Checklist					

# Parents' report on parenting skills SWE/US

Variable		pre M (SD)	post M (SD)	t- value	p	d
	Positive parenting-SWE	23.6 (3.1)	25.0 (3.3)	1.93	n.s.	
	US	25.5 (3.2)	26.7 (3.3)	1.98	n.s.	
	Inconsistent discipline - SWE	16.7 (3.2)	13.3 (3.0)	3.66	.002	1.10
	US	14.3 (4.9)	11.1 (3.3)	3.77	.001	1.15
	Corporal punishment-SWE	4.4 (2.1)	3.2 (0.9)	2.29	.033	.80
	US	5.9 (2.1)	3.6 (1.2)	4.27	.001	1.33
1 Alabama Parenting Questionnaire (APQ)						

# Children report on parenting skills<sup>1</sup> SWE/US

Variable	Pre M (SD)	Post M (SD)	t-value	p	d
Positive parenting - SWE	19.6 (5.3)	23.8 (4.4)	3.13	.006	.86
US	20.7 (4.0)	23.0 (3.6)	1.91	.09	.59
Inconsistent discipline SWE	14.5 (4.0)	12.9 (2.7)	1.75	n.s.	
US	12.5(3.0)	11.2 (4.2)	.099	n.s.	
Corporal punishment SWE	5.8 (1.8)	3.2 (0.4)	6.33	.000	2.36
US	6.1 (2.3)	4.0 (1.5)	4.48	.001	1.05

1. Alabama Parenting Questionnaire (APQ)

# Children reports on trauma symptoms pre and post treatment

Variable	Pre M (SD)	post M (SD)	t- value	p	d
TSCC <sup>1</sup>					
Total	29.7 (14.6)	13.6 (11.9)	6.34	.000	1.06
Anxiety	5.4 (4.1)	2.9 (2.9)	4.36	.000	.71
Depression	4.7 (2.6)	2.1 (3.0)	3.62	.000	.93
Anger	4.3 (3.4)	2.2 (2.3)	4.18	.000	.75
Pts	7.6 (4.5)	3.9 (3.3)	5.15	.000	.95
Dissociation	6.2 (4.4)	3.2 (3.4)	3.58	.000	.77
1.Trauma Symptom Checklist for Children					

# Summary and implications

- Promising results indicating reduction of violence, reduction of depression among parents, increase of positive parenting strategies and reduction of trauma symptoms among children.
- Long term follow up studies required
- Cultural adaptation may be needed



Maraming salamat sa inyong pakikinig!

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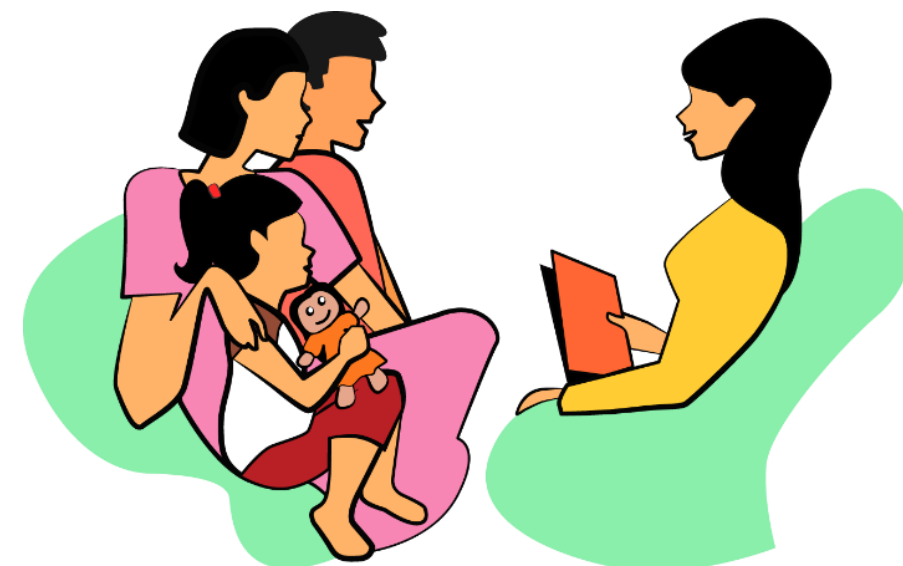
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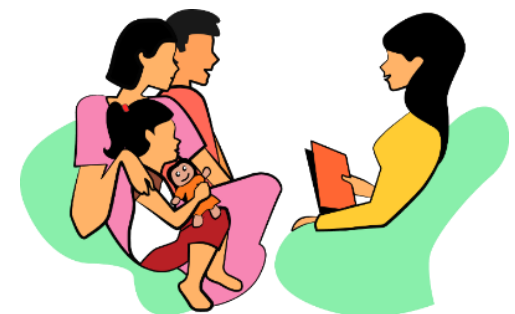


SESSION E1

INTERVENTIONS FOR  
VICTIMS OF CYBERCRIMES

# CHILD ONLINE SEXUAL ABUSE AND EXPLOITATION IN THE PHILIPPINES

CYNTHIA R. LEYNES, MD, MSC, FPPA, FSCAP



# CHILD ONLINE SEXUAL ABUSE AND EXPLOITATION IN THE PHILIPPINES

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Cynthia R. Leynes, MD, MSc, FPPA, FSCAP

# Background

- While the exact number of children engaged in child pornography in the Philippines seems to be small, the problem has gained increased attention because of the rapid increase in the number of child victims.
- The extent of the problem can be gleaned from the number of child pornography victims that the DSWD has served in the last 5 years that has increased 3- fold from 2010 – 2015.

# Background

- Child online sexual exploitation is a form of child sexual abuse.
- Before the popularity of the internet, child online pornography was unheard of. However, COSE is not about technology. It is about human characteristics and human circumstances. These human characteristics are shared by perpetrators of CSA and COSE.

# Child sexual abuse & online child abuse

- The difference: cases of child sexual abuse before internet involved people who were in the child's natural environment, were seen by the child and usually involved physical contact.
- In COSE, perpetrators involved both people in the child's environment as well as people they don't know. There is no physical contact. Most victims believe that there is no harm incurred because they are not touched .



# Characteristics of Children

- Victims of physical and sexual abuse demonstrate shame, anger, sexualized behaviour. Many manifested psychiatric sequelae.
- On the other hand, victims of child pornography at the time they are rescued showed little signs of trauma. They are described as friendly and lively. Most of these victims, however, are those who did not have severe forms COSE.

# Child's perceptions of problem

- It was not wrong. It was just playing, modelling or socializing in the internet.
- Some thought that it was somehow wrong. They felt uncomfortable to perform but it was the instruction of the parents/relatives so they had to obey.
- It was the fastest means of earning a living.
- It was fun because they got what they wanted. They had money to support their recreational activities ('pag-gala').
- It was the only way to survive & to support their daily needs.

# Reasons child got involved

1. Money- our 'needs' i.e. food, for leisure/recreation, school projects, merienda/baon
  - Easy money. Big income. One shared that they get at least \$100 per show depending on the exposure or instruction of the foreigner.
2. Parents/relatives introduced them to the activity. Some of the adults were also involved in cybersex.
3. Influence of peers
  - Friends were already involved and they were invited. They got attracted to easy money.
  - Recruited by a “bugaw” who was known to friends.
  - Majority of the children have their peers as the influence to cyber pornography.

# Reasons child got involved

4. Parents' abandonment/neglect
  - There was conflict with family because they were hard-headed (matigas ulo o suwail sa magulang)
  - Parents were too busy. There was little supervision at home

# Relationship with Family

- Children were of two types: those who were with their families and those who were disconnected with their families and have ran away from home.

## **In our FGDs among the children not with families:**

- One (1) child disclosed they were abandoned by their parents and needed to earn a living
- Two (2) children disclosed they run away. They had problems with their families, rebelled and joined peers.
- One (1) child shared she was involved with drugs e.g. marijuana and shabu while with friends. She also used drugs to gain courage and confidence while performing cybersex.

# Relationship with Parents

## In our FGDs among the children with families:

- Eleven (11) children disclosed that one or both parents had knowledge they were engaged in child pornography. Six (6) children were either forced, groomed and lured by their own mothers/sisters/relatives.
- Two (2) disclosed their parents did not know about their involvement to cyber pornography until they were rescued.
- Five (5) of the children denied their engagement to child pornography and said it was just a wrong accusation (maling paratang). Their parents don't have anything to do with their friendship with a foreigner.

# Parents

- Mother or a female relative was most likely involved.
- The fathers usually had no knowledge of the cyber pornography. One father who was submissive to his partner allowed both the wife and the children to be engaged in cyber pornography.
- Major family issues included poverty, lack of money and family conflicts.

# Used of Technology

- Majority of the children are fond of using cell phone, computer and internet surfing. Majority of them except from those who grew up in the province have their own FB, Twitter and Instagram accounts.
- Some learned the use of the internet because of their engagement to cyber pornography.
- These activities are being done without the parents' supervision.



# Perpetrators

- Child pornography victims were not forced. Rather they are groomed and lured by the perpetrators to think that sexually explicit activities were correct, normal and needed in order to earn a living, buy their needs and wants, help and support their family needs. Children started with simple appearances with simple “Hi!” or “Hello!” to the web cam and were gradually taught to perform different acts in the front of the camera often called as ‘show-show’ or ‘modelling’.
- Some of the perpetrators lived within the community for a long time and were known to the adults.

# Perpetrators

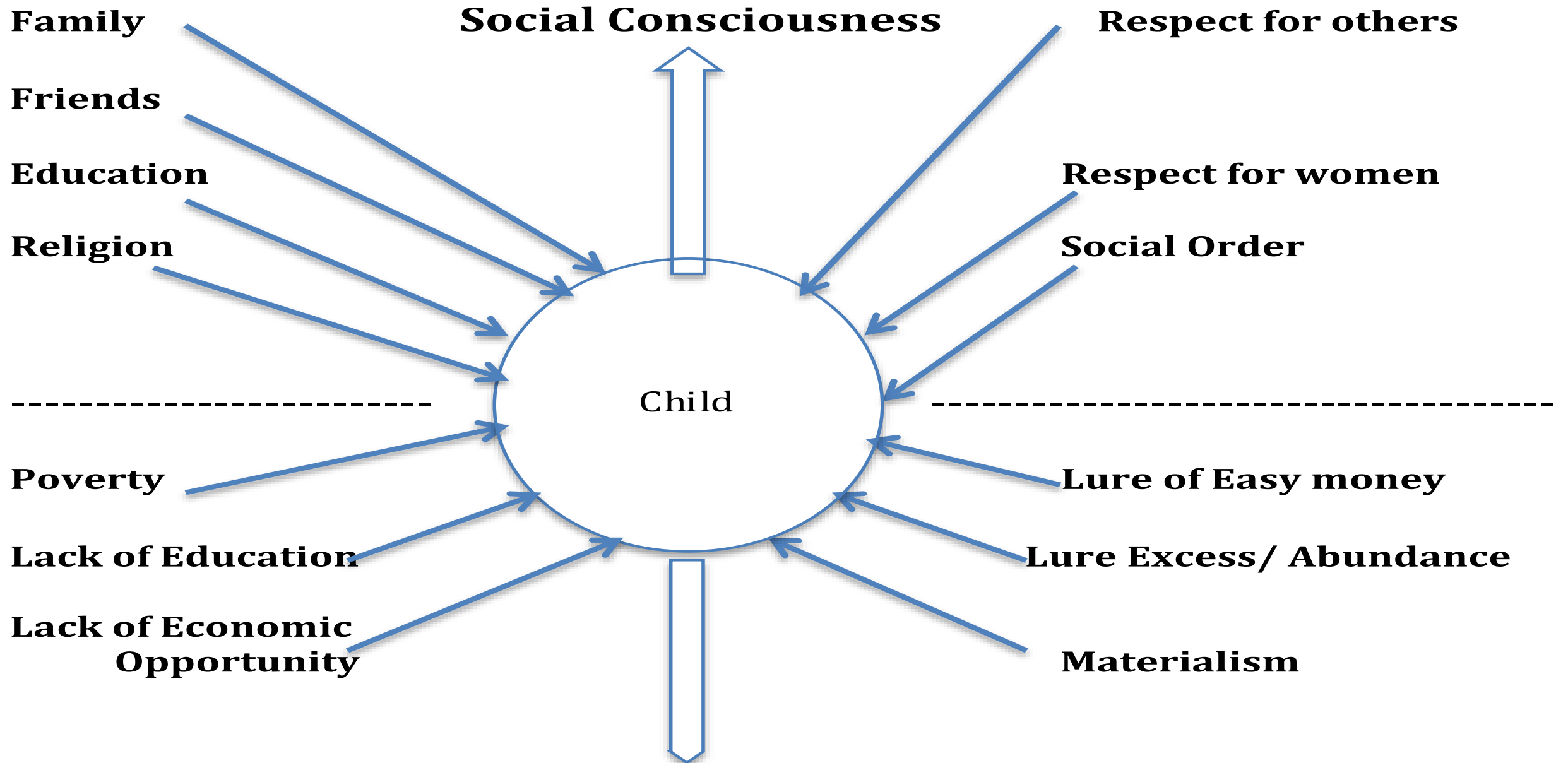
- Exploitation and abuse of children's innocence by interpreting the sexually explicit activity as play.
- Children from poor and disadvantage families were taken advantaged by offering of money, food, and luxurious hotels, gadgets, etc.

# CONCEPTUAL FRAMEWORK

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# Conceptual Framework of the Factors Contributing to COSE

## SOCIAL FACTORS



## ECONOMIC FACTORS

# Spheres of Influence

- Economic
- Social
- There is need for greater influence of social factors for child to attain values.

# Hierarchy of needs

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Self actualization

---

Esteem

---

Love and belonging

---

Safety

---

Physiologic needs

# Kohlberg's Moral Stages

Level and Age	Stage	What determines right and wrong?
<b>Preconventional:</b> Up to the Age of 9	Punishment & Obedience	Right and wrong defined by what they get punished for. If you get told off for stealing then obviously stealing is wrong.
	Instrumental - Relativist	Similar, but right and wrong is now determined by what we are rewarded for, and by doing what others want. Any concern for others is motivated by selfishness.
<b>Conventional:</b> Most adolescents and adults	Interpersonal concordance	Being good is whatever pleases others. The child adopts a conformist attitude to morality. Right and wrong are determined by the majority
	Law and order	Being good now means doing your duty to society. To this end we obey laws without question and show a respect for authority. Most adults do not progress past this stage.
<b>Postconventional:</b> 1 0 to 15% of the over 20s.	Social contract	Right and wrong now determined by personal values, although these can be over-ridden by democratically agreed laws. When laws infringe our own sense of justice we can choose to ignore them.
	Universal ethical principle	We now live in accordance with deeply held moral principles which are seen as more important than the laws of the land.

# CONTINUUM OF CARE

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# Sexual Offences Definitive Guideline

<b>Category A</b>	<b>Images involving penetrative sexual activity and/or images involving sexual activity with an animal or sadism</b>
<b>Category B</b>	<b>Images involving non-penetrative sexual activity</b>
<b>Category C</b>	<b>Other indecent images not falling within categories A or B</b>

# PTAQ & Psychosocial Intervention

PTAQ score	Psychosocial Intervention
120	Emergency Referral to Psychiatrist/ Psychologist
40 and above	Scheduled referral to Psychiatrist/Psychologist or TIPP
< 40	TAFR

# Severity of Trauma & Type of Psychosocial Intervention

Inter vent Severity	Healing Communi ty	TAFR	TIPP
Time	Admissio n- discharge	2 wks- 9 wks	10wks- 21 wks
Mild	✓		
Moderate	✓	✓	
Severe	✓	✓	✓

# Continuum of Care

**Healing  
Community  
through  
Trauma  
Informed Care  
(TIC)**

**Trauma Aware  
First  
Response  
(TAFR)**

**Trauma Informed  
Philippine  
Psychotherapy (TIPP)**

# Healing Community through Trauma Informed Care

- Trauma informed care refers to how organizations and service providers think about and respond to survivors of trauma.
- To provide information and practical tools to service providers enabling them to engage with survivors of trauma in a way that is sensitive to their past experiences while also supporting their recovery.

# Foundations of Trauma Informed Care

1. Know that healing begins in relationships.
2. Recognize that all behavior has meaning.
3. Understand symptoms are adaptations.
4. Seek to comfort not control.
5. Build on strengths not weaknesses.

**Trauma Informed Care is not a clinical approach,  
it is a way of being.**

# Contents

## **Module 1: Foundations of Trauma**

Session 1.1 Understanding Trauma

Session 1.2 The Impact of Trauma on Survivors

Session 1.3 Recognizing Triggers

## **Module 2: Strategies for Trauma Informed Care**

Session 2.1 Trauma Informed Care

Session 2.2 Resiliency & Relationships

# Contents

## **Module 3: Trauma-Informed Approaches**

Session 3.1 Positive Communication

Session 3.2 Trauma Informed Responses

Session 3.3 Establishing Limits

Session 3.4 Conflict Management

## **Module 4: Importance of Trauma Stewardship**

Session 4.1 Understanding Trauma Stewardship

Session 4.2 Strategies for Trauma Stewardship



# Contents

## **Module 5: Implementation Planning**

Session 5.1 Re-Entry Planning

Session 5.2 Support Session Overview

# Trauma Aware First Response

- This is an intervention designed for children victims of online pornography that have been assessed to have mild to moderate trauma.
- It is designed mainly as structured group therapy but may also be used individually.
- The group therapy sessions will run for 8 weeks but may be extended or shortened depending on the characteristics of children in the group.

# Trauma Aware First Response



# Stages of Trauma Aware First Response

## I. Awareness

Focus: Cognitive awareness of the problem of child pornography

Week 2

- Definition of Child Pornography
- Effects of Child Pornography on Development

Week 3

- Dangers of Child Pornography
  - Graduation of harm from grooming to sadism
  - Physical dangers
- Child Pornography, Society and the Law

# Stages of Trauma Aware First Response

## II. Healing

Focus: Identifying and coping with feelings

Week 4 Reactions to Trauma

Week 5 Reaction Triangle

Week 6 Identifying triggers

Week 7 Coping

# Stages of Trauma Aware First Response

## III. Recovery and Reintegration

Focus: Building strengths and relationship

Week 8 Identifying strengths and skills

Week 9 Working towards better relationship

# Social Consciousness Program

- Formation of values and helping the child internalize societal values is one of the main trust of psychosocial intervention for children victims of online child pornography.
- The focus of values formation will be from helping the child move from pro- self-orientation to pro- social orientation. This program will run with the TAFR.

# Social Consciousness Program

## Week

- 2 What is Valuable for Me
- 3 The Person who Influenced me the Most
- 4 The Worst Thing a Person Can do
- 5 Making Decisions



# Social Consciousness Program

## Week

- 6 Responsibilities and Consequences of Actions
- 7 The Person I Want to Become
- 8 What's Good About Me
- 9 My Concept of an Ideal Community and My Contribution to It

# Trauma Informed Philippine Psychotherapy

Main components:

1. Education about Trauma and its Effect
2. Coping and Relaxation
3. Processing the Traumatic Memories
4. Trauma Reminders
5. Safety Skills

# EDUCATION ABOUT TRAUMA AND ITS EFFECT

## Objectives:

1. Normalize the client's and caregiver's responses to the traumatic event.
2. Provide information about trauma and psychological/physiological reactions to traumatic events.
3. Educate the client and caregiver about treatment.
4. Instill hope for recovery for both the client and caregiver

# COPING AND RELAXATION

## Objectives:

1. Increase awareness of body's response to stress.
2. Reduce physiological manifestations of stress (such as startle response, hype-vigilance, agitation, sleep difficulty, restlessness, irritability, and anger/rage reactions, etc.).
3. Increase accurate identification and expression of the full range of emotions.
4. Decrease negative self-talk.
5. Increase positive self-talk.
6. Enhance problem solving skills

# PROCESSING THE TRAUMATIC MEMORIES

## (GRADUAL DESENSITIZATION)

- **Objectives:**
- Building on new coping skills learned, increase exposure to traumatic event through expression fitting with the client's preferences (talk, art, movement, etc.).
- Separate thoughts, reminders, and discussion of the traumatic event from overwhelming negative emotions.
- Increase client's understanding of what happened to him/her.
- Help the client integrate the traumatic experience into the totality of his/her life (part of their story but not their whole story).

# TRAUMA REMINDERS

## Objectives:

1. Decrease generalized fears that interfere with the client's ability to function well.
2. Increase mastery over trauma reminders.
3. Acknowledge that avoidance is powerfully self-reinforcing.
4. Be careful not to overwhelm the client.



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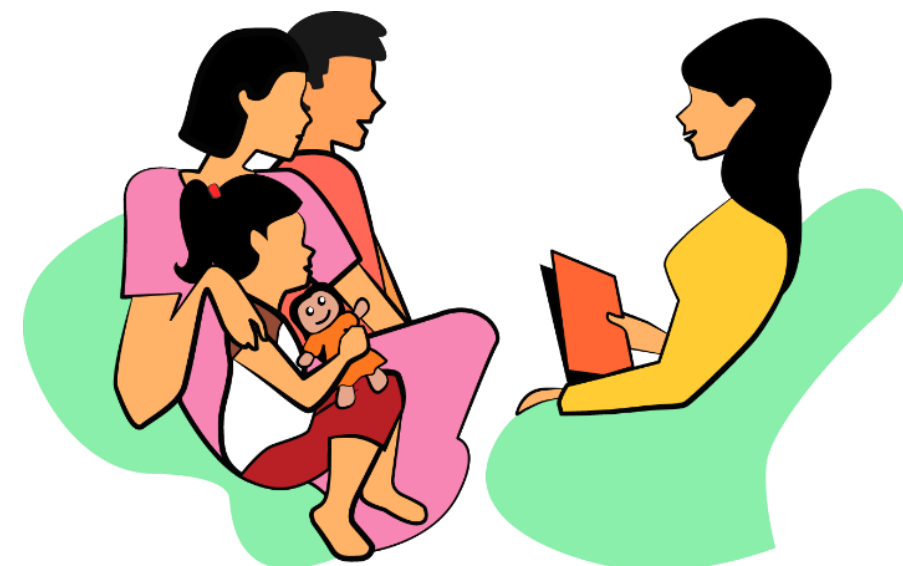
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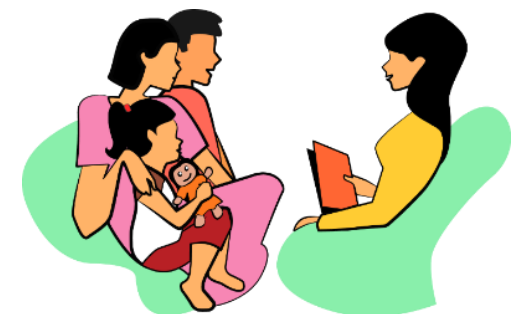
SESSION F1

# PROGRAMS AND INTERVENTIONS FOR SUBSTANCE ABUSE



# INTERVENTIONS FOR DRUG ABUSE IN CHILDREN & ADOLESCENTS

VANESSA KATHLEEN B. CAINGHUG, MD



# Interventions for Drug Abuse in Children & Adolescents

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VANESSA KATHLEEN B. CAINGHUG, MD

# ADOLESCENCE: AGE 12 - 20+ YEARS

Adolescence is the stage of a person's development wherein he changes from a child to an adult person.

## 1. BIOLOGICAL EVENTS

- endocrinology and biologic process of puberty
- primary and secondary sexual characteristics develop (growth spurt, voice changes, menarche, first nocturnal emission, etc)
- surge in pubertal hormones may lead to sensation seeking and risk taking

## 2. PSYCHOLOGICAL EVENTS

- increased risk for anxiety
- renewed oedipal competition → Adolescent's provocative and battling stance toward his parents (Rebel without a cause)

# ADOLESCENCE: AGE 12 - 20+ YEARS

## 2. PSYCHOLOGICAL EVENTS

- Desperate attempts to achieve emotional distance from parents
  - Disregard family rules
  - Adolescent outrage
  - Behaviors that test limits
  - Seeking refuge in intellectual, athletic, musical, political and various interests including illicit drugs, drinking and crime
  - Intensity of attachment to parents is shifted to peers
  - Start of engaging in relationships (same or opposite sex)

# ADOLESCENCE: AGE 12 - 20+ YEARS

## 3. Social Events

- more involvement with the community
- community has more expectations of adolescent as well
- idealistic thinking will compel the adolescent to be involved in political issues



## Reorganization of the self

Lewis 3rd Ed. Child & Adolescent Psychiatry

- Conformity to the peer group rapidly increases to its peak in early adolescence, then gradually declines
  - Peers are vital to the teenager's emotional and psychological development
  - Rejection by peers can be devastating

# Risk Factors For Substance Abuse in Teens

Five general categories of risk factors:

1. Cognitive and attitudinal
2. Personality and psychopathology
3. Behavioral
4. Social and environmental
5. Biological and genetic

Ruiz, P. et al. The Substance Abuse Handbook, 2007

# Risk Factors For Substance Abuse in Teens

## 1. Cognitive and attitudinal risks for teens who abuse substances:

- teens who are less likely to be aware of the negative consequences of use
- have fewer negative attitudes about substances
- believe that substance use is normative
- less likely to have personal competence and decision making skills
- female teens with lower levels of constructive thinking and executive function
- higher levels of antisocial behaviors

Ruiz, P. et al. The Substance Abuse Handbook, 2007

# Risk Factors For Substance Abuse in Teens

## 2. Personality and Psychopathology

- low assertiveness
- low self-efficacy or self-esteem
- low self confidence
- external locus of control
- aggressiveness
- unconventionality
- problems with interpersonal relatedness
- precocious sexuality
- Mood disorders (Depression, Bipolar Disorders)
- ADHD, Conduct Disorder
- In girls: eating disorders more for binge symptoms

Ruiz, P. et al. The Substance Abuse Handbook, 2007



# Risk Factors For Substance Abuse in Teens

## 3. Behavioral, Social and Environmental

- antisocial behavior
- poor academic performance
- social influences (behavior and attitudes of family and friends)
- Family influences (parenting, parental substance use, relationship between parents and adolescents, high levels of family conflict)
- Specific family management style: inconsistent discipline, lack of maternal involvement in child's activities, use of guilt as motivator, lack of praise for achievement, unrealistic expectations

Ruiz, P. et al. The Substance Abuse Handbook, 2007

# Risk Factors For Substance Abuse in Teens

## 3. Behavioral, Social and Environmental

- peer influence (most powerful particularly in terms of initial experimentation)
- deprivation
- children who care for themselves after school if parents work
- low socioeconomic status
- a history of sexual abuse or dating violence
- employment during the school year
- cultural factors

Ruiz, P. et al. The Substance Abuse Handbook, 2007

# Risk Factors For Substance Abuse in Teens

## 4. Biologic and Genetic

- Numerous twin studies have shown the heritability of alcohol use and abuse
- (+) family history = 3-4x increase of alcohol and substance abuse disorders
- Paternal history of substance abuse disorder —> greater prevalence of use of gateway drugs

Ruiz, P. et al. The Substance Abuse Handbook, 2007

## SUBSTANCE ABUSE STATISTICS IN THE PHILIPPINES

**REPORTED CASES BY TYPE OF ADMISSION AND GENDER  
(Facility Based)\*  
CY 2014**

TYPE OF ADMISSION	MALE		FEMALE		GRAND TOTAL	
	No.	%	No.	%	No.	%
NEW ADMISSION	3,116	70.95	272	6.19	3,388	77.14
RE-ADMISSION	733	16.69	39	0.89	772	17.58
OUT-PATIENT	211	4.80	21	0.48	232	5.28
TOTAL	4,060	92.44	332	7.56	4,392	100.00

\* Total Reported Cases from Residential and Out-Patient Facilities

## SUBSTANCE ABUSE STATISTICS IN THE PHILIPPINES

### PROFILE OF DRUG ABUSERS

(Facility Based)\*

CY 2014

AGE : Mean age of 30 years

SEX : Ratio of male to female 12:1

CIVIL STATUS : Single 49.07%

STATUS OF EMPLOYMENT : Unemployed 47.59%

EDUCATIONAL ATTAINMENT : College Level 29.83%

ECONOMIC STATUS : Average Monthly Family Income Php 15,423

PLACE OF RESIDENCE : Urban (Specifically NCR 45.56%)

DURATION OF DRUG - TAKING : More than six (6) years

NATURE OF DRUG - TAKING : Poly drug use\*\*

DRUGS/SUBSTANCES OF ABUSE :

Methamphetamine Hydrochloride (Shabu) Cannabis (Marijuana)

Inhalants (Contact Cement Adhesive)

\* Residential and Out-Patient Facilities

\*\* Poly drug users - abuse of more than one (1) drug

- Based on reports submitted by:  
**29 Residential and 2 non residential treatment and rehabilitation facilities**
- **Total: 4392**

## SUBSTANCE ABUSE STATISTICS IN THE PHILIPPINES

More Statistics		
<b>Age of First Use</b>	<b>15 - 19 years</b>	<b>47.79%</b>
Frequency of Use	2 - 5 x a week	50.30%
	Daily	21.2%

# PREVALENCE AND TRENDS IN WESTERN COUNTRIES

There is also an increasing trend in Substance Use:

- 2007 to 2009: 47% of young people reported having used an illicit drug by the time they leave high school
- 2012: 49%
- Onset: begins during adolescent years
- Occurs almost exclusively in a social context
- Substances first used: alcohol, tobacco, inhalants
- Early initiation of substance use —> associated with higher levels of use and abuse later in life as well as negative outcomes

Richard K. Ries. "The ASAM Principles of Addiction Medicine."  
Health of Adolescents in the Philippines. World Health Organization

# PREVALENCE AND TRENDS IN WESTERN COUNTRIES

13 years old - age where a patient with substance abuse was most like to have started drinking

15 - first got drunk

18 - first problem associated with drinking

25 to 40 - first dependence

60 - most likely age at death

- Rapid progression of SUD occurred often with earlier age of onset and frequency and not duration of use
- individuals with earlier age of onset had a shorter time span from first exposure to addiction



# PREVALENCE AND TRENDS IN WESTERN COUNTRIES

Substance Use in general across all grade levels:

- rates appear to have stabilized in recent years
- substance use increases with the next higher grade level

Marijuana: exception

- increased trend over the last 2-3 years
- most common substance of daily use among adolescents, rates over 50% higher than alcohol
- rise in Marijuana use associated with an even longer decline in adolescents' perceived risk of regular marijuana use

# PREVALENCE AND TRENDS IN WESTERN COUNTRIES

## Inhalant use

- most common in 8th grade

## Heroin use

- equally distributed across the grades, 1% prevalence

## Marijuana & Alcohol

- two most common substances used by adolescents
- annual rates for grade 12 students at 66% and 33%

# PREVALENCE AND TRENDS IN WESTERN COUNTRIES

**Adults with SUD who had adolescent onset:**

- **higher lifetime rates of cannabis and hallucinogen use disorders**
- **shorter time between their development of their first and second dependence diagnosis**
- **higher rates of disruptive behaviors and Major Depression**

Richard K. Ries. "The ASAM Principles of Addiction Medicine."  
Health of Adolescents in the Philippines. World Health Organization

# COMORBIDITY: ADHD

Risk for developing SUD:

ADHD + Conduct Disorder > ADHD

Untreated ADHD = 2x more risk of developing SUD  
compared to ADHD treated with stimulants

Other Factors:

- Academic failure and low commitment to school

Richard K. Ries. "The ASAM Principles of Addiction Medicine."  
Health of Adolescents in the Philippines. World Health Organization

# Preventive Interventions

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# Treat Co Morbid Psychiatric Disorders ASAP!!

1. ADHD
  2. Mood Disorders (Depression, Bipolar Disorders)
  3. Conduct Disorder
  4. Anxiety
  5. Poor school performance
- > Refer to appropriate Mental Health professional

## 3 Types of Preventive Interventions

### 1. Universal Prevention Programs

- focus on the general population and aim to deter or delay the onset of a condition

### 2. Selective Prevention Programs

- target selected high-risk groups or subsets of the general population believed to be at high risk due to membership in a particular group

### 3. Indicated prevention programs

- designed for those already engaging in the behavior or those shown early danger signs or engaging in related high-risk behaviors

# Preventive Interventions

1. School
2. Family
3. Community

Richard K. Ries. "The ASAM Principles of Addiction Medicine."  
Health of Adolescents in the Philippines. World Health Organization



# School Based Prevention Approaches

School: most common implementation site. 3 Approaches:

## 1. Social Resistance Skills Training

- increase the adolescent's awareness of various social influences
- teach adolescents how to recognize situations in which they are likely to experience peer pressure and ways to effectively deal with these high risk situations

## 2. Normative Education

- correct inaccurate perceptions re the high prevalence of substance use
- provide feedback from survey data

Richard K. Ries. "The ASAM Principles of Addiction Medicine."  
Health of Adolescents in the Philippines. World Health Organization

# School Based Prevention Approaches

## 3. Competence Enhancement Skills Training

Teach some combination of the ff life skills:

- general problem-solving and decision making skills
- general cognitive skills for resisting interpersonal or media influences
- skills for increasing self-control and self-esteem
- adaptive coping strategies for relieving stress and anxiety through the use of cognitive coping skills or behavioral relaxation techniques
- general social skills
- general assertive skills

Richard K. Ries. "The ASAM Principles of Addiction Medicine."  
Health of Adolescents in the Philippines. World Health Organization

## Effectivity of School Based Programs

- Theory-based programs can reduce smoking and other forms of substance use
- The most effective school-based prevention programs are interactive, focus on building skills in drug resistance and general competence skills, and are implemented over multiple years
- School-based programs that include a substantive community component tend to be more effective than school-only programs

Richard K. Ries. "The ASAM Principles of Addiction Medicine."  
Health of Adolescents in the Philippines. World Health Organization

# Family Based Prevention Approaches

Parent Training Skills that focus on ways to:

- nurture and bond
- communicate with children
- how to help children develop prosocial skills and social resistance skills
- training on rule setting and techniques for monitoring activities
- ways to help children reduce aggressive or antisocial behaviors

Richard K. Ries. "The ASAM Principles of Addiction Medicine."  
Health of Adolescents in the Philippines. World Health Organization

## Family Based Prevention Approaches

Sessions with parents and children together that aim to improve:

- family functioning
- communication
- practice in developing, discussing and enforcing family policies on substance abuse

Family interventions that combine parenting skills and family bonding appear to be the most effective

Richard K. Ries. "The ASAM Principles of Addiction Medicine."  
Health of Adolescents in the Philippines. World Health Organization

# Community Based Prevention Approaches

Community Programs have multiple components:

1. School-based programs
  2. Family or parenting components
  3. Mass media campaigns
  4. Public policy components such as restricting youth access to alcohol and tobacco
  5. other types of community organization and activities
- > managed by different stakeholders

The most effective community programs present a coordinated, comprehensive message across multiple delivery components

Richard K. Ries. “The ASAM Principles of Addiction Medicine.”  
Health of Adolescents in the Philippines. World Health Organization

# Screening & Assessment for Physicians

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## Screening for Substance Use

- Ask parents to leave the room before asking the adolescent personal questions
- Emphasize confidentiality
- 3 Must-Ask Questions:
  - ‘Have you ever drunk alcohol (more than a few sips)?’
  - ‘Have you ever smoked marijuana?’
  - ‘Have you ever used anything else to get high including illicit drugs?’
- For younger children: Do you have any friends who have drunk alcohol
- Avoid ambiguous questions like ‘Do you drink or smoke?’



# Screening for Risks and Problems

## Written Assessment:

- AUDIT (Alcohol Use Disorders Identification Test)
- POSIT (Problem Oriented Screening Instrument for Teenagers)

## Oral Screen

CRAFFT - series of 6 questions developed to screen adolescents for alcohol and other drug use

- a score of 2 or greater is a positive screen and indicates high risk for having an alcohol and/or drug related disorder

# CRAFFT

- C Have you ever ridden in a *car* driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- R Do you ever use alcohol or drugs to *relax*, feel better about yourself, or fit in?
- A Do you ever use alcohol or drugs while you are by yourself, *alone*?
- F Do you ever *forget* things you did while using alcohol or drugs?
- F Do your family or *friends* ever tell you that you should cut down on your drinking or drug use?
- T Have you ever gotten into *trouble* while you were using alcohol or drugs?

## Strategies for Interviewing Adolescents

- Use a non judgmental, empathetic interviewing style
- Open ended questions
- Emphasis on pattern of drug use over time, attempts at discontinuing drug use and why, and whether attempts have been successful
- Cues from the clinician may help the adolescent make connections between drug use and consequences
  - ‘It seems that your grades started to fall at the same time that you started using more marijuana.’
  - ‘It sounds as if you have made smart choices by not using drugs or alcohol. If that ever changes, I hope you will feel comfortable enough to talk to me about it.’

## Physician Brief Advice

- Two to three minute statement from the doctor that reinforces the choice of the adolescent who is not actively using alcohol or drugs by conveying that use can be harmful.
- Include elements of Motivational Interviewing and creation of abstinence challenge to deter use
- Shown to reduce or stabilize risk, decrease drinking rates among college students and decrease substance abuse rates in the 14 to 18 year old age group



## Physician Brief Advice Sample Statements

- As your doctor, I recommend you stop using.
- Smoking marijuana damages your lungs and can affect your sports performance.
- Marijuana directly affects your brain and can hurt your school performance and your future.
- Marijuana use can cause lifelong problems for some people.
- Alcohol can cause high blood pressure, heart problems, and liver problems.
- Alcohol can cause accidents.
- Drug and alcohol use can lead to sexual assault, sexually transmitted diseases, and unintended pregnancies.
- Please don't ever get in a car with someone who has been drinking or using drugs.
- Please don't ever drive a car after using drugs, even if you don't feel high.
- Make arrangements ahead of time for safe transportation.
- Marijuana use can slowly get you into trouble—with your parents, at school, or even with the police.
- Alcohol and marijuana can make you gain weight.
- Marijuana can be laced with other drugs; you never really know what you are getting.
- Today's marijuana contains much higher THC content than in the 1960s and 1970s.

## Physician Assessment/ Brief Advice

- 'All adolescents who have ridden with an intoxicated driver should receive risk reduction advice.'
- 'Contract for Live': A document developed by Students Against Destructive Decisions (SADD) that asks adolescents to commit to never ride with a driver who has been drinking or using other drugs and also asks parents to promise to provide transportation home without any questions if their child is in need.
- Parents should be encouraged both to praise their children for avoiding riding with an intoxicated driver and to explore the events of such an evening at a later time and with open ended questions.

## Physician Assessment/ Brief Advice

- Adolescents who report alcohol or other drug use but screen negative (i.e. CRAFFT score of 0 or 1) are at relatively low risk for meeting the criteria for a substance use disorder.
- Receive brief advice to stop using.
- ‘My advice is for you to stop using alcohol or drugs at all, because they pose serious risk to your health.’
- Give specific information related to the health effects of the drug.
- Challenge the patient to a time limited trial of abstinence and ask for him or her to come for a return visit.

## Physician Assessment/ Brief Advice

- Clinician may need to break confidentiality if there is ongoing acute danger.
- Detailed interview of the patient and pay attention to family issues such as divorce or parental separation, domestic violence or abuse and family member's substance use.
- Referrals to individual and/or family therapy
- 'Your CRAFFT score indicates you are at high risk/ I am very worried about you. I'd like you to make an appointment for next week so we can continue to discuss this.'
- Ask the patient to agree to no alcohol or drug use until return visit

'Event if you do use, I would still like for you to follow up next week. We can discuss why it was so difficult for you to abstain.'



# Treatment

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# Treatment

## American Society of Addiction Medicine Patient Placement Criteria (ASAM-PPC) for the Treatment of Substance-Related Disorders Consensus Criteria and Guidelines for Adolescents:

1. Intoxication and withdrawal potential
2. Medical conditions and complications
3. Emotional, behavioral and cognitive conditions (includes stages of development and complications)
4. Readiness for change
5. Relapse, continued use or problem potential
6. Recovery environment

# Treatment

Substance withdrawal and impact

—> area previously overlooked in adolescents

Cannabis withdrawal is common and of clinical significance in adolescents with cannabis dependence.

Settings:

1. Outpatient
2. Partial hospitalization/day treatment
3. Inpatient or residential care

# Treatment

Key elements of effective adolescent drug treatment:

1. Assessment and treatment matching
2. Comprehensive integrated treatment approach
3. Family involvement
4. Developmentally appropriate program in treatment
5. Engaging and retaining teens in treatment
6. Qualified staff
7. Gender and cultural competence
8. Continuing care
9. Treatment outcomes

# Psychosocial Treatments

3 Approaches to be considered as well-established interventions:

1. Family-based approaches
2. Multi-dimensional Family Therapy (MDFT) and Functional Family Therapy
3. Cognitive Behavioral Therapy (CBT)

Others: Multisystemic Therapy, Brief Strategic Family Therapy, Behavioral Family Therapy

Brannigan and colleagues from Lowinson and Ruiz, 5th Edition. Substance Abuse, A Comprehensive Textbook. 2011

# Pharmacotherapy for Substance Abuse

- To treat co morbid disorders
- Buprenorphine for opioid addiction
- Naltrexone for alcohol dependence
- Ondansetron for alcohol dependence
  - ➡ reduce frequency of substance use
- Quetiapine 50 to 100 mg HS : effective for cannabis withdrawal

Brannigan and colleagues from Lowinson and Ruiz, 5th  
Edition. Substance Abuse, A Comprehensive Textbook. 2011

## Approach to Adolescent With Problematic Use

- Receive a targeted brief intervention aim at reducing substance use and related harm
- Motivational enhancement Therapy
- CBT
- Dialectical Behavior Therapy
- Referring clinician should ensure follow up after the brief intervention has been completed to discuss the treatment from the patient's perspective and to determine whether the adolescent has made the behavioral change.

## Approach to Adolescent Already Abusing Substances

- Adolescent should be referred to a mental health specialist or a substance specialty program.
- Adolescent can be treated as out patient with group, individual or family therapy
- parents should be included in the treatment plan.



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## Approach to Adolescent with a Substance Dependence Problem

- Should be referred to a mental health professional or substance abuse specialist for treatment
- Detoxification
- Rehabilitation
- After care

**Treatment is still better than No Treatment.  
Thank you.**

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PRESENT

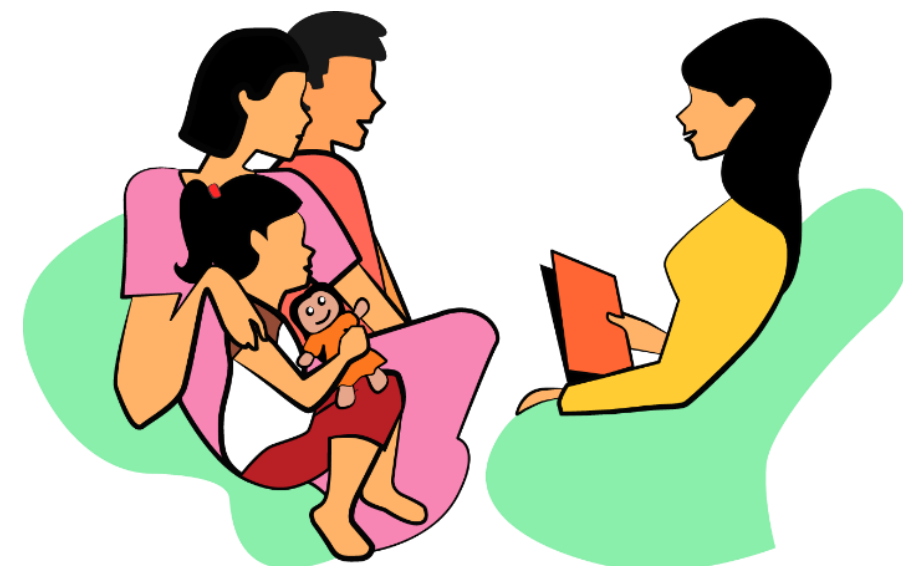
# AK PARA SA BATA

THE INTERNATIONAL CONFERENCE IN MANILA

THEME:

***STRESSED?***  
**Coping, Recovery, and Healing**

DECEMBER 1-2, 2016  
SMX CONVENTION CENTER MANILA

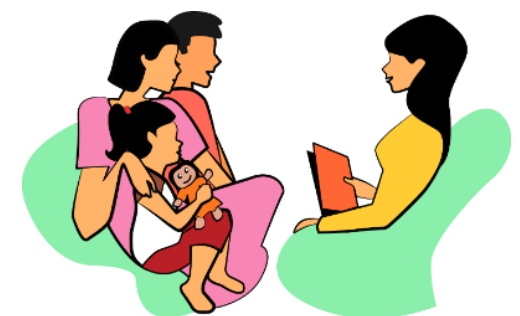


SESSION G1

# MITIGATING STRESS FOR CHILD WITNESSES IN THE COURTS

# CULTIVATING INNER COMPOSURE FOR CHILD WITNESSES IN COURTS THROUGH ARTS

DR. GRACE BRILLANTES-EVANGELISTA, RPSY, CSCLP





# *Cultivating Inner Composure for Child Witnesses in Courts through Arts*

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Head, ArtPsych Circle  
Chair, Clinical Psychology Division  
Psychological Association of the Philippines



# Child abuse and neglect

- ▶ Covers different kinds of maltreatment among children and adolescents
  - ▶ neglect, emotional abuse, sexual abuse, and physical abuse
- ▶ Psychological effects
  - ▶ low self-esteem
  - ▶ Feeling of worthless and damaged
  - ▶ develop aggression

(as cited in Brillantes-Evangelista, 2012)

# Child abuse and neglect

- ▶ Psychological effects
  - ▶ Anxiety
  - ▶ conduct problems
  - ▶ sexualized behaviors (for sexually abused)
  - ▶ may have developmental disorder
  - ▶ May also develop certain psychopathologies
    - ▶ clinical depression
    - ▶ posttraumatic stress disorder
    - ▶ psychotic reactions (in extreme cases)

(as cited in Brillantes-Evangelista, 2012)



# When Children Testify (some issues)

- ▶ Children's developmental level
  - ▶ Older children/ adolescents display more adverse mental health reactions
- ▶ Secondary victimization
  - ▶ Painful re-experiencing (flashbacks), rumination, PTSD reactions

# When Children Testify (some issues)

- ▶ Pressure to take a stand
- ▶ Repeated questioning
  - ▶ Self-contradiction: Lead children to change accurate answers to inaccurate ones
  - ▶ Increased anxiety
  - ▶ poor functioning

(Andrews, Lamb, Lyon, 2015; Quas & Goodman, 2012)

# When Children Testify (some issues)

- ▶ Family members dissuading children to testify
- ▶ Lack of care-giver support
  - ▶ Risk for adverse mental health
- ▶ Poor understanding of court procedure and legal terms
  - ▶ High levels of anxiety

(Andrews, Lamb, Lyon, 2015; Quas & Goodman, 2012)

# When Children Testify (some issues)

- ▶ Delays and continuances
  - ▶ High levels of anxiety
  - ▶ Slow emotional recovery
- ▶ Cases of acquitted perpetrators
  - ▶ Poorer adjustments

(Andrews, Lamb, Lyon, 2015; Quas & Goodman, 2012)

# When Children Testify (some issues)

- ▶ Empowering for the Child
  - ▶ when given the proper preparations and support

(Andrews, Lamb, Lyon, 2015; Quas & Goodman, 2012)

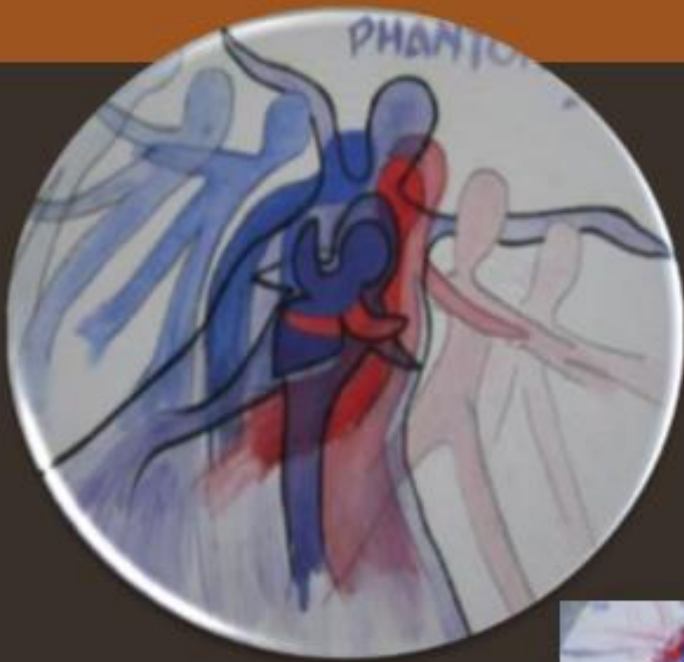
# Guidelines When Children Testify

- ▶ Ensure appropriate support (before, during, and after)
  - ▶ Provide positive and trusting relationship with legal professionals
  - ▶ Help familiarize with the court process
  - ▶ Minimize contact with the defendant while testifying
  - ▶ Have a support person present during the hearing to buffer distress
  - ▶ Provide mental health services after the child testify
  - ▶ Help the non-offending caregiver provide support

(Andrews, Lamb, Lyon, 2015; Quas & Goodman, 2012)



# Cultivating Inner Composure Through arts-based approaches



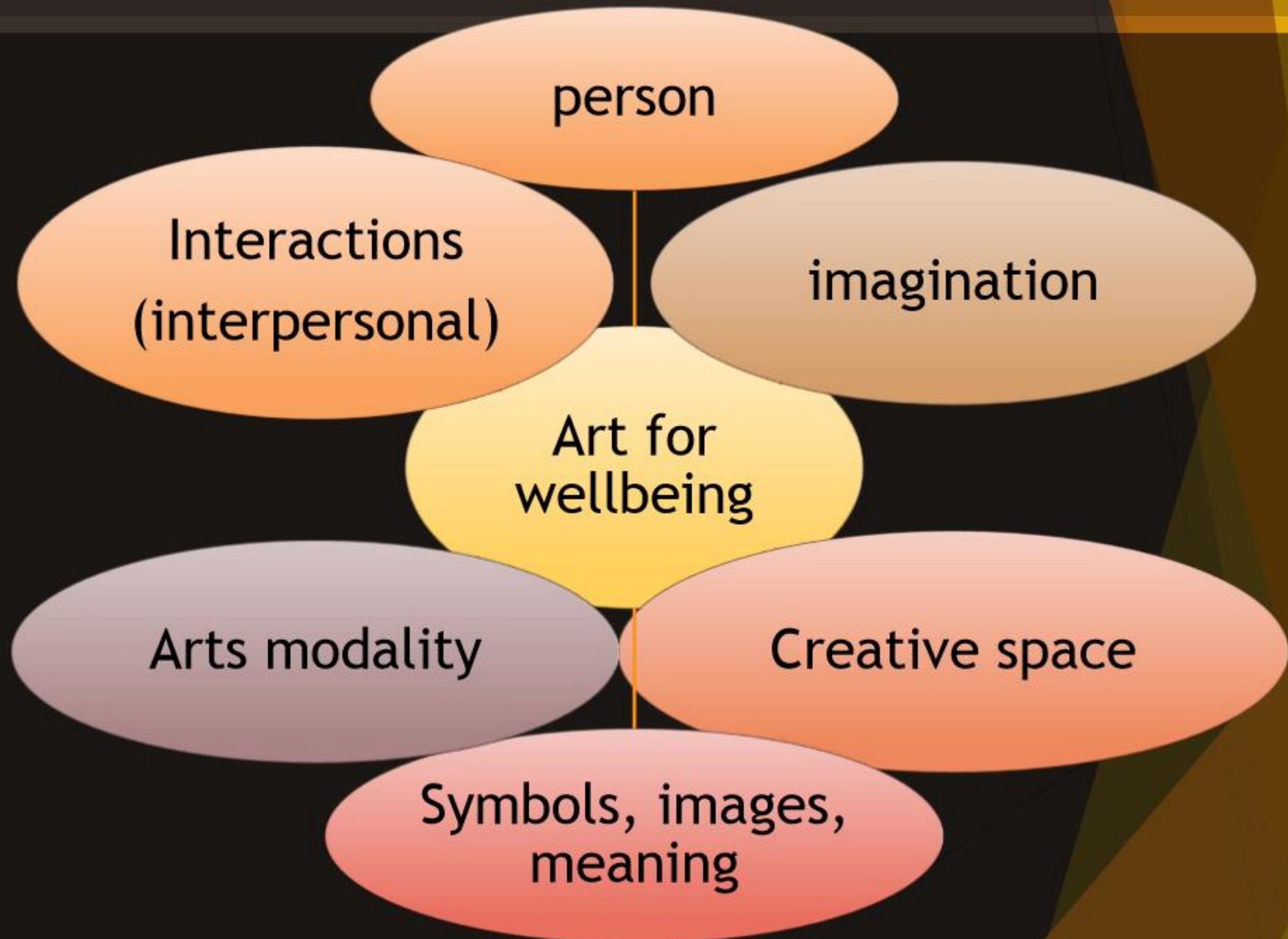
# Ginhawa: Well-being

(adapted from Martin Seligman's Positive Psychology and Filipino concept of Ginhawa)





# Arts for Wellbeing



# mindfulness



"...a practice of bringing our awareness to the present moment with an attitude of acceptance and non-judgment."

(Rappaport, 2014)

# mindfulness



Intention

Attention

Attitude



“When you have enough energy of mindfulness, you can look deeply into any emotion and discover the true nature of that emotion, If you can do that, you will be able to transform the emotion”

---Thich Nhat Hanh (2012)





**Some Exercises on  
cultivating inner composure through arts**

# 1. Establishing Safety

## Art-making on safe and peaceful place





## 2. Breath awareness, clearing the mind and relaxing the body



### 3. Releasing negative feelings through music and movement



Sing, shake, and sweat  
the anxiety away....



## 4. Identifying, accepting, and regulating thoughts and emotion Using puppetry or theater exercises



## 5. Connecting to social support Using tableau or community movement





## 6. Accessing sources of strength (e.g., Faith)



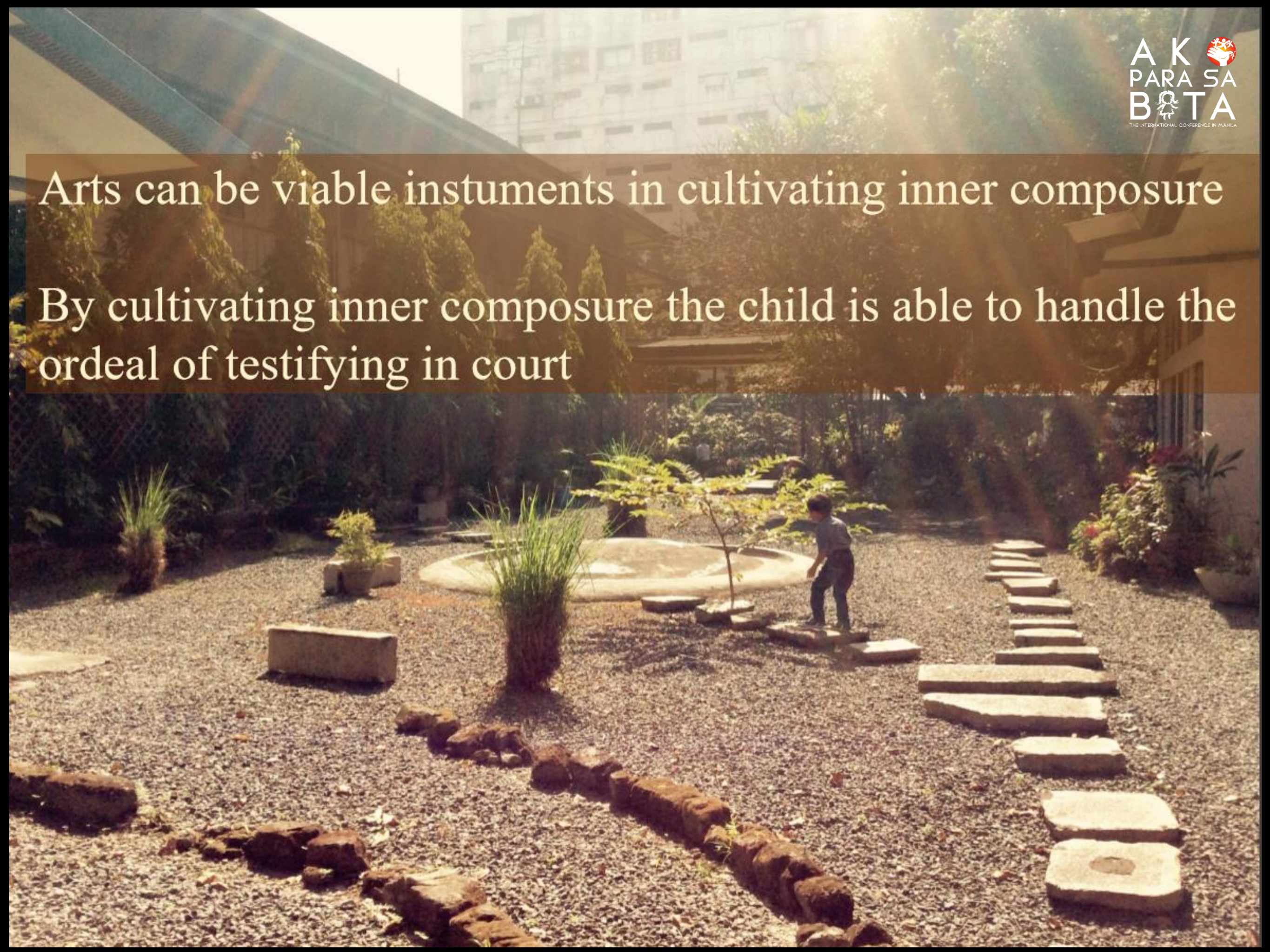
## 7. Accessing the “protector”





Arts can be viable instruments in cultivating inner composure

By cultivating inner composure the child is able to handle the ordeal of testifying in court





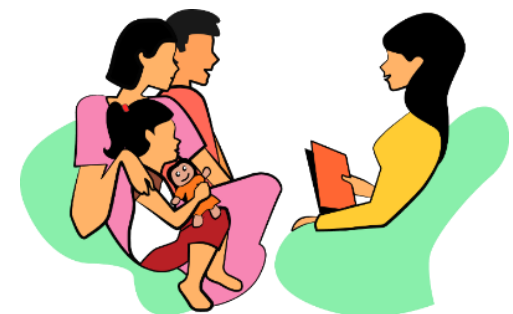
*Thank you!*

**Dr. Grace Brillantes-Evangelista**  
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# FACILITATING A CHILDREN'S COURT AWARENESS SEMINAR

ANNALIZA R. MACABABBAD, RSW



# Facilitating a Children's Court Awareness Seminar



# General Objective

- To enable children to effectively testify in court, gain control and master the court experience; and prepare families on their roles to support the survivor and address their concerns as assisting adults.

# Specific Objectives

- Prepare and help children become familiar with the courtroom process and environment.
- Normalize children's feelings, emotions, experience and struggles before going to court.
- Educate and raise awareness on children's rights for both children and parents when testifying in court.

# Specific Objectives

- Provide an opportunity for children and parents to gather together with others to minimize isolation of their journey.
- Develop coping skills to reduce anxiety and fears regarding testifying.
- Serve as an encouragement and support for children who choose to stand by the truth.

# Children's Court Modules

# Part I – Before Going to Court

- What are some of the feelings children may experience before going to court?
- Different children may have different experience.



# Part II – What Will You See in Court

- is about giving a tour to the children what they will see in court. It is the basic introduction about what the courtroom is like, who are the people present in court and their general responsibilities in court.



# Part III – What Do Judges Do?

- is about the roles of Judges. This part introduces the responsibilities of judges. The most important information is for the children to know that the Judge is not there to punish them and the judge is available to help them when they need anything.

# Part IV – What Do Lawyers Do?

- is about the roles of lawyers. This part introduces the responsibilities of the two lawyers – the prosecutor and the defense.

# Part V – While You Are on the Witness Stand

- is about a brief presentation to learn about what the children may see or feel while on the witness stand. Children will learn under what situation they can go to their lawyers for help and what they can do about their emotions and needs while they are on the witness stand.

# Part VI - A – While You are on the Witness Stand

- is about a brief presentation for younger children to learn about what they can do under certain circumstances while they are on the witness stand.

# Part VI - B – What do you do if...

## Short Quiz

- is the exact duplication of Part 6A except that in this part, there are only questions but no answers.

# Part VII – What Do You Do If...

## Multiple Choice Scenarios

- In this part, there are scenarios given and with multiple choices as answers. The questions are aimed to help the older children/teenagers to think about what they can do when they are having difficult time on the witness stand, when they need certain things, and to help them to understand their rights.



# Part VIII – Preparing Yourself To Go To Court

- aimed to help children prepare themselves for going to court, such as choosing a comfort object or a CASAGAL. They also learn about activities they may do to reduce their anxieties before going to court.

# Part IX – After the Trial

- aimed to help children understand the consequences after the trial.
- explains the feelings that they may experiences after the trial.

# Preparation

# Running the Children's Court

**Children's Group**

# Arranging & Preparing a Family Court Visit

- If possible, find a child-friendly court that will give you half day each month for children to visit. Request that the Judge, the Fiscal, the PAO, or the clerk to be available for questions from children & families.
- Set up a regular schedule, e.g. every 2<sup>nd</sup> Friday of the month.



# Arranging & Preparing a Family Court Visit

- If you cannot provide any transportation, find out the easiest way of public transportation and estimate the cost for your clients, as you don't want any of your group members get lost.



# Arranging & Preparing a Family Court Visit

- You may also arrange & invite a lawyer in the community to accompany your group during the court visit if the court you are visiting will not have anyone available for questions from your clients. Explain the purpose of the children's court to the lawyer and make sure the lawyer is familiar with the law on children testifying in court.

# Starting a Group

- Recruit any child who has disclosed an abuse that took place, a report has been filed to the police and there have been charges pressed against the accused. Whether the child has been called to testify in court should not be the determining criteria. Try to gather children in the same age group (e.g. elementary children, teenagers)

# Starting a Group

- Talk to the children when recruiting them for the Children's court.
- Explain to parents that their participation in Children's court is necessary.

# Starting a Group

- Separate parents from the children.  
Parents tend to ask a lot of questions and take away the opportunities for children to participate.

# Starting a Group

- Arrange for lunch & transportation (if there is fund) for the whole activity. If you cannot provide a vehicle for transportation, you will need to arrange some staff to accompany parents & children going to the court.
- necessary materials: projector, handouts. Arrange for the venue and prepare

# Starting a Group

## ➤ Confidentiality

Make sure information shared are kept confidential. If there is any information shared that causes you concern, discuss it with the parent, referring agency or the police. Any other sharing with media, other agencies and personnel is not allowed.



# During the Children's Court Presentation

- Acknowledge the difficult feelings and encourage open and honest discussion of feelings.
- Discuss what is important to children, and ask them to share their perspective
- Pay attention to verbal and nonverbal cues.
- Respect that some children may not want to talk to each other.

# During the Children's Court Presentation

- Remember to have at least 1 to 2 breaks during the morning session. Allow also enough time for questions after each module presentation
- Confidentiality – if you need to take picture, ask permission from the child and parents first.
- At the end of the program, present & congratulate each child with a laminated certificate with their names printed on.

# During the Family Court Visit

- Despite having a court visit, remember to remind the children that not all courts are the same.
- Be prepared to intervene during question and answer period during the court visit.
- Remember that you are still leading a group and running the Children's Court during the court visit.

# Parents Group

# Parents' Group

- Parents tend to have a lot of questions about the justice system
- They tend to talk about their own cases and ask about specifics regarding their own cases
- Explain to parents that the parents' group is aimed to introduce what may happen in court in general and what their children are learning about the court system. It is not a time for discussing personal cases.

# Parents' Group

- Don't feel shy or embarrassed to say “No” or “I don't know” when parents ask you too many legal questions. Refer them for legal consult.
- Facilitate sharing of feelings between parents during the parents group after all the information is given & explained.
- Remember your role is to introduce information to parents on judicial system and support parents to support their children going to court.



# Parents' Session

- Discuss the handouts for parents about children's testifying in court
- Allow time for questions and clarification but don't lose focus on the topic
- Periodically summarize the discussion and emphasize significant points raised during the discussion.

# Parents' Session

- ▶ Discuss the hand-outs on the Do's and Don't's for Parents when assisting children go through the legal process.
- ▶ Ask for clarifications
- ▶ Take note of the possible needs being brought up by the parents so you can later refer them for appropriate action.
- ▶ Synthesize the discussion

# Tips on Facilitating Children's Group

- ▶ Be Child Friendly
- ▶ Be concrete & specific
- ▶ Be flexible
- ▶ Be creative & Use variety of materials
- ▶ Maintain frequent contacts with children

# Tips on Facilitating Children's Group

- Ask for permission for physical touch
- Be energetic, animated to explain information repeatedly
- Be honest
- Respect the child
- Always Observe confidentiality

**Thank You**

# MITIGATING STRESS FOR CHILD WITNESS IN THE COURTS

JUDGE MARIA CELESTINA C. CRUZ-MANGROBANG





# MITIGATING STRESS FOR CHILD WITNESS IN THE COURTS

“Kuya, Ate, Hero o Villain ka ba?”

Judge Maria Celestina C. Cruz-Mangrobang

Presiding Judge  
Regional Trial Court Branch 38 Manila

# WHAT IS STRESS?

- A reaction to a stimulus that disturbs our physical or mental equilibrium
- Omnipresent part of life
- Body's way of responding to any kind of demand or threat



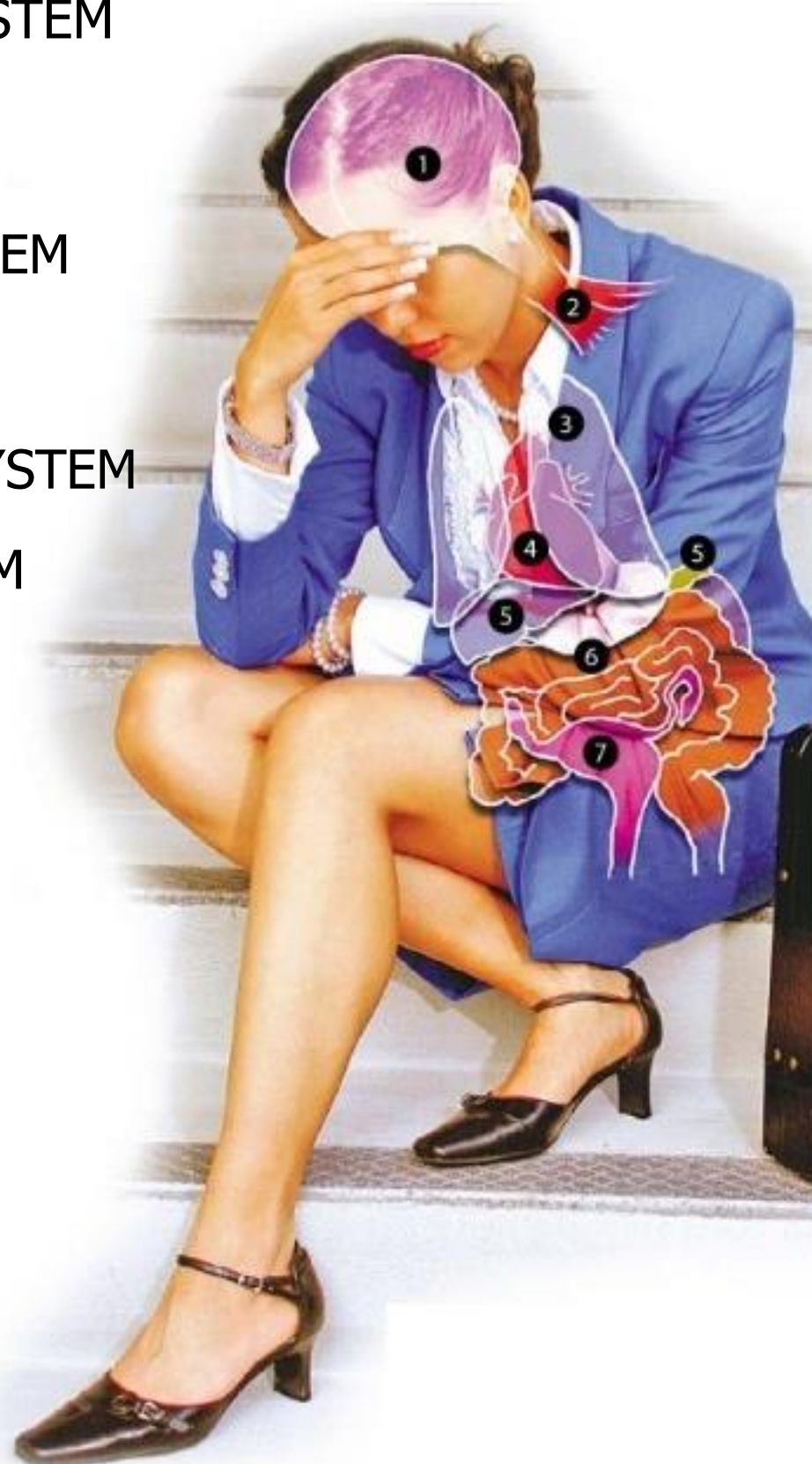
# A STRESSFUL EVENT CAN TRIGGER

- Fight or Flight Response



- Causes hormones such as adrenaline and cortisol to surge thru the body, which rouse it for emergency action
- Wide range effects on emotions, mood and behavior

- 1 NERVOUS SYSTEM
- 2 MUSCULOSKELETAL SYSTEM
- 3 RESPIRATORY SYSTEM
- 4 CARDIOVASCULAR SYSTEM
- 5 ENDOCRINE SYSTEM
- 6 GASTROINTESTINAL SYSTEM
- 7 REPRODUCTIVE SYSTEM



- Effects on various systems, organs and tissues all over the body

# WHAT ARE THE SIGNS/SYMPTOMS OF STRESS?

[AMERICAN INSTITUTE OF STRESS (USA)]

## Cognitive

- Memory problems
- Inability to concentrate
- Poor judgment
- Pessimistic approach or thoughts
- Anxious or racing thoughts
- Constant worrying

## Emotional

- Moodiness
- Irritability or short temper
- Agitation, inability to relax
- Feeling overwhelmed
- Sense of loneliness and isolation



# WHAT ARE THE SIGNS/SYMPTOMS OF STRESS?

[AMERICAN INSTITUTE OF STRESS (USA)]

## Physical

- Aches and Pains
- Diarrhea or Constipation
- Increase frequency of urination
- Changes in blood pressure
- Nausea, dizziness
- Chest pain, Rapid heartbeat
- Loss of sex drive
- Frequent colds
- Irregular period

## Behavioral

- Eating more or less
- Sleeping too much or too little
- Isolating oneself
- Procrastinating or neglecting responsibilities
- Using drugs/alcohol/cigarettes to relax
- Nervous habits (e.g. nail biting, pacing)



# WHO IS A CHILD?



- **Child** refers to a person below 18 years old, or
- A person **over 18 years** old but **unable to fully take care** of or protect himself or herself because of a **physical or mental disability or condition**.

*Republic Act 7610*

# WHAT IS CHILD ABUSE?

- The Law provides for special protection to children from all forms of:
  - Abuse
  - Neglect
  - Cruelty
  - Exploitation
  - Discrimination
  - Other condition prejudicial to their development

*Republic Act 7610*

# FOUR CATEGORIES OF CHILD ABUSE

Child Prostitution  
and Other  
Sexual Abuse



Child Trafficking



Other Acts of Abuse



Child Pornography



*Republic Act 7610*

# THE JUSTICE SYSTEM IN CHILD ABUSE

## LAWS FOR SPECIAL PROTECTION TO CHILDREN

- RA 7610 – Anti-Child Abuse
- RA 9208 – Anti-Trafficking in Person Act of 2003, as amended by RA 10364
- RA 9231 – Anti-Child Labor Law
- RA 8353 – Anti-Rape Law
- RA 9262 – Anti-Violence Against Women and Children
- RA 9344 – Juvenile Justice and Welfare Act of 2006, as amended by RA 10630
- RA 9775 – Anti-Child Pornography Act of 2009
- RA 9995 – Anti-Photo and Video Voyeurism Act of 2009

# THE JUSTICE SYSTEM IN CHILD ABUSE

## TYPES OF CASES

### Criminal

Violation of the  
pertinent laws

Protect society as a  
whole

### Civil

Custody, restraining  
order, suit against  
abuses for personal  
injuries

- Ensure best interest  
of child
- Obtain financial  
restitution

### Child Protection

Principal case  
or Auxiliary  
to a criminal  
or civil case

Protect the child when  
child abused by  
parents, guardians or  
primary caregivers

# THE JUSTICE SYSTEM IN CHILD ABUSE

## STAKEHOLDERS

- Child Victims
- Law Enforcers
- Social Workers
- Prosecutors
- Support system/Agencies
- Parents/Caregiver/Guardians
- Judges
- CICLs
- Doctors/Psychologist/Psychiatrist/Pediatricians
- Court Personnel
- Lawyers



# FACTORS THAT MAY DETER PROSECUTION OF CASES

- social stigma/labelling
- loss of privacy
- financial constraints/cost of litigation
- lack of familial support
- cultural influence/family's belief system/values
- dysfunctional family
- fear of retaliation
- missing school/work for caregiver/parents
- perceived lengthy legal process
- unfamiliar/lack of knowledge of the court/legal process
- Post traumatic Stress Disorder (PTSD)

# PROTECTING AND/OR MITIGATING STRESS ON THE CHILD

- **WHEN** – Starts after Trauma or Discovery of Abuse
- **WHERE** – Home – Investigation – Court
- **HOW** – Multidisciplinary Case Management Approach  
to foster information sharing and monitor  
follow up cases

# PROTECTING AND/OR MITIGATING STRESS ON THE CHILD

## HOME/POINT OF RESCUE

- Talk to and comfort the child
- Refer to professional medical assistance, if needed
- Maintain normal routines
- Build familial and outside support
- Protective custody of DSWD (Sec. 28 RA 7610)
- Adopt system of coding to conceal identity

# PROTECTING AND/OR MITIGATING STRESS ON THE CHILD

## INVESTIGATION

- Case build up/ gathering of pertinent data/evidence
  - Refers to Women's Desk
  - Trained Law Enforcer should interview
  - Law enforcers should be gender-sensitive and child friendly
  - As much as possible same sex investigator
- Prosecutors provide witness protection/immunity from prosecution to trafficking victims

# PROTECTING AND/OR MITIGATING STRESS ON THE CHILD

## INVESTIGATION

- Physical and Psychological Needs
  - Social worker provides psychosocial counselling, temporary shelter and other support services
  - Referral system (doctors/psychologists, social workers)

# PROTECTING AND/OR MITIGATING STRESS ON THE CHILD

## COURT

- Court Familiarization
- Kids Court Program/Similar Activity (UP-PGH-CPU)
- Coordination with prosecutor/social worker
- Teach court staff awareness and proper decorum involving children
- Application of the Rule on Examination of the Child (A.M. No. 004-07-SC)



# RULE ON EXAMINATION OF THE CHILD (A.M. NO. 004-07-SC)

## Environmental factor

- **Section 12** – Waiting Area for Child Witnesses
- **Section 13** – Courtroom Environment
- **Section 25** – Live-Link Television Testimony in Criminal Cases where the Child is a Victim or a Witness
- **Section 26** – Screens, One-Way Mirrors and other Devices that Shield Child from Accused

# RULE ON EXAMINATION OF THE CHILD (A.M. NO. 004-07-SC)

## Companion of Child Witness

- **Section 5** – Guardian Ad Litem (GAL)
- **Section 9** – Interpreter for Child
- **Section 10** – Facilitator to Pose Questions to Child
- **Section 11** – Support Persons

# RULE ON EXAMINATION OF THE CHILD (A.M. NO. 004-07-SC)

## Trial Proper

- Section 14 – Testimony during Appropriate Hours
- Section 15 – Recess during Testimony
- Section 16 – Testimonial Aids
- Section 17 – Emotional Security Item
- Section 18 – Approaching the Witness
- Section 19 – Mode of Questioning



# RULE ON EXAMINATION OF THE CHILD (A.M. NO. 004-07-SC)

## Trial Proper

- Section 20 – Leading Questions
- Section 21 – Objections to Questions
- Section 22 – Corroboration
- Section 23 – Excluding the Public
- Section 24 – Persons Prohibited from Entering and Leaving Courtroom



# RULE ON EXAMINATION OF THE CHILD (A.M. NO. 004-07-SC)

## Other Alternative Evidence/Protection Measures

- **Section 27** – Videotaped Deposition
- **Section 28** – Hearsay Exception in Child Abuse Cases
- **Section 29** – Admissibility of Videotaped and Audio taped In-Depth Investigative or Disclosure Interviews in Child Abuse Cases
- **Section 30** – Sexual Abuse Shield Rule
- **Section 31** – Protection of Privacy and Safety



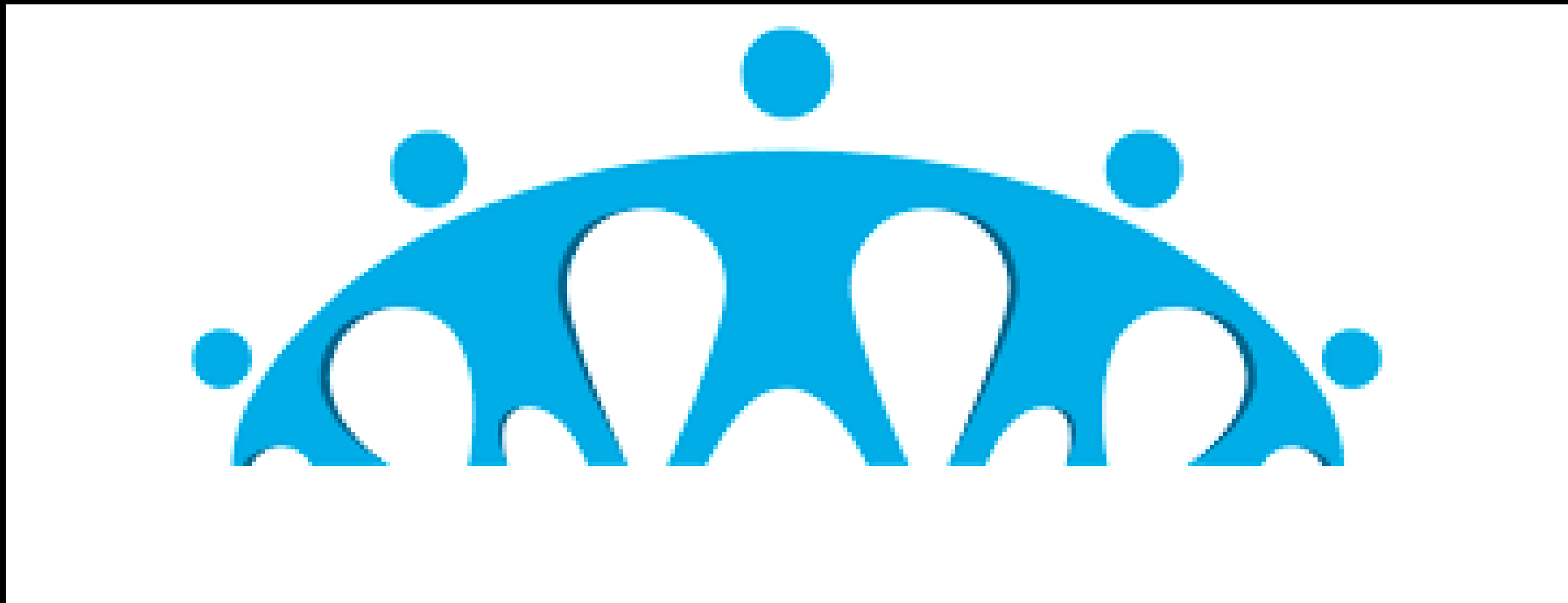


Use your voice for  
**KINDNESS**  
your ears for  
**COMPASSION**

your hands for  
**CHARITY**  
your mind for  
**TRUTH**  
and your heart for  
**LOVE.** ❤️



“Build a bridge over shame by teaching kids about sexual abuse. Give them a chance to run to us should they encounter it. BE THEIR HERO.”



- Carolyn Byers Ruch

# THANK YOU





PRESENT

# AK PARA SA BATA

THE INTERNATIONAL CONFERENCE IN MANILA

THEME:

***STRESSED?***  
**Coping, Recovery, and Healing**

DECEMBER 1-2, 2016  
SMX CONVENTION CENTER MANILA

