

EVOLVE THERAPEUTIC SERVICES

CAVEMAN SERIES GUIDE



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evolve THERAPEUTIC SERVICES

Evolve Therapeutic Services: Caveman Series Guide

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Project working group

The Caveman Series would not have been possible without the tenacious energy and enthusiasm of the following:

- Dr Jillian Heath, Inala Child and Youth Mental Health Services (CYMHS), Children's Health Queensland Hospital and Health Service (HHS).
- Kym Robinson, ETS Logan, Metro South HHS.
- Warren Bergh, ETS Statewide Program Coordinator, Children's Health Queensland HHS.
- Narelle Anger, Director of Speech Pathology CYMHS, Children's Health Queensland HHS (now retired and enjoying life).

A combined experience of over 100 years within the mental health context, and over 56 years within the mental health child protection context.

The content of *Thinker Takes Charge* was enriched through conversations with the following amazing mental health clinicians from ETS Logan (Metro South HHS):

- Rebecca Clerehan (Occupational Therapist).
- Brooke Shakspeare (Social Worker).
- Emma-Jane Fox (Psychologist).
- Alexandra Olsen (Social Worker).

Table of content

Acknowledgement	3
Project working group	3
Table of content	4
Background	5
Overview of trauma and emotional regulation	5
Common responses to stress	6
Impact of complex trauma	6
Barriers to therapeutic engagement	7
Intent	9
Caveman Series guiding frameworks	10
Who can use the Caveman Series?	11
When to use	12
When not to use	12
How to use	13
Caveman Get a Brain and Caveman Learns to Think	13
With the children/young people	13
With carer	14
With stakeholders	14
Thinker Takes Charge	16
With the children/young people	17
With carer	17
With stakeholders	18
Stress Express	19
Final take home message	22
References	22

Table of figures

Figure 1: The three E's in Trauma	6
Figure 2: Potential barriers to mental health therapeutic engagement	9

Background

Over the last 10-15 years we have observed significant changes in acuity, complexity and service delivery models within the Mental Health context. There appears to have been a marked increase in the presentation of suicidal, self-harming and trauma related presentations - with adverse childhood experiences being a complicating factor for most of these. This can lead to high expressed emotion and communication difficulties for children and young people, which often invites the perception of a behavioural disorder. With the significant rise in child and youth mental health difficulties in recent times (Bor, Dean, Najman & Hayatbakhsh, 2014) the need for engaging ways to communicate with young people is paramount and is likely to continue to rise.

The Caveman Series is a collection of resources that started their journey in 2006 with a conversation between two members of a multidisciplinary tertiary level Child and Youth Mental Health Service in Queensland. The service was located in a culturally, linguistically and socioeconomically diverse catchment, where the target population comprised of children and young people with disproportionate experiences of disrupted attachment and trauma.

Many of the children found it difficult to learn and engage with traditional verbal therapeutic approaches focusing on emotional regulation strategies. As a result, Kym (Speech Pathologist) and Jillian (Clinical Psychologist) identified a need to breakdown and adapt complex mental health and psychological concepts for children and young people with a range of language, learning, and neurodevelopmental difficulties.

Through the practice of trial and error, therapeutic stories (informed by narrative therapy concepts, a common Speech Pathology tool) were identified as the best approach. The use of therapeutic stories increased therapeutic engagement and enhanced the translation of very complex psychological concepts into language which was easy to understand and engaging. Kym and Jillian further identified that a visual narrative approach not only helped children and young people to engage in the therapeutic process, but also assisted them to relate complex concepts of stress and emotional reactions to their own personal experiences. Together, they agreed on key concepts that needed to be included based on contemporary knowledge and experience – the first edition of The Caveman Series was born!

After seeing the benefit of using the original versions of The Caveman Series therapeutically, with very complex consumers, Warren Bergh (Psychologist) strongly encouraged Kym to update, extend and publish the resources in 2009. The main intent was to increase the accessibility and maintain The Caveman Series integrity and validity. So, started Caveman's next journey, resulting in the current versions you see today, a therapeutic resource that emanates our joint passion and desire to increase everyone's understanding of anxiety, stress and trauma, it's impact and therapeutic support ideas.

Overview of trauma and emotional regulation

We are all exposed to events or situations that could either be stressful / distressing or traumatic. Individuals may experience the traumatic event directly, witness an event, or hear about an event that affects someone they know.

According to Substance Abuse and Mental Health Services Administration (2014), a traumatic event is different from an everyday upsetting event in a couple of important ways. This is best understood by exploring the "Three E's in Trauma" (figure 1).

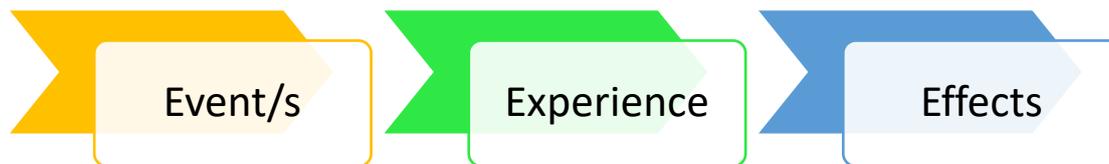


Figure 1: The three E's in Trauma.

- **Event:** An event is a real, or perceived, **threat** to oneself or to that of a loved one. Events can be human made, or products of nature. Traumatic events can occur at any age (including during infancy).
- **Experience:** Two people may be exposed to the same event or series of events but experience and interpret these events in vastly different ways. For instance, as an adult seeing a snake can be traumatic, but what if that person is a snake handler? An event needs to **overwhelm a person's capacity to think and cope**.
- **Effect:** For some, the effect/reaction to trauma may be 'temporary'. Whereas others may have prolonged **effects** that move from acute symptoms to more severe, prolonged or enduring mental health consequences (post-traumatic stress, anxiety, substance abuse & mood disorders), medical problems (headaches, chronic pain), and developmental delays (speech, language, cognitive). Not everyone has to meet established criteria for post-traumatic stress or other mental health disorders to experience significant trauma-related symptoms.

Traumatic events can range from one-time incidences to experiences that are complex, chronic and even inter-generational.

Common responses to stress

Our brain is amazing, it has a built-in alarm system that is designed to detect potential threat and help the body react in ways that will keep us safe. The brain automatically triggers the fight, flight, or freeze response depending on what is most likely to keep us safe in the moment.

Not every event/threat that sets off the stress/fight, flight, or freeze response is traumatic, and some amount of stress helps us to learn and grow (also referred to as "post traumatic growth" - Meyerson, Grant, Smith-Carter and Kilmer, 2011). An event becomes traumatic when it overwhelms the built-in alarm system. When this happens, the rational brain shuts down and the emotional brain remains on-high alert and the body stays in either fight, flight, or freeze, even after the threat has passed.

Impact of complex trauma

Complex trauma can have long-term effects on all aspects of development, health and well-being. The more prolonged and intense the trauma, the greater the impact on all areas of functioning. The impact of trauma is even more concerning when it occurs during infancy and childhood where the trauma is caused by those that are supposed to 'care and protect'.

Some of the impacts of trauma relate to developmental delays, others may be survival responses that have become so much a part of how the child/young person 'operates' in the world to keep them 'safe'. One domain that is strongly impacted is emotional regulation.

Those that have experienced complex trauma, experience difficulties:

- With emotional self-regulation.
- Describing feelings and internal experience.
- Communicating wishes and desires.
- Recognising emotions in others.

The difficulties faced by those experiencing emotional dysregulation cannot be overstated. They often internalise and/or externalise stress responses and as a result may experience feelings that spiral out of control such as fear, dread, shame, and sadness. Intense feelings that may be surprising, difficult and/or confusing for them and others. Feelings and responses that are often promoted by events that others would not react to.

Emotional dysregulation is pervasive, particularly when it occurs in the absence of supportive relationships. Those who experience limited/no consistent positive experiences when learning how to 'calm' themselves down, can become easily overwhelmed. When the child/young person has repeated experiences of limited/no consistent supportive adult to help understand and regulate, a pattern of fight, flight, or freeze can become automatic and hardwired in the brain. Thus, making it difficult for them to form, and maintain trusting relationships, or even simply engage in normal social interaction.

Barriers to therapeutic engagement

Engagement is essential for optimal service delivery and in achieving clinical outcomes (McKay & Bannon, 2004). However, non-engagement and 'dropout' rates within the mental health context is a significant concern (Nock & Kazdin, 2001). Nock & Ferriter (2005) identified that in some child and youth services, approximately half of families who begin treatment 'dropout' prematurely. Research has further indicated that 30-60% of children/young people struggle to engage meaningfully in talking therapy, which is one of the most common western mental health therapeutic approaches (Kazdin & Mazurick, 1994; Wierzbicki & Pekarik, 1993; de Haan, Boon, de Jong, Hoeve, & Vermeiren, 2013). Armbruster & Kazdin (1994), Kazdin (1993), Kazdin, Mazurick, & Siegel (1994) state that dropout rates are not only a research concern but if children/young people's mental health concerns are not effectively managed and treated they can worsen over time and cause long-term challenges.

Outside of complex trauma (outlined above) and physical barriers to accessing mental health therapeutic services, which is a significant barrier for several people, the authors have identified at least 6 core barriers to engagement (figure 2). Based on research and practice wisdom, these include:

- Relationships challenges:
 - Some children/young people may, and do, find it difficult to trust people given their relational and trauma histories. This includes difficulties trusting carers, family members, support people, and therapists.
 - Children/young people with anxious/avoidant/dismissive attachment styles may, and do, find it difficult to build supportive and therapeutic relationships.
 - In the past, children/young people may have seen/perceived/experienced therapy as unsuccessful/challenging in the past. As such may be reluctant to re-engage and may develop a belief that therapy is problematic.
- Carer/Family challenges:
 - Practical barriers in being able to organise themselves to attend regular therapy sessions.
 - Financial difficulties.
 - Carer/parental/family mental health challenges.
 - Variability in carer/family understanding of the child/young person and their challenges.
 - Conflicting carer/family agendas e.g., split families, pathologising the child/young person and their presentation, seeking extra funding/support etc.
 - Uncertainty regarding who is the identified 'consumer/patient'? Is it the child/young person, someone else in the family, and/or the family functioning itself?
 - High expectations of/for service provision.

- Confidence of and in culturally sensitive practice.
- Feeling not heard nor understood – sense of having no voice or control.
- Lack of trust in the service, which does impact information sharing and therapeutic implementation.
- Systemic challenges:
 - Pressure to engage with services. For instance, attending a therapeutic service is sometimes noted as a condition to child protection / youth justice orders or the capacity to access certain services and supports.
 - Conflicting systemic agendas e.g. requests to obtain a diagnosis for funding purposes, request for capacity/functional assessment to assist in court proceedings etc.
 - Conflict regarding understanding of who is the identified 'consumer/patient'?
 - Variability in the systems understanding of the child / young person and their challenges – trauma informed vs a 'behavioural' lens.
 - Accessibility of/to services.
 - Differences and variability in models of service provision.
 - High expectations of/for service provision.
 - Systemic stuckness/reactivity – are they trauma-informed or behaviourally organised?
- Cognitive challenges:
 - Executive functioning challenges.
 - Learning difficulties.
 - Poor emotional literacy.
 - Difficulties in perspective taking and reflective capacity.
 - Impairment of memory, confusion.
 - Attention and concentration difficulties.
- Communication challenges:
 - Prevalence in both young person and their carers/parents.
 - Difficulties in being able to understand/decode abstract concepts and unfamiliar words.
 - Difficulties putting thoughts into words.
 - Challenges in understanding/decoding verbal and non-verbal information.
 - Interpersonal difficulties related to social communication deficits.

Almost everything we do involves speech, language and/or communication. Everyday tasks, learning, problem solving, having a conversation, making friends and social activities all rely on speech, language and/or communication. Therefore, any challenges within this area can have a profound impact. Thus, it is not surprising that within a mental health setting approximately 50 – 70% of children and young people may have experienced some form of core language difficulties (Im-Bolter & Cohen, 2007).

- Sensory Integration:
 - Difficulties understanding, organising, managing, and responding to information that comes in through the senses.
 - Increased chance of misinterpreting everyday sensory information, such as touch, sound and movement.
 - Child/young person experience oversensitivity (hypersensitivity) to certain sensory inputs. This can lead to avoid sensations they find intolerable because it's too overwhelming – a little feels like a lot.
 - Challenges with interoception - a lesser-known sense that helps individuals to understand and feel what's going on inside their body. Children and young people who experience challenges with the interoceptive sense often have trouble knowing when they feel hungry, full, hot, cold, or thirsty. Difficulties with this sense can also make self-regulation a challenge and be a significant barrier to meaningful

engagement with intervention (which often requires the identification of where feeling sensations are located in the body).
Sensory integration challenges are commonly associated with those who have experienced adverse childhood experiences.

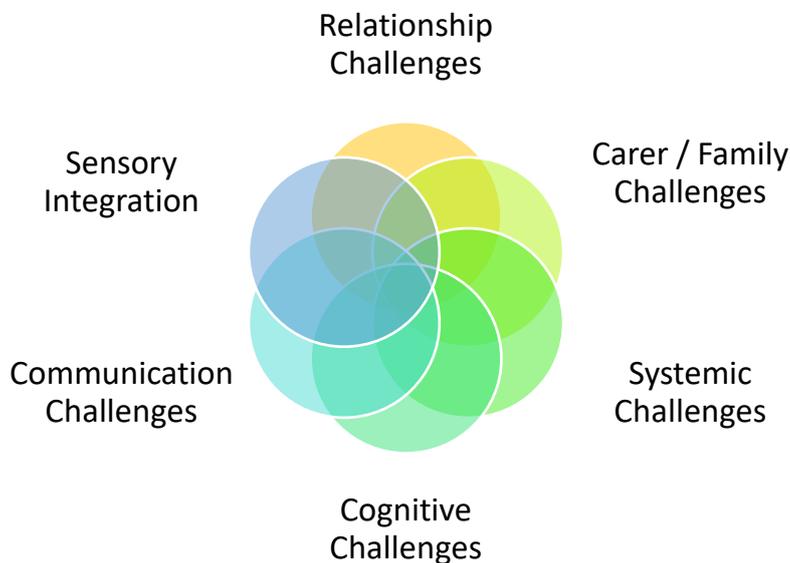


Figure 2: Potential barriers to mental health therapeutic engagement

If there have been some difficulties with engagement, the authors have observed that the following will need to be taken into consideration:

- Individuals are less likely to engage in therapy in the future.
- The child/young person may have developed a negative internal working model of themselves. For instance, “nothing works”, “I am the problem”, “no one really cares about me”, “what’s the point”, “I’m hopeless / worthless” etc.
- The child/young person may have been ‘retraumatized’ by previous therapeutic process/es.
- The carer, or other services, may attribute lack of success as non-compliance on the child/young person’s behalf, or service inadequacies, rather than taking into consideration the barriers to mental health therapeutic engagement outlined above.

In an engaged state, children/young people can be enthusiastic about intervention and hold a stronger belief that the offered treatment will be effective. However, as noted above, a less engaged individual is more inclined to withdraw from intervention. Often there is a need to help individuals move away from blaming and a need to move towards gaining a deeper understanding of the potential barriers – that is where we gain a better understanding of enhancing engagement.

Intent

Together, the Caveman Series is a straightforward animated graphic novel style resource designed to assist children/young people, and their carer, in developing an understanding of:

- Stress and trauma.
- The emotional and thinking parts of the brain and how they work.
- The body’s reaction to stress and trauma related emotions.
- Possible ideas on what they can try to reduce the impact of these overwhelming emotions.

The Series has been crafted in a way to connect with children/young people with a variety of neuro-developmental and engagement challenges. The structure of the books and overall Series can assist in the enhancement of:

- Child/young person and carer participation in intervention.

- Child/young person and carer connection.
- Being able to accommodate for carer potential cognitive/learning challenges.
- Being able address some of the engagement challenges outlined above.

In addition to the those outlined above, both *Thinker Takes Charge* and *Welcome to the Stress Express* have additional intents. *Thinker Takes Charge* was designed to be used as a 'therapeutic intervention screening tool' to improve stress and trauma related symptoms. It has not been designed as a stand-alone resource. Rather it can be used to inform therapy planning and goal setting through a collaborative process between the child/young person and their therapist. Through the interactive story process of exploring four different evidence based therapeutic strategies (body, mind, body and mind, and relationship), the child/young person and therapist can identify the individual therapeutic preferences that can be explored in more detail via an agreed treatment plan.

Welcome to the Stress Express, however, has been specifically designed to be a stand-alone resource. This particular resource was developed for children/young people with a trauma history that struggle/lack body awareness and find it difficult to identify the physiological symptoms of emotion in their own bodies. The intent of *Welcome to the Stress Express* is to assist children/young people, and carers, to build an understanding of how stress affects the body in self and others. The interactive workbook takes individuals through each part of their body, helping them to understand everyone can feel stress and links physiological sensations to words to develop a schema to understand feelings/emotions. *Welcome to the Stress Express* was created to introduce the Caveman Series but is also an adjunct to increase body awareness and can be introduced at any point throughout the Series.

Overall, and most importantly, the Caveman Series has been developed to encourage the child/young person to direct, take ownership and have choice in their own care. A healing journey needs to occur in an appropriate relational context – between the therapist and child/young person with the support of the carer and appropriate support network.

Caveman Series guiding frameworks

Learning and language difficulties are a common (Im-Bolter & Cohen, 2007) but often overlooked challenge within the mental health setting. This can make it difficult for therapists to provide effective mental health treatment and may lead to increased therapeutic disengagement and dropout.

The concepts relating to stress and trauma, and how it effects the mind and body, are very abstract and complex. Gaining an understanding of these concepts, however, can be immensely beneficial. Thus, the Caveman Series is a visual and language scaffolded therapeutic tool to help explain the neurobiology of stress and trauma in a simple and interactive manner.

The language used in the Caveman Series has been carefully considered and structured in a way that allows children/young people, and their carers, to understand what could be happening during periods of emotional dysregulation. The framework aligns with neurobiological frameworks used frequently within the complex trauma field (including Bruce Perry, Daniel Siegal, Bessel Van der Kolk) and has significant relevance to all children/young people who experience stress, poor distress tolerance and problems with emotional regulation.

To enhance the language scaffolding, to embed the 'what', 'how' and 'why' of concepts and skills, and to reduce cognitive load, careful consideration therefore occurred to:

- Use common and concrete vocabulary.
- Reduce length of sentences.
- Ensure a balanced ratio between text and image on each page.

- Ensure that knowledge, skills and core concepts of emotional regulation are embedded throughout. In the words of Zig Ziglar “Repetition is the mother of learning, the father of action, which makes it the architect of accomplishment.”

The statement “a picture is worth a thousand words” also holds true with the Caveman Series. Visual scaffolding has been used throughout the Series to complement the written content and to help emphasise the critical concepts to be learned, thereby reducing an individual’s cognitive load. This, in turn, enables children/young people, and their carers, to process the information more effectively. Further, the visual scaffolding within the Caveman Series has been carefully designed to complement the written content to facilitate:

- Making abstract language concepts more concrete. Cause-effect, consequences, emotional literacy and other higher order concepts seem too often make sense for children/young people when they play out in the form of a visual story.
- Making links to personal experiences.
- Assisting in the transfer of information from short term into long term memory.
- Generalisation of content.

Overall, the language and visual scaffolding provides a shared dialogue for families, schools and therapists to talk to a child/young person about their emotional experiences in a manner that is playful and non-judgmental to minimise the potential of triggering a ‘shame’ response. This shared written and visual language provides a foundation for ongoing work in the areas of emotional regulation and stress tolerance.

Further, the weaving of both language and visual scaffolding throughout the Series lends itself to reducing the total amount of information an individual’s working memory has to process. Cognitive overload happens when your working memory receives more information than it can handle comfortably, leading to compromised memory, frustration and decreased sustained attention and the ability to hold lengthy information.

Who can use the Caveman Series?

The animated Caveman Series is a psychoeducation tool developed for use by qualified mental health therapists (e.g., psychology, social work, speech pathology, nursing, occupational therapy, and psychiatry) within a one on one or group setting, and then within the home context to assist the generalisation of knowledge and strategies. This is to maintain the therapeutic integrity of the resource; this is particularly important for *Thinker Takes Charge* which contains a range of psychological and therapeutic concepts that require facilitation/unpacking by a qualified therapist. Further, a therapist will be able to:

- Monitor the child/young person, and carers’, understanding.
- Provide additional explanation, resources and scaffolding where necessary.
- Monitor appropriately the emotional response to the content.

This guide provides therapists with further information and detail on how to use the Caveman Series in a clinical context.

Once presented within the clinical context, the books can be given to the child/young person and their carer to reinforce the concepts outside of the clinic setting. The treating therapist and carer should consider if a copy of the book/s are then provided to other direct support people to help facilitate generalisation of learnt knowledge and skills.

With the Caveman Series, the one book that does require careful implementation by a mental health therapist is *Thinker Takes Charge*. As noted above, this book has been specifically designed to be used as a ‘therapeutic intervention screening tool’ - exploring four different evidence based therapeutic strategies (body, mind, body and mind, and relationship). If *Thinker Takes Charge* is

not implemented appropriately, which a trained therapist would know how to, it could be therapeutically counterproductive. For instance, reduce the chance of a child/young person engaging in one or more evidence based therapeutic strategies, and decrease potential engagement in therapeutic services that could help.

When to use

The Caveman Series has been specifically designed for children and young people presenting with a range of neurodiverse challenges including, but not restricted to, Complex Trauma, Attachment Disorders, Developmental Language Disorder, Social-Pragmatic Language Impairment, Non-Verbal Learning disorder, Intellectual Impairment, Autism Spectrum Disorder, Anxiety and other mental health disorders.

The Caveman Series is intended to be used as a sequential interactive therapeutic 'tool'. The Caveman Series can be used at any step of the child/young person's journey through the service. However, it is recommended that the books are used sequentially in the early stages of the child/young person's therapeutic journey.

Welcome to the Stress Express, as noted above, has been specifically designed to be a stand-alone resource. As such, it can be used to introduce the Caveman Series or as an adjunct to increase body awareness at any stage of progressing through the other books in the Series.

It is important to note that the quality of the therapeutic relationship is critical. The therapeutic relationship is the primary component of all health care interactions and has the capacity to transform and enrich the child/young person's experiences and mental health outcomes. Thus, if the therapeutic relationship is limited, it is recommended that *Caveman Learns to Think* and *Thinker Takes Charge* are not used until a reasonable relationship has been established. The importance of having a good therapeutic relationship cannot be highlighted enough.

A word of caution. Considered thought needs to occur regarding who in the child/young person's environment will be best to support the translation of content into practice and to assist in generalisation. If those in the child/young person's environment are compromised (e.g., psychologically, cognitively and/or developmentally), this could impact generalisation of learnt knowledge and strategies outside of the clinical setting. Their ability to be psychologically and biologically attuned to the needs, emotions, and mental state of the child/young person is important.

When not to use

There will be times when one or more of the Caveman books should not be used. If the content of the book is considered too confronting or has the potential to impede the development of therapeutic connection, do not use them. When it becomes clear that the individual is distressed and/or not connecting with you, continued use of the book/s will be therapeutically counterproductive. Therefore, there is a need to consider carefully the timing of when the Caveman Series/book is used.

The Caveman Series should not:

- Replace genuine curiosity.
- Restrict the choice the child/young person has in the therapeutic dynamics.
- Used in a didactic manner. Rather the books are to be used in an interactive dynamic manner to encourage discussion, reflection and integration.
- Be used as a stand-alone 'storybook', except for *Welcome to the Stress Express*.

There are very clear times when the Caveman books should not to be used. These include:

- If the child/young person is acutely distressed.

- If the child/young person is acutely suicidal.
- If the child/young person is under the influence of a substance.
- If the child/young person does not feel safe.
- If the book/s are going to prevent therapeutic conversations occurring that the child/young person is wanting to have.

It is important to be aware that when using the Caveman Series outside of the clinical context, particularly within the home environment, keep in mind the literacy levels and reflective capacity of the carers. Further, the concept of evolution does not align with all culture and belief systems. Therefore, were this may be a factor, the use of the Caveman Series could be a barrier and counterproductive. If you are not aware by now, within the Caveman Series dinosaurs and caveman feature heavily which engenders a strong evolutionary vibe.

At all times, use your clinical judgement. Work with clear and communicated therapeutic intent in the best interest of the individual.

How to use

The Caveman Series has been designed to be used within a one on one, or group setting, between the child/young person and their therapist. To assist with generalisation of knowledge and strategies gained from the books/Series, it is strongly recommended that they are then used within the home and other key environments (e.g., education).

Prior to using the Series, as outlined above, it is important to ensure a good working therapeutic relationship has been established. Ideally with both the child/young person and their carer. The establishment of an attuned trusting therapeutic relationship is essential to ensuring the intent of the Caveman Series with the child/young person can be achieved.

Except for *Welcome to the Stress Express*, the Caveman Series has been intended to be used in a sequential manner:

1. *Caveman Get a Brain*,
2. *Caveman Learns to Think*,
3. *Thinker Takes Charge*.

The first two books focus on introducing and consolidating core concepts that underpin stress and trauma. *Thinker Takes Charge* focuses on the introduction of key evidence based therapeutic strategies.

The Caveman Series works best when they are used as one of the many therapeutic tools in the therapist's toolbox. It is strongly recommended to have a good understanding of stress, trauma, and complex trauma prior to using the Series.

Below are some ideas and steps to consider when using the first two books. Specific ideas for *Thinker Takes Charge* and *Welcome to the Stress Express* are also outlined.

Caveman Get a Brain and Caveman Learns to Think

Here are some ideal steps to take when using *Caveman Get a Brain* and *Caveman Learns to Think* with children/young people, carers and stakeholder.

With the children/young people

- Ensure a therapeutic relationship has been established.
- Based on literacy levels, encourage the child/young person to read the material and monitor to ensure they understand the words.

- Be curious regarding written and visual content – assist in linking both forms of content to enhance understanding, integration, generalisation and to reduce cognitive load.
- Ask prompting and reflecting questions (processing) for each concept, and at the end of each book. For instance:
 - What could this mean?
 - What does this mean?
 - What do you think this means?
 - Have you heard of this before? If so where?
 - Have you seen this in other people before?

For several children/young people with complex trauma, focusing on themselves can be challenging. Given this, it is recommended that reflecting questions initially focus on 'other' safe people before gradually and sensitively focusing on those in the child/young person themselves. The circle of friendship provides a good stepped structure for this: public, acquaintances, friends, extended family, close friends, immediate family, and self.

- Homework idea: Ask them to become a 'Caveman Clue Detective'. In between sessions see if they can collect clues (notice/observe) relating to any of the learnt concepts in others (circle of friendship) and self.
- Next session, review content and follow up on homework.

With carer

- It is recommended that each book is read and processed separately with the individual child/young person in the first instance. Following this, to increase implementation and generalisation of the knowledge and skills, the carer is then exposed to the relevant book's content. This could occur via three primary ways:
 - The child/young person reads the book to the carer, with assistance from the therapist.
 - The carer reads the books to the child (be mindful of the literacy levels of the carer).
 - The therapist reads the relevant book to the carer.
- Follow the same ideas outlined above for the child/young person when processing content. However, it is suggested that this occurs via the two following steps:
 - The therapist reads through the Series with the carer:
 - Firstly, focusing on how the content relates to the child/young person.
 - Secondly how the content could relate to the carer.
 - The child/young person leads the carer in processing the content together. This will need to occur with the assistance of the therapist to guide and clarify. Ideally some preparation work has occurred with the carer, so they are aware of what to expect. This is also dependent on the level relationship between the child/young person and carer.
- Encourage carers to become a 'Caveman Clue Detective' and discuss observations with the therapist in-between sessions or at next session as appropriate.

As noted above, considered thought does need to occur regarding how to best ensure the carer is cognizant of the content taking into account any carer vulnerabilities and the quality of the child/young person and carer relationship.

With stakeholders

- Therapist and carer step through the relevant book with stakeholders, reflecting on each concept and implications for the child/young person.
- Encourage stakeholder to use same vocabulary as within the Caveman Series when engaging with the child/young person.
- Encourage stakeholders to become 'Caveman Clue Detectives' and discuss observations with the therapist and carer as appropriate.

To assist in understanding the narrative language used within *Caveman Gets a Brain* and *Caveman Learns to Think*, the table below outlines the relevant associated psychological constructs and core language concepts. To assist in gaining a deeper understanding of the narrative concepts for therapists, child/young person, carers and stakeholders, some basic supplementary resources and tips have been suggested. However, it is strongly encouraged that users of the Series investigate and personalise any supplementary resources informed by relevant evidence.

Narrative content	Psychological constructs	Core language concepts	Supplementary suggested resources and tips
Caveman Brain vs Thinker Brain.	<ul style="list-style-type: none"> • Limbic vs cognitive response to a sense of 'danger'. 	<ul style="list-style-type: none"> • Semantic schema: Caveman and Thinker. 	<ul style="list-style-type: none"> • Mind mapping. • Visual semantic schemas.
Caveman Brain: <ul style="list-style-type: none"> • What is its job? • What does it look like when the Caveman is in control? 	<ul style="list-style-type: none"> • Threat (Limbic system) response which trigger big / strong feelings and associated big behaviours. • Physiological signs of flight, fight, and freeze. • Triggers. 	<ul style="list-style-type: none"> • Caveman = Body alarm. • Body alarm: Sense of danger, and to keep us safe. 	<ul style="list-style-type: none"> • Gozen.com resources and videos; • Russ Harris resources and videos: <ul style="list-style-type: none"> ○ https://www.youtube.com/watch?v=kv6HkipQcfA ○ https://www.youtube.com/watch?v=a-ddSEHRWVg
Caveman Brain in control and related consequences.	<ul style="list-style-type: none"> • Fight, flight, and freeze response. • Unpackaging physiological features of emotional dysregulation. 	<ul style="list-style-type: none"> • Caveman in control increases looking / seeing danger. 	<ul style="list-style-type: none"> • Gozen.com resources and videos. • Russ Harris resources and videos: <ul style="list-style-type: none"> ○ https://www.youtube.com/watch?v=J_iZOIn3itE
Thinker Brain <ul style="list-style-type: none"> • What is its job? • What does it look like when Thinker is in control? 	<ul style="list-style-type: none"> • Cognitive response: thinking strategies lead to feelings being under some sense of control, which increases possibility of helpful / adaptive behaviours. • Cognitive Behavioral Therapy (CBT) - exploring antecedences, behaviours and consequences. • Mindfulness – observing self and developing the concept of a 'wise mind'. 	<ul style="list-style-type: none"> • Thinker in control increases possibility of questioning is there really danger and what can I do? • Check, ask questions, remember important information. • Stay safe. • Protects. • Thinking helps our brain to grow. 	<ul style="list-style-type: none"> • Dialectical behavior therapy (DBT) Wise mind – one of the three mind concepts (logical, wise and emotional).

Narrative content	Psychological constructs	Core language concepts	Supplementary suggested resources and tips
Both Caveman and Thinker are important BUT they have to work together.	<ul style="list-style-type: none"> • CBT. • Psychoeducation. • Develop a thinking framework for what 'safety' could be. 	<ul style="list-style-type: none"> • Survive, Choice, Control. • Change behaviour. • Smart Questions (who, what, where, when, how). 	<ul style="list-style-type: none"> • Dan Siegel 'Flipping Your Lid' resources.
How the Caveman and Thinker brains work together.	<ul style="list-style-type: none"> • CBT – antecedent, behaviours, consequences (ABC). • Increasing a sense of safety • Linking Caveman Brain with sensing danger (alarm system) and stress. 	<ul style="list-style-type: none"> • Thinker Brain taking charge. • Safety vs sense of danger. • Alarm. • Checking and asking questions. • Little 'problems' can turn into bigger 'problems' if not addressed. 	<ul style="list-style-type: none"> • Mindfulness activities • Dan Siegel and Tina Payne Bryson - "The Whole Brain Child".
Explore sensory system and link to Caveman Brain.	<ul style="list-style-type: none"> • Bottom-up neurodevelopmental principles (Bruce Perry). 	<ul style="list-style-type: none"> • Developing a cognitive schema around the 5 senses and link to emotional vocabulary. 	<ul style="list-style-type: none"> • Sensory integration • Carol Stock Kranowitz – "The Out of Sync Child". • Chynna Laird - "The Sensory Processing Diet".
Attribution of 'stress', for instance features, triggers and consequences.	<ul style="list-style-type: none"> • CBT - ABC model. 	<ul style="list-style-type: none"> • Stress vs calm. • Worry. 	<ul style="list-style-type: none"> • The Alert Program • Zones of Regulation

Thinker Takes Charge

Thinker Takes Charge has been designed to be used as a 'therapeutic intervention screening tool', thus contains more clinical content than previous books in the Series. It is important to note that *Thinker Takes Charge* has not been designed as a stand-alone resource to improve stress and trauma related symptoms, as such needs to be read and processed after the first two books (*Caveman Gets a Brain* and *Caveman Learns to Think*).

This third book in the Caveman Series has been developed specific to inform more in-depth therapy planning and goal setting through a collaborative process between the child/young person and Clinician. *Thinker Takes Charge* helps children/young people to explore four different evidence based therapeutic strategies (body, mind, body and mind, and relationship). The targeted therapeutic strategy sampling in turn can help identify the individual therapeutic preferences that can be explored in more detail at a later date. *Thinker Takes Charge* is about challenging any preconceived ideas about treatment strategies and trialing and identify options that best met the individual therapeutic needs of the child/young person.

In addition to the ideas on how to use *Caveman Get a Brain* and *Caveman Learns to Think* outlined above, here are some ideal steps to take when using *Thinker Takes Charge* with children/young people, carers and stakeholder.

With the children/young people

- For each of the four different evidence based therapeutic strategies outlined, it is important that the child/young person try/experience each of them. For this to occur:
 - Therapists are to demonstrate/try each strategy, and then
 - The child/young person is to be encouraged to then try them.
- Following each of the strategy, ask prompting and reflecting questions regarding child/young person's experience using the strategy. For instance,
 - What did you think?
 - What did it make you feel?
 - Was it a good or not so good experience? Why/why not?
 - What did you not like about it?
 - What did you like about it?
 - Could this be something that might be something you would use?
 - Have you seen other use this before?
 - Have you used this before? Did it help then? If not, why do you think that was the case?
 - Tell me a time this could be helpful?
 - What did you notice?
 - Did you manage to concentrate?
 - How did your body feel?
- Homework idea: Ask them to become a 'Thinker Clue Detective'. In between sessions:
 - Collect clues (notice/observe) if others use any of the discussed strategies.
 - Try one or more of the strategies.

For both incidences the child/young person is to take notice of the potential impact/effectiveness related to the use of the strategy either good or not so good, and in what context / environment it was used in.

- Next session, review content and follow up on homework.

With *Thinker Takes Charge*, it is important that the therapist takes note of all the information (verbal and non-verbal) the child/young person is offering with each of the strategies. This information is critical in identifying their potential individual therapeutic preferences that can be explored in more detail via an agreed treatment plan.

With carer

- As with the previous books in the Caveman Series, it is recommended that *Thinker Takes Charge* is read and processed separately with the individual child/young person in the first instance. Following this, the carer is then exposed to the relevant book's content via the three primary options identified above.
- Likewise, processing of the content is similar to that outlined under how to use *Cavemen Gets a Brain* and *Caveman Learns to Think* with the child/young person and with the carer outlined above.
- Encourage carers to become a 'Caveman Clue Detective':
 - Observe/notice any clues that the child/young person is using any of the strategies, what context/environment they were using the strategy, and to take notice of their potential impact/effectiveness either good or not so good, and
 - Notice out loud with the child/young person when they are using any of the strategies.

Carers to discuss observations with the therapist in-between sessions or at next session as appropriate.

As noted above, considered thought does need to occur regarding how to best ensure the carer is cognizant of the content taking into account any carer vulnerabilities and the quality of the child/young person and carer relationship.

With stakeholders

- Therapist and carer step through the book with stakeholders, reflecting on each concept and implications for the child/young person.
- Encourage stakeholder to use same vocabulary as *Thinker Takes Charge* when engaging with the child/young person.
- Encourage stakeholders to become 'Thinker Clue Detectives' and discuss observations with the therapist and carer as appropriate.

To assist in understanding the language narrative language used within *Thinker Takes Charge*, the table below outlines the relevant associated psychological constructs and core language concepts. To assist in gaining a deeper understanding of the narrative concepts for therapists, child/young person, carers and stakeholders, some basic supplementary resources and tips have been suggested. However, it is strongly encouraged that users of the Series investigate and personalise any supplementary resources informed by relevant evidence.

Narrative content	Psychological constructs	Core language concepts	Supplementary suggested resources and tips
Revision of Caveman and Thinker brain.	<ul style="list-style-type: none"> • Psychoeducation. 	<ul style="list-style-type: none"> • Consolidation and consistency of terminology. 	
Introduce the concept of strategies to manage big emotions.	<ul style="list-style-type: none"> • Neurobiology. 	<ul style="list-style-type: none"> • Develop a semantic schema to represent the concept of strategies, and the relationship between strategies, emotional regulation and problem solving. 	
Categories of strategies – body, mind, body & mind, relationships.	<ul style="list-style-type: none"> • CBT. • Guided imagery / visualization. • Cognitive restructuring. • Mindfulness. • Acceptance and Commitment Therapy – guided self-reflection. 	<ul style="list-style-type: none"> • Grouping of activities in an organised manner to determine individual preferences which will inform care planning and intervention goals. 	<ul style="list-style-type: none"> • Trauma informed Yoga. • Meditation. • Cosmic Kids - YouTube • Books: <ul style="list-style-type: none"> ○ by Maureen Garth. ○ Paul Stallard -Think Good Feel Good". ○ Amanda Crowder, Lisa Weed Phifer and Tracey Elsenrat - "CBT Toolbox for Children and Adolescents". • IOS/Android Apps: <ul style="list-style-type: none"> ○ Enchanted Meditation for Children (Christine Kerr). ○ Headspace. ○ Smiling Mind. ○ Sleep Meditation for Kids. ○ Stop, Breath, Think.

Narrative content	Psychological constructs	Core language concepts	Supplementary suggested resources and tips
			<ul style="list-style-type: none"> • Hey Warrior books and resources. • Books and resources Louise Hayes.
Mentor / support person.	<ul style="list-style-type: none"> • Attachment • Co-regulation • Mentalisation 	<ul style="list-style-type: none"> • Introduce vocabulary to normalise and reinforce connection with others to assist emotional regulation and sense of safety. 	<ul style="list-style-type: none"> • Circle of Security Parenting. • Animal Assisted Therapy approaches.
Persistence and flexibility with use of strategies.	<ul style="list-style-type: none"> • Learning theory. • Stress tolerance. • Sensory regulation. • Executive functioning. • Cognitive flexibility. 	<ul style="list-style-type: none"> • Vocabulary to reinforce the effectiveness of strategies across different contexts and develop a visual schema to represent time, place and person specifics of strategies. 	<ul style="list-style-type: none"> • Book: "Your Fantastic Elastic Brain". • Carol Dweck books and resources. • Strength Cards (St Luke Resources).

Welcome to the Stress Express

Welcome to the Stress Express has been specifically designed to be a stand-alone resource. The interactive workbook takes individuals through each part of their body, helping them to understand others can feel stress too and linking physiological sensations to words describing the feeling.

Welcome to the Stress Express was created as either a way to introduce the Caveman Series or as an adjunct to increase body awareness at any stage of progressing through the other books in the Series.

This particular book in the Caveman Series is a step towards helping children/young people learning how to manage their often 'big' emotions. First, they learn how to notice their body feelings, then they learn about the link between stress or worry and how their body feels. This paves the way for learning strategies to manage stress in the future. As such, *Welcome to the Stress Express* gives therapists, carers and support people the chance to begin a conversation with children/young people about stress and stress/trauma reactions.

Below are some ideal steps to take when using *Welcome to the Stress Express*:

- Prior to session, print additional copies of the potential Stress Express 'passengers'. Print and Cut out each potential passenger.
- During the first session it will be important to develop a shared understanding and language for what 'stress' is. It will also be important to normalise stress as something we all experience and can become a problem if not addressed. Based on literacy levels, encourage the child/young person to read the material. Monitor to ensure that they understand the words.
- Work through each part of the train journey around the body and wonder about each body part and how it might feel. Additionally, use the prompting and reflective questions outlined under *Caveman Gets a Brain* and *Caveman Learns to Think*.
- At each station assist the child/young person to select the most relevant passenger and adhere these in the space provided. This may be from:
 - Those provided.
 - Sensations the others in the child/young person life say they feel.

- Any sensations the child/young people use to describe their experience of stress and worry.

With children and young people with trauma, the development of interoception skills (self-awareness) can be compromised. Therefore, the ability to identify physiological aspects of emotional states can be difficult and at times can be further triggering. If this is the case, consider a staged approach to developing their emotional literacy by transitioning from deconstructing physiological/observable symptoms from a third person spectator perspective. For instance, at the initial stage transitioning gradually from non-human (animals) towards real people (e.g, cartoons, therapist, others, carers). Through this, have the child/young person guess the external features of stress and ask questions about the internal physical symptoms. Once comfortable with this perspective, the child can be encouraged to consider/guess their own personal experiences.

- Towards the end of the book, mark each of the passengers that joined the child/young person on their journey under each of the stations outlined on the respective pages. Add any additional passengers as relevant.
- Once completed the book content develop a full-body picture of how stress and worry make the child/young person feel:
 - On a separate piece of paper draw an outline of a person. If you have the permission of the child/young person draw their outline.
 - Adhere all identified passengers to the outline on the corresponding body zone.
 - Discuss how this information can support/help them in identifying stress/anxiety, and in their conversation with others regarding their personal signs/symptoms.
- Homework idea: Ask them to become a 'Stress Express Clue Detective'. In between sessions see if they can collect clues (notice/observe) relating to any of the learnt concepts in others (circle of friendship) and self.
- Next session, review content and follow up on homework.
- Critical physiological signs to be used in the development of any relevant safety management plans.

Overall, as with the other books in this Series, be curious around the written and visual content. This assists in linking both forms of content to enhance understanding, integration, generalisation and to reduce cognitive load.

To assist in generalisation of learnt knowledge and skills outside of the clinical context, the carer needs to be aware of the content. Thus, it is encouraged that one or more of the following occur:

- The child/young person leads the carer through the stress express. Processing and adding to the content together as required. This will need to occur with the assistance of the therapist to guide and clarify. Ideally some preparation work has occurred with the carer so they are aware of what to expect. This is also dependent on the level relationship between the child/young person and carer.
- The therapist steps the carer through the book, one focusing on how the content relates to the child/young person and just as importantly how it could relate to the carer.
- With child/young person's permission, share the information from their journey through *Welcome to the Stress Express*.

Further, it is recommended that the carer is encouraged to become a 'Stress Express Clue Detective' outside of clinical setting, to note sensitively any observations with the child/young person and to discuss observations with the therapist in-between sessions or at next session as appropriate.

Possible further extension to the *Welcome to the Stress Express*, therapist can explore with child/young person:

- Physiological symptoms within different contexts and situations – at school, home, with friends etc.

- Potential triggers in different contexts. Consider visual sorting activity informed by ‘Talking Mats’¹ in consultation with a trained clinician in this modality/format.

As with the other books in the Caveman Series, it is also important that critical information is provided to relevant stakeholders. It is suggested that:

- The therapist and carer step through the book with stakeholders, reflecting on each concept and implications for the child/young person. Key physiological signs to be outlined in order to assist in developing any relevant management plans.
- Encourage stakeholder to use same vocabulary as *Welcome to the Stress Express* when engaging with the child/young person.
- Encourage stakeholders to become ‘Stress Express Clue Detectives’, and to discuss observations with the therapist and carer as appropriate.

To assist in understanding the narrative language used within *Welcome to the Stress Express*, the table below outlines the relevant associated psychological constructs and core language concepts. To assist in gaining a deeper understanding of the narrative concepts for therapists, child/young person, carers and stakeholders, some basic supplementary resources and tips have been suggested. However, it is strongly encouraged that users of the Series investigate and personalise any supplementary resources informed by relevant evidence.

Narrative content	Psychological constructs	Core language concepts	Supplementary suggested resources and tips
Attribution of “stress” (emotional dysregulation) and situations (triggers).	<ul style="list-style-type: none"> • Psychoeducation – making links between physiological and emotional states. • Developing self-awareness and mindfulness skills. 	<ul style="list-style-type: none"> • Broad labels of body zones /areas where stress can be experienced. • Introduce specific labels for physiological symptoms of emotional dysregulation. • Narrate situations / personal experiences to make meaningful link to concepts. 	<ul style="list-style-type: none"> • For some it may be easier to observe emotion in animals rather than people. • Observing pets and watching YouTube videos of animals / others. • Watching animated movies (e.g., inside out, Wallace and Gromit, Pixar Short Films, Shaun the Sheep).
Develop body map of “stress”.	<ul style="list-style-type: none"> • Cognitive schema to process experiences of emotional dysregulation. 	<ul style="list-style-type: none"> • Visual scaffold to understand stress in self and others. 	<ul style="list-style-type: none"> • Draw a body outline and transfer physiological symptoms to graphic.
Observe Features in self and others.	<ul style="list-style-type: none"> • “Stress” is expressed differently in different people; and recognizing changes in body symptoms (escalation, dysregulation). 	<ul style="list-style-type: none"> • Semantic schemas – compare and contrast. • Being a ‘clue detective’. • Developing an awareness of others. 	<ul style="list-style-type: none"> • Joining with a carer to be a ‘detective’ and notice stress behaviours in others for instance family, teachers, friends; and biofeedback.

¹ <https://www.talkingmats.com/>

Final take home message

Below are some key messages to keep in mind:

- The neurobiology of severe mental health presentations including trauma makes access very difficult to the cortical areas of the brain which are necessary for engagement with traditional interventions.
- Even well-trained, experienced therapists will struggle to engage certain intractable children/young people in intervention
- It is crucial for therapists:
 - To be flexible with therapeutic approaches.
 - To be more aware of the neurological barriers associated with trauma and complex mental presentations.
 - To avoid making assumptions about the skills set that both the child/young person and their carer bring.

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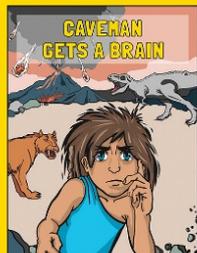
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BOOKS IN THE CAVEMAN SERIES

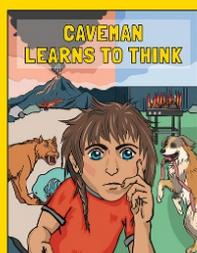


BOOK 1 evolve

Book 1

Caveman needs to learn new things in order to fix his problems and survive.

What can Caveman do?

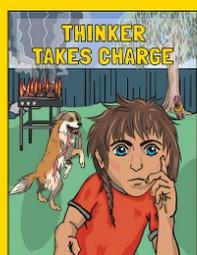


BOOK 2 evolve

Book 2

Caveman and Thinker are each trying to protect the person.

But what happens if Caveman is in control?

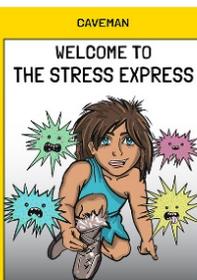


BOOK 3 evolve

Book 3

Caveman and Thinker need to learn how to work together.

Will Thinker learn how to take charge?



evolve

The Stress Express - a workbook

Learn how to check in with the different parts of your body, to learn about STRESS.



To download your free copy of the ETS Caveman Series and Guide, and other ETS resources:
<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/patient-safety/duty-of-care/child-protection>



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