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Activity Report

New therapeutic services piloted in Poland

March- December 2019

I. Introduction: the rationale behind the selection of therapeutic methods to be piloted in Poland

Developing the project proposal we planned to introduce two therapeutic methods into Polish Children Advocacy Center: narrative therapy and sand therapy. A year after when the project started we analyzed again the needs of our clients and all the possibilities and we came to the conclusions that different methods will more benefit and will be more effective for our clients.

Most of our client that are children that experienced trauma and their parents have unsafe attachment styles and although we thought at the beginning about pure narrative approach after a thorough consideration we decided to look for a more integrative therapeutic approach which combines attachment, narrative and systemic theories and techniques. It led us to Narrative Attachment Therapy and its author prof. Arlene Vetere cooperating in Poland with PHD Szymon Chrzastowski. The method presented by them with during 5-day training combines a consideration of the systemic processes encapsulating problems in families with an analysis of how these are fuelled by underlying attachment dynamics. In turn this was explored in terms of how family members' narratives - explanations and understanding of their problems - are connected to and in turn shape the attachment and systemic patterns.

Other conclusion was that 5 day training is not enough to introduce properly sand play therapy (much longer and thorough training is needed). At the same time some of our therapists were introduced in few conferences conducted by well-known Institutions such as Anna Freud Centre in UK with mentalization -based approach used in therapeutic work with children and adolescents that experiences trauma and also with parents who abuse their children. Especially one method that is an evidence - based turned out to be very useful: Lighthouse- MBT Parenting Program. The Lighthouse MBT-Parenting Programme was developed in collaboration with the Anna Freud Centre. The programme has been written to the strict guidelines provided within the Quality Manual for MBT to ensure treatment integrity (i.e.: treatment adherence, therapist competence and treatment differentiation) and has been approved by Professors Anthony Bateman and Peter Fonagy founders of the MBT approach to

working with BPD. We contacted the author of the program Gerry Byrne and 5-day training was delivered by him in Poland.

II. Piloting new services- description

II.1. Narrative Attachment Therapy

Narrative therapy is based on a principle of building sequential life story. This narrative ("telling one's own story") might give a meaning to a concrete life situation client is experiencing or going through. During narration, the client together with the psychologist identifies the important people/events in their lives who have influenced and shaped their personality - family traditions, loved ones (genogramming). Difficulties might arise when a client accepts someone else's story as their own. Systemic approach in looking at and understanding the problem, improves clients communication ability. Externalization of the problem through description during client's conversations with a therapist is the method used during the therapy sessions.

It turned out that learned techniques and methods are used rather in individual counselling and therapy not in group therapy. Therefore the method was piloted in individual therapy sessions by four therapists (28 cases altogether). It turned that much longer time - at least 9 month is needed to pilot and evaluate the method

II.1.1. Pilot description

28 children aged 7-18 were selected to participate in the pilot. We decided to choose children that started the individual therapy not sooner than January 2019 and not later than March (the training finished 1 March). That's why 28 cases (those were all the clients that started therapy in this period divided among 4 experienced therapists: Joanna Marszał-Kotas, Beata Ciejka, Aleksandra Mieszkowska oraz Patrycja Nalazek. The sessions with each clients were conducted usually once a week and it lasted 1h-1,5 depending on the phase of treatment and particular needs of a client. The pilot period was from March to November (9 months- 26-33 sessions per clients). Our budget for piloting didn't cover all the sessions but we decided to cover it from other projects and to do longer and proper evaluation.

The evaluations method was the trauma symptoms survey based on Trauma Symptoms Inventory of DSM 5. The evaluation tool and evaluations conclusions are presented in separate report.

II. 2. Lighthouse MBT Parenting Programme

The Lighthouse MBT Parenting Programme has been developed specifically for high-risk parents. It is an adaptation of MBT for personality disorders (Bateman & Fonagy, 2016), with a particular focus on attachment and child development. The programme

is designed to enhance *parental mentalizing*, that is, to foster in parents an active curiosity about the child's inner world and a readiness in parents to reflect on their own thoughts, feelings, and reactions. It supports parents to make sense of misunderstandings in their relationship with their child, including misunderstandings that arise from unresolved difficulties in the parent's own attachment history, it equips parents to inhibit harmful responses in those moments of misunderstanding and to repair ruptures arising from these misunderstandings in their relationship with their child. The Lighthouse MBT Parenting Programme is a 10-20 weeks intervention. Parents attend a weekly Lighthouse MBT Parents' Group, facilitated by two MBT practitioners, and fortnightly one-to-one MBT-Parenting sessions with an individual therapist. In keeping with other MBT programmes, the Lighthouse Parenting Programme explores parents' own attachment styles, and the attachment styles of their children, but places more specific emphasis on explicitly working with attachment in each session. The central metaphor in the programme is of the parent as a lighthouse, providing a gentle attentive light for their child's journey and a homing beacon, guiding their child back to safe harbour/shore for support, help or comfort when needed. The programme helps parents approach their child with a curious, *wanting-to-know* mentalizing stance (*Illuminating Beam*), to recognise where their own mentalizing as a parent can fail and certainty about their child's inner world replaces curiosity (*Projecting Beam*), and, at such moments, to attempt to restore their own mentalizing to gain clearer sight of the child.

II.2.1 Pilot description

The method is used for group therapy, that's why we didn't pilot it for individual therapy as it was initially planned in the project proposal.

Two groups with parents were conducted. The number of participants was also much smaller than it was planned. It turned out that in order to work effectively the number of participants in one group should be 5-6 persons.

The participants recruited to the first group were 3 mothers and 3 fathers but at the last moment two participants dropped out and only four of them started and completed the therapy process. All of them were already clients of our Children Advocacy Centres and their children and they used different services in CAC (forensic interviewing, legal support, individual therapy). The first session took place 16th April and the last session on 2nd July. The whole group therapy process lasted 10 weeks (20 sessions x 1,5). It turned out the time was too short and we decided that the next Lighthouse group will last 36 hours.

The participants recruited to the second group were three men and three women, one of them was a married couple. As was the case with the first group all of them had been already clients of CAC and likewise used different services. The first session of the second therapy group started on 1st October and the last one had place on 17th December. The whole group therapy process lasted 12 weeks (24 sessions x 1,5h).

Both groups were conducted by two teams of two therapists: Joanna Marszał -Kotas and Joanna Klocek and Beata Ciejka and Mirosława - Gorgol Bujalska. Different ones in order to have more points of view to evaluate the pilot.

II.2.2. Pilot evaluation

To evaluate the group therapy proces we used two methods: the participants satisfaction survey and parental stress test. The results of the participants satisfaction survey are included below. The other evaluation methodology and its results are presented in separate report.

Evaluation Lighthouse MBT Parenting group	
2 groups (April- July and October –November 2019)	
Number of surveys:	10
Number od participants:	10
Sex	6F/4M
Age	4- 20-30 y, 5-30-40 y, 1-45 y
Number of children	3-2 children, 4-3 children, 3-4 children

1 is the minimum grade and 5 is the maximum one

Thanks to the therapy group:	1	2	3	4	5
A) I know more about the change in the family system after the child apperance				3	7
B) I know more about the role of a child-parent bond				2	8
C) I know more about how to build a secure bond				1	9
D) I know more about following the child's needs				1	9
E) I know more about dealing with my emotions				1	9
F) I can recognize and name child's emotions better				0	10
G) I know more about dealing with my child's emotions				1	9

<i>H) I know more about stimulating child development</i>				2	8
<i>I) I know more about the child's needs and how to meet them</i>				2	8
<i>J) I know more about setting boundaries to my child and respecting his/her boundaries</i>				1	9
Do you agree or disagree with the following statements?					
My expectations were met				1	9
I would recommend the participation in this group therapy to other people				3	7
Group work is a good experience for me				2	8
Do you agree with the following statements regarding the therapists facilitating the group?					
The group was run in an interesting way					10
The therapists had appropriate qualifications to run the group					10
I felt good contact with the therapists running the group				2	8

