

Supporting PHSB conversations in practice



Companion Guide for Conversation Cards

Safe Wayz



The Companion Guide and Conversation Cards were developed by NSW Health in partnership between the Program Delivery Office (Ministry of Health) and the Education Centre Against Violence (NSW Health).

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Kelly Morrison, *Subject Matter Expert, Writer*

Lucy Blakemore, *Researcher & Learning Designer, Writer*

Rebecca Campbell, *Graphic Designer*

Elham Hafiz, *Accessibility Consultant*

The Education Centre Against Violence, *Management & Project Team*

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Safe Wayz Community of Practice

Rosie's Place

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NSW Health

Acknowledgement

NSW Health recognises Aboriginal people as the First Nations People of Australia, whose lands we now live and work upon, and whose winds and waters we all share. We pay our respects to Aboriginal Elders past and present.

We value Aboriginal history, culture and knowledge and the many ways it enriches the life of our nation and communities. We recognise that Aboriginal Australians, through colonisation and its impact, have experienced high levels of violence, abuse and neglect. The strength and resilience of women, men, children, families and communities who have experienced violence, abuse and neglect underpin and drive this work.

NSW Health recognises that due to historical and ongoing experiences of systemic racism it is fundamental for Aboriginal communities and staff that all NSW Health employees take responsibility for providing culturally safe services to Aboriginal children, families, and communities. NSW Health staff delivering the Safe Wayz program should refer to the NSW Health Sexual Assault Services (SAS) Cultural Safety Toolkit.



The Aboriginal artwork has been created for Safe Wayz by artist Lani Balzan, a proud Aboriginal woman from the Wiradjuri people of the three-river tribe.

This artwork has been created to symbolise the Safe Wayz program that provides guidance and support to children who have displayed problematic and harmful sexual behaviours (PHSB) and their families and carers.

The overall artwork has been created to include 6 main elements to represent key messages for Safe Wayz:

1. Safe Wayz is inclusive of all children of all ability, language, culture, experience and background.
2. Safe Wayz is child-centered. Children are free to express themselves, learn, yarn, ask, engage. Sessions are adaptable, playful, engaging and hopeful.
3. Safe Wayz works collaboratively with families, carers, the community, other organisations and agencies.
4. Safe Wayz staff are experienced and understanding. They can offer guidance and a way forward.
5. Safe Wayz is safe and respectful. Children and families will be treated with dignity.
6. Safe Wayz is culturally safe.

It also includes the connection from Land to Sea along with pathways leading into the 2 main elements where Safe Wayz guide and support children. The pathways lead both ways representing the journey children take to receive guidance and support as well as their pathway to achieve a positive outcome.

4 elements from the Safe Wayz artwork are represented on individual cards in the accompanying conversation card set. These can support work with children and caregivers, and may be used separately or together with other cards.



Culturally safe and inclusive
We welcome children of all abilities, languages, cultures, experiences and backgrounds.



Focused on supporting children
Children are free to express themselves, and ask questions. We provide information in a way they can understand. We build on their strengths.



Focused on working with families
We work with families and carers. We will listen to your concerns. We will help you to make positive changes. We will talk with you about supports in your community that might be able to help.



Safe and respectful
We support children and families with dignity. We listen to your concerns and help build understanding. We will support you around the safety of your child(ren).

Supporting PHSB conversations in practice: a note to clinicians

Welcome to this companion guide.

Together with an accompanying conversation card set, the purpose of this guide is to support your clinical practice with caregivers and children under 10 who have displayed Problematic and Harmful Sexual Behaviours (PHSB).

As a clinician, you may have broad or deep experience in complex therapeutic work with adults, children, or both. You'll know from training and clinical practice that this work requires a response that is holistic, trauma-informed, child-centred and family focussed.

Research tells us children and young people who have displayed or engaged in problematic and harmful sexual behaviours often have their own experiences of violence, abuse, neglect and trauma (Children First 2022-2031). The intersection of violence and harm is complex, and clinicians need an understanding of how this impacts behaviour, as well as family and child therapeutic engagement.

Our role as clinicians in this specialist area is to provide therapeutic care and support to children and their families. We want to understand the meaning of the behaviours in context, to support change in behaviour and environmental safety for all children.

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Using the companion guide and conversation cards

The purpose of this guide and conversation cards is to support your frontline, clinical practice with children under 10 years old who have displayed Problematic and Harmful Sexual Behaviours (PHSB). It offers guidance for the use of accompanying conversation cards for therapeutic engagement with families and children.


The guide and cards are designed to build on concepts and skills learnt in tertiary level PHSB training and related frameworks (see p11). They are not intended to replace therapeutic knowledge or expertise, but suggest prompts to help you navigate the PHSB landscape, connecting relevant themes to counselling conversation starters.

The 7 ‘anchor themes’

The conversation cards and this companion guide are structured around 7 anchor themes to support conversations with parents/carers and children who have been referred for specialist/ tertiary counselling. The questions for each theme use plain language and concepts which are inclusive and adaptable for use with diverse client needs and circumstances.



Each theme splits into 3 ‘sub-themes’. Each sub-theme offers 2 questions for parents/carers, and 2 for shared conversations together with the child. There are 12 questions in total for each theme. Here’s an example from ‘Family & Relationships’:

 FAMILY & RELATIONSHIPS				
SUB-THEME	PARENTS & CARERS		CHILDREN & SHARED CONVERSATIONS	
Being together	What’s family/ home life like?	How is your family doing right now?	Who is in your family? What’s your favourite thing to do with them?	Who are your friends? What do you like to do together?
Favourite people	Who do you go to when you need help or support?	Who does your child feel closest to? Who do they go to for support?	Can you tell me about a good friend you have?	Who would you like to spend more time with?
Unhelpful people	Are any relationships or family connections stressful or difficult?	Who would you never talk to about what happened?	Do you know people who fight and argue? What do you do when this happens?	Who would you like to spend less time with?

You can see the full list of suggested questions at the back of this guide.

Using cards to support conversations

The conversation cards are to support clinical conversations. Each card is clearly marked by colour and title to show which theme it belongs to, and symbols indicating if it is intended for conversations with parents and carers (blue square) or children/ shared conversations (yellow circle). You might use them to open the discussion on certain topics, or to change the pace and format of conversations during sessions. Questions are intentionally short and straightforward so they can be adapted for different ages, cognitive abilities, language and cultural contexts.

In the majority of cases, conversations with parents/carers should come first. You can also guide them in preparing for the conversation with their child by discussing any concerns they might have and how they can best support their child during conversations.



Offering choices: theme and sub-theme

- The cards are designed so you can always offer choice to parents, carers and children.
- Show or read out the 3 'sub-themes'. If needed, you can also suggest what the parent, carer or child might be able to talk about.



Introducing questions: choose one, both or neither

- When a 'sub-theme' is chosen, show or read the 2 questions for that theme.
- The parent, carer or child might want to answer one, both, or none of the questions on the cards. If you have your own preferred question, ask that instead.
- Extend and build on the conversation based on their responses. If they want to choose a different question or switch to another theme, that's okay too.

The companion guide and conversation cards do not replace the therapeutic conversation, nor are they considered to be a 'one size fits all' resource. Trust your own clinical expertise to adapt language, interpretation and context to align with the needs of your clients.

Sequencing: Linking, layering and 'looping back'

Each theme appears individually, but should be considered as interconnected elements that help us work towards a holistic understanding of a child's behaviours in the context of their family, environment and community. The themes are not intended to be used in a particular order and you are encouraged to explore suitable topics in response to the needs of each family and child. Suggestions for linking, layering multiple themes and 'looping back' to themes are included in each section of the companion guide.

Example scenarios in PHSB therapeutic work

These examples have been shared by experienced clinicians to suggest when these cards could be useful. They describe situations where something feels ‘stuck’, for example, when a client is disengaged, overwhelmed, or otherwise disregulated. In these scenarios, the cards can help you to slow down, re-direct, or re-start a conversation to allow deeper or wider discussion about what’s happening.

1: “They’re not saying very much. Where do I start?”

- Purpose of cards: to ‘unfreeze’ the conversation; give the child/carer choices, and invite them into the conversation.
- Suggested use: lay out all 7 themes on a table; read or let the client read the topics with their short introductions. Is there a topic here they would like to explore?

2: “I’m not sure how to start talking about PHSB”

- Purpose of cards: to support the transition from relationship-building to more difficult conversations, and keep the conversation and connection going.
- Suggested use: lay out all 7 themes on a table and invite the client to choose as above; alternatively, suggest ‘Your World’ or ‘Facts & Questions’ to ease into conversations.

3: “They seem overwhelmed, or at risk of disengaging”

- Purpose of cards: to be a ‘circuit breaker’, offering an opportunity to come back to a place that feels less challenging, for now.
- Suggested use: move the previous card/topic to one side; offer different choices or a topic you know they are more comfortable with. ‘What’s Right For You’ and ‘Your World’ can be good options for helping clients regain a sense of agency in the conversation.

4: “They only want to talk about how to stop the behaviour”

- Purpose of cards: to show the other topics that are relevant to talk about in this conversation; to build understanding of broader context around PHSB.
- Suggested use: move the ‘Talking About Behaviour’ cards to one side (“we can come back to these later, if you like”). Show some or all of the other topics and invite them to choose one.

Whilst the cards can be a helpful technique to support you in scenarios like these, use your clinical judgement, too. The child/carer might need to move, take a break, or do an activity instead. You can see some examples of activities in each section of this guide.

Integrated concepts and alignment with frameworks

The themes are based on established frameworks, including the 7 overarching principles in the Children First 2022-2031 Framework¹: child-centred and family-focussed; culturally safe; trauma-informed; safe; equitable; holistic and integrated; respectful and empathetic.

The themes also align with best practice principles derived from the Royal Commission into Institutional Responses to Child Sexual Abuse. The design, language and other suggested activities in the guide acknowledge in particular:

- **Cultural safety and support:** Therapeutic services and interventions should be culturally safe. Language and concepts in the themes are designed to be easily adapted and tailored for use with clients.
- **Accessible interventions:** Therapeutic interventions should be accessible to all children. The simple design and language of the cards means you can adapt to work around the child's needs.
- **Responsibility and accountability:** There should be a focus on accountability and responsibility for the PHSB. Children need to be understood in the context of their environment and should not be held responsible for addressing behaviours in isolation.

Clinical considerations in practice

Working with parents and caregivers first

Best practice for PHSB intervention requires initial engagement with parents/carers before beginning with the child. Parents/carers are expected to stay involved with the therapeutic process unless there are good reasons to work separately (e.g. safety issues).

Some things to consider when working with parents and caregivers:

- Be flexible: if you can offer alternative times, locations and activities for sessions (e.g. walking with a pram, taking the child outside to a play area) families may feel less pressured and more willing to engage on an ongoing basis.
- Acknowledge challenging emotions and responses to PHSB, and the cultural and family contexts in which they are occurring. Let them be the expert on their world and context; seek to understand and show you are listening and supporting them.
- Be responsive and adapt your language, activities and pace of sessions to individual needs and circumstances.
- Build parent/carers' capacity and confidence to support their child over time, identifying and interpreting behaviour and emotional language; pitching conversations at the right level with the child and listening to their child's responses.

¹ Children First 2022-2031, p6

Working with children in shared conversations

The child should be supported in sessions by a parent/carer who has been assessed by the clinician to have a safe and connected relationship with the child. You can help the sessions to feel safe with toys, distractions, activities, and options such as outdoor play.

Things to consider when working with children under 10:

- They may be distressed, worried or feel rejected by a parent or carer. Give them space, time, and choices; answer their questions and start with where they feel comfortable.
- Establish trust, support and respect for the child's voice - let them know you want to hear from them, reassuring them they are in the right place and that you support them.
- Match their pacing, language and developmental capacity; use whatever supports are needed to help them express themselves (e.g. picture cards, drawing, storytelling).
- Link feelings and behaviours to build emotional literacy (when I am happy/sad/angry/scared, I...)

Challenges for therapeutic work and your role as a clinician

The companion guide and conversation cards are intended to support clinicians, families and children in having difficult and confronting conversations in a supported and respectful manner when there is a risk of conflict and disengagement.

Non-voluntary clients are not uncommon in PHSB referrals. Parent/carer responses can include shame and guilt, but also blame (towards their child or the other child/ren involved). You may experience resistance, requiring you to balance the process of building a safe and authentic relationship with clients, whilst maintaining the ethical responsibility for engaging in challenging conversations around safety and the PHSB.

Families may have intergenerational trauma that impacts their ability to understand, establish and maintain safe relationships. Exploring and making meaning of safety can be challenging when the family does not have language or experiences of what safety feels like in their life. The clinician is responsible for guiding complex conversations with compassion and respect, whilst maintaining a trusting and safe therapeutic relationship.

Drawing on your clinical skills and community

Confrontational conversations around a child's behaviour and risk of harm in the family can be overwhelming, especially for clinicians who do not regularly work in this specialist area. Whilst this guide and the conversation cards offer prompts and reminders about key themes for PHSB, as a clinician you will already have skills and training to support your work and can apply your knowledge in this therapeutic setting.

Clinicians are encouraged to engage in their own self-reflection and awareness of factors such as unconscious bias in highly emotive work such as this. Drawing on colleagues, supervisors, networks and the expertise of your clinical community offers alternative perspectives on your work, as well as specialist expertise on diverse client needs such as culture, gender and disability.

Themed sections

FEELING SAFE



These conversations are about creating a feeling of safety and establishing your therapeutic relationship and trust. You don't have to start talking about the problematic behaviour straight away – it may be better to begin more broadly, then use these conversations to link to more specific discussions about PHSB as needed, when clients are comfortable.

TALKING ABOUT BEHAVIOUR



These conversations can help to regulate and calm families, giving them a chance to be heard, understood, and held without catastrophising behaviour. It can help us explore what's behind the behaviour (e.g. unmet need, emotional response, not a rational decision) and explore safer ways to talk and respond to needs. Conversations move away from reinforcing stigma and shame about the behaviours, helping children and parents/carers talk about them in different ways.

YOUR WORLD



These conversations help you gain insights into the circumstances that may be impacting the child and PHSB, e.g. culture, education, social, financial, and other factors. Be curious, seeking to understand the child and family context holistically without preconceived ideas. Consult with experienced colleagues as needed around specific contexts such as working with disability, cultural diversity, age, gender and so on.

QUESTIONS & FACTS



Talking about common PHSB myths and misunderstandings can be a helpful way to start conversations with new clients or to re-visit as needed. You can acknowledge strong emotions related to PHSB, but also help to build trust by answering questions and sharing what you know. It's important to gauge clients' current state of regulation (fight/flight/freeze) and use your therapeutic skills to validate, reassure, regulate or simply listen and be ready to explore their current understanding and response to the PHSB.

FAMILY & RELATIONSHIPS



PHSB doesn't happen in isolation, and support must be holistic, involving children and their families. We want to build connections between us, the family, carers and child, with conversations that support safety and communication both within and outside the sessions. These conversations are also helping us to work out what may be contributing to the behaviour.

YOUR LIFE STORY



PHSB can be a trauma response, and a way of communicating and coping for a child. In these conversations, we are constantly assessing, exploring and being curious about what has happened to this child/family. What do they need from this process in order to repair and recover? This will be a theme across all conversations, but the suggestions and questions here can help to facilitate these conversations.

WHAT'S RIGHT FOR YOU



These conversations are about exploring appropriate ways to work with clients' individual needs and involving them in choices. You will need to adapt language and activities to fit a child's age, disability or cognitive development, for example. You don't have to be the expert in every specialist area - draw on the wisdom of other clinicians (and the carer/family) when you need it.

FEELING SAFE

These conversations are about creating a feeling of safety and establishing your therapeutic relationship and trust. You don't have to start talking about the problematic behaviour straight away – it may be better to begin more broadly, then use these conversations to link to more specific discussions about PHSB as needed, when clients are comfortable.



Families and carers might say...

Has someone harmed my child? Am I going to lose them because of this? People are judging and blaming me, and I just want things to get back to normal.



Using the cards to open up conversations

- Show or read out the 3 'sub-themes'. If needed, you can also suggest what the parent, carer or child might be able to talk about.
- When a 'sub-theme' is chosen, show or read the 2 questions for that theme.
- The parent, carer or child might want to answer one, both, or none of the questions on the cards. If you have your own preferred question, ask that instead.
- Extend and build on the conversation based on their responses. If they want to choose a different question or switch to another theme, that's okay too.



Addressing complexity in this theme

Interpreting 'safety'

Clients may not be aware or able to describe what safety means or feels like. You can help by connecting it to feelings, situations or people. For adults, explore examples of when our body feels 'unsafe' (e.g. going for a test). For children, adapt language for age/development (e.g. phrases like 'what feels alright/okay for you?').

Domestic and Family Violence/family not safe

The child and/or other family members, including parents, may not be in a safe situation at home or elsewhere; you may need to adjust sessions to ensure safety in the therapeutic space, noting that the adults around the child may be a cause of harm or contributing to the lack of safety.



Feeling Safe: our role

Remember that families, carers and children may be dealing with current/past trauma, or living in circumstances which do not feel safe. Our purpose is to help children feel safe in their world. You can help by establishing safety within these sessions, and supporting them to be safe outside the sessions, too.



As a clinician, you might be thinking or feeling...

How do I make sure everyone feels safe in this session? How do I help the family create safety in other environments? What do I need to do to reduce the likelihood of PHSB happening again?



Activities to support this conversation

- Invite the child to draw or use craft, lego and other materials to show what 'unsafe' or 'safe' feels like
- Use feeling faces or pictures to point to a feeling, and activities to explore feelings and body awareness
- Engage in storytelling with books that focus on themes of safety, boundaries and feelings
- Ask them to explain, write or draw some 'safety' rules about at the beach, school, crossing the road, or other situations. Who needs to be safe here?
- Invite the child or parent to write or say what the 'safety rules' are at home. You could then build on what the child or carer says as they explain their safety rules to you.

Linking, layering and looping back

This theme could link to other themes such as 'Talking About Behaviour', 'Your World', and 'Family & Relationships'.

Linking and layering themes

There needs to be a balance between building trust and engagement with clients, and guiding them into more challenging conversations within and across sessions. Try layering safety with 'Talking About Behaviour', 'Family & Relationships' and/or 'Your World' to support the assessment and meaning making of individuals' sense of safety.

Looping back to 'Feeling Safe'

Safety is never 'finished' as a conversation theme in PHSB; you will need to return to this topic multiple times across sessions throughout the therapeutic process.



QUESTIONS & FACTS

Talking about common PHSB myths and misunderstandings can be a helpful way to start conversations with new clients or to re-visit as needed. You can acknowledge strong emotions related to PHSB, but also help to build trust by answering questions and sharing what you know. It's important to gauge clients' current state of regulation (fight/flight/freeze) and use your therapeutic skills to validate, reassure, regulate or simply listen and be ready to explore their current understanding and response to the PHSB.



Families and carers might say...

I never heard anything about this until it happened. Do other kids do this?
What happens when they're older? Do they keep doing it?



Using the cards to open up conversations

- Show or read out the 3 'sub-themes'. If needed, you can also suggest what the parent, carer or child might be able to talk about.
- When a 'sub-theme' is chosen, show or read the 2 questions for that theme.
- The parent, carer or child might want to answer one, both, or none of the questions on the cards. If you have your own preferred question, ask that instead.
- Extend and build on the conversation based on their responses. If they want to choose a different question or switch to another theme, that's okay too.



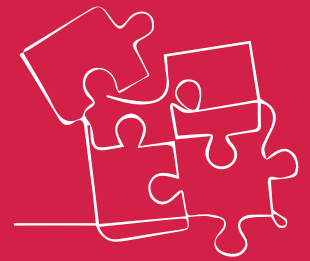
Addressing complexity in this theme

Culture, identity & meaning

Clients are likely to interpret PHSB within specific cultural or family contexts, so additional supports like the Aboriginal artwork/symbol cards or other culturally-specific materials can be useful here. This topic can raise emotional responses whilst you provide facts and safely challenge unhelpful interpretations.

Unpacking misinformation

Responses to the behaviour may range from dismissive and denial of the issue to overly reactive; parents/carers may come to the sessions with misinformation that needs time to unpick and unpack.



Questions & Facts: our role

Remember that families, carers and children may have spoken to others and heard unhelpful, untrue or upsetting things about PHSB. Our purpose is to help them understand the facts and reinforce key messages, e.g. that the child's behaviour does not define them.



As a clinician, you might be thinking or feeling...

This sounds complex and I'm not sure where to start. What's the best way for me to support this family?



Activities to support this conversation

- Involve the parents/carers and child in mapping and drawing pictures to help with perspective and context. Try drawing a simple scale from 0-10 or different sized boxes to talk about how 'big' this issue feels, and how it feels compared to other issues.
- Introduce visuals and feeling cards with prompts such as: *"How are you feeling right now?"* *"What do you/other people think or say about this behaviour?"*
- Show or talk through common myths and how to challenge them (*"people say my child is going to be a sex offender..."* *"but what PHSB usually means is..."*)

Linking, layering and looping back

This theme could link to other themes such as 'Talking About Behaviour', 'Feeling Safe', and 'Family & Relationships'.

Linking and layering themes

Misunderstandings about PHSB may impact how clients are relating and communicating with others. You could invite parents/carers and children to talk about 'Family and Relationships' or 'Feeling Safe' as a follow-up topic. You could layer these conversations with 'Talking About Behaviour' and 'Feeling Safe' to help make meaning of the behaviour.

Looping back to 'Questions & Facts'

You may need to return to this topic multiple times to re-visit and clarify misinformation and confusion. It can be a useful way to start or finish a session.



TALKING ABOUT BEHAVIOUR

These conversations can help to regulate and calm families, giving them a chance to be heard, understood, and held without catastrophising behaviour. It can help us explore what's behind the behaviour (e.g. unmet need, emotional response, not a rational decision) and explore safer ways to talk and respond to needs. Conversations move away from reinforcing stigma and shame about the behaviours, helping children and carers talk about them in different ways. Trust and authenticity are essential in the conversation.



Families and carers might say...

I'm confused - why are they doing it? I don't know exactly what went on, but it's shameful. You don't want your kids doing stuff like that.



Using the cards to open up conversations

- Show or read out the 3 'sub-themes'. If needed, you can also suggest what the parent, carer or child might be able to talk about.
- When a 'sub-theme' is chosen, show or read the 2 questions for that theme.
- The parent, carer or child might want to answer one, both, or none of the questions on the cards. If you have your own preferred question, ask that instead.
- Extend and build on the conversation based on their responses. If they want to choose a different question or switch to another theme, that's okay too.



Addressing complexity in this theme

Client resistance

Families who have been told to attend counselling for PHSB are often non voluntary. Resistance to engagement can include denial of the behaviour, defensiveness, failing to attend and difficulty committing to the process.

Difficult conversations

Therapeutic work with non voluntary clients requires the counsellor to hold the tension between building trust and connection as well as talking about the concerns, behaviours and potential source of harm.



Talking About Behaviour: our role

Families, carers and children can find it difficult to talk directly about PHSB and need our support to make meaning of the behaviour in the context of their family. Culture, gender and language can add extra challenge here; be patient and give time and space for them to talk, show and communicate about this in their own ways. Tailor your language to the child's age and development, using simple words and concepts.



As a clinician, you might be thinking or feeling...

Talking about PHSB behaviours can feel challenging for everyone. We need to start and continue talking about it without judgement, in non-shameful and culturally responsive ways.



Activities to support this conversation

- Create a safety plan together. This activity can include parents/carers and children as appropriate. Adapt the format to suit the family, e.g. simple and visual if child is involved.
- Conversation role play (adult-adult) - how to talk about this at home and with others
- Conversation role play (child-adult) - how to talk about behaviours
- Create a social story, use play-based techniques, or create some art to help with potential challenges in talking about behaviours

Linking, layering and looping back

This theme could link to other themes such as 'Questions & Facts', 'What's Right For You', and 'Feeling Safe'.

Linking and layering themes

Exploring conversations around 'What's Right For You' will help clients to feel supported and respected and safe enough to talk about behaviour. Giving space to explore other topics including 'Questions and Facts' and 'Feeling Safe' allows the family to talk about any thoughts and concerns regarding behaviour without fear of judgement.

Looping back to 'Talking About Behaviour'

You might decide to pause this topic if clients are refusing to accept or talk about the PHSB. Come back to the topic when it is safe to do so, or when the client indicates they are ready.



YOUR WORLD

These conversations help you gain insights into the circumstances that may be impacting the child and their behaviour, such as social, financial, educational and cultural contexts. Be curious, seeking to understand the child and family context holistically without preconceived ideas. Consult with experienced colleagues as needed around specific contexts such as working with disability, cultural diversity, age, gender and so on.



Families and carers might say...

This is really time-consuming when I have other things to deal with. My partner is missing shifts at work to help. Managing all the appointments is like a full-time job and we're really struggling with money.



Using the cards to open up conversations

- Show or read out the 3 'sub-themes'. If needed, you can also suggest what the parent, carer or child might be able to talk about.
- When a 'sub-theme' is chosen, show or read the 2 questions for that theme.
- The parent, carer or child might want to answer one, both, or none of the questions on the cards. If you have your own preferred question, ask that instead.
- Extend and build on the conversation based on their responses. If they want to choose a different question or switch to another theme, that's okay too.



Addressing complexity in this theme

Unconscious bias

Your client's background and identity may be very familiar to you, or not familiar at all. Whatever your experience, your clinical reflective practice and awareness of potential bias will be crucial in this context.

Cultural fit

Discomfort with 'cultural fit' can impact the therapeutic engagement and sense of safety. Being of the same community or cultural group may also be a barrier for some families in building trust and therapeutic safety. As noted above, reach out to experienced colleagues for cultural support where available.



Your World: our role

Families, carers and children are part of broader cultural, social and community contexts. It's our role to listen, acknowledge and respect this diversity; as we learn about them, we may find more opportunities to collaborate with schools, communities and peers to better support the child.



As a clinician, you might be thinking or feeling...

I want to be respectful and mindful of this family's context. What do I need to know about their lives and circumstances to ensure that everyone feels respected, safe and supported in our conversations?



Activities to support this conversation

- Offer alternative places and settings - a 'clinical' or formal space might not work for all. What do we need to move, add, or take away for this session to feel comfortable enough?
- Involve clients in drawing or mapping their social world (e.g. concentric circles). Note where they include people, things and their proximity to each other (school, church, mosque, friends' houses). Ask questions to understand what's there, and why.
- Use visuals, e.g. person/family surrounded by different symbols (money, school, house, people, pram, etc). Use them as prompts - which are important/difficult/nice in your life?

Linking, layering and looping back

This theme could link to other themes such as 'Family & Relationships', 'What's Right For You', and 'Feeling Safe'.

Linking and layering themes

Children and carers may not consciously think about how they see their world, but it will influence how they make sense of PHSB. 'Family and Relationships' and 'What's Right For You' can build deeper understanding of how they make meaning of their day to day norms. These topics can also support families and children to build a sense of autonomy in the therapeutic space.

Looping back to 'Your World'

You might return to this topic to re-establish or better understand holistic context, inviting the child or carer to talk about topics where they can be the 'expert' (i.e. their own routines, likes, dislikes).



FAMILY & RELATIONSHIPS

PHSB doesn't happen in isolation, and support must be holistic, involving children and their families. We want to build connections between us, the family, carers and child, with conversations that support safety and communication both within and outside the sessions. These conversations are also helping us to work out what may be contributing to the behaviour.



Families and carers might say...

I didn't get why we all had to come, but being here at the same time means we all get things off our chests. [My child] feels listened to, and we get options to start the meeting separately before we all do the next bit together.



Using the cards to open up conversations

- Show or read out the 3 'sub-themes'. If needed, you can also suggest what the parent, carer or child might be able to talk about.
- When a 'sub-theme' is chosen, show or read the 2 questions for that theme.
- The parent, carer or child might want to answer one, both, or none of the questions on the cards. If you have your own preferred question, ask that instead.
- Extend and build on the conversation based on their responses. If they want to choose a different question or switch to another theme, that's okay too.



Addressing complexity in this theme

Source of harm/safety issue

PHSB is often an indicator that a child is not safe, noting there can be other contributing factors and contexts too (e.g. disability, developmental delays, etc.). The source of harm may be within the family and intimate relationships, so exploring this with family may be confronting and place individuals at increased risk.

Limited self awareness

Exploring family/relationship dynamics may expose issues or indicators that a child and family members are unsafe. Conversations can be met with resistance, denial and limited awareness that there are issues outside the PHSB that need to be explored.



Family & Relationships: our role

Family and/or carers are responsible for keeping their child safe and cared for outside these sessions. Depending on the family dynamics, sessions can help to establish conversations between the child and parent/carers (e.g. through modelling and/or role-plays), to help them improve communication and continue independently after the sessions.



As a clinician, you might be thinking or feeling...

I'm worried that the parents/carers might see this as separate from their family and expect me to 'fix' their child. How can I work to build safety in the counselling space and support carers in their role so we are working collaboratively together to keep their child and other children safe?



Activities to support this conversation

- With parents - try mapping people, relationships, or drawing a family tree/genogram to prompt questions and follow-up. Other visuals like emojis can be layered on to explore more.
- With the child - you could use cards/toys for 'mapping' (to represent different people), or let the child draw a picture of their family (and prompt with questions)
- Make use of any 'feelings' cards or other therapeutic tools you find helpful in exploring relationships.

Linking, layering and looping back

This theme could link to other themes such as 'Your World', 'Questions & Facts', and 'Your Life Story'.

Linking and layering themes

'Questions and Facts' provides an opportunity to challenge unhelpful interpretations of PHSB within the family or community context. 'Your World' can be a helpful extension of descriptions about family and relationships. If there is evidence of trauma, 'Your Life Story' allows for safe, non-judgmental conversations and to explore how trauma can impact people, relationships and behaviours.

Looping back to 'Family & Relationships'

You might choose to come back to this topic if certain relationships or people are noted in relation to PHSB, e.g. when talking about safety, or other topics like 'Your Life Story'.



YOUR LIFE STORY

PHSB can be a trauma response, and a way of communicating and coping for a child. In these conversations, we are constantly assessing, exploring and being curious about what has happened to this child and family. What do they need from this process in order to repair and recover? This will be a theme across all conversations, but the suggestions and questions here can help to facilitate these conversations.



Families and carers might say...

I don't like talking about what's going on in my family and personal life - I've already told it a bunch of times to different people. What does that have to do with why we're here?



Using the cards to open up conversations

- Show or read out the 3 'sub-themes'. If needed, you can also suggest what the parent, carer or child might be able to talk about.
- When a 'sub-theme' is chosen, show or read the 2 questions for that theme.
- The parent, carer or child might want to answer one, both, or none of the questions on the cards. If you have your own preferred question, ask that instead.
- Extend and build on the conversation based on their responses. If they want to choose a different question or switch to another theme, that's okay too.



Addressing complexity in this theme

Impact of trauma

Symptoms of past and/or present trauma can be a barrier to a parent or child building new and trusting relationships. Trauma may also impact their ability to reflect on aspects of their life that need to change, including addressing PHSB.

Avoidance and defensiveness

Trauma symptoms can create difficulties for engaging with support services and retelling their story. Shame can present as defensiveness and anger, and/or avoiding coming to see you. Be as flexible as you can with times, locations and options for engagement.



Your Life Story: our role

Children, families and carers need us to start where they are. Our purpose is to explore all elements of safety and context around the child, past and present; we need to be flexible in conversations and adapt to their needs as they emerge. There may be concern that this is not directly helping with PHSB, so reassurance and patience is key.



As a clinician, you might be thinking or feeling...

I understand trauma-informed care, but I don't know how to talk about PHSB in a trauma-informed way and I'm concerned I won't be equipped to deal with it.



Activities to support this conversation

- Have games and toys on hand to distract, take the pressure off, and create an easier space to be in.
- You could nominate a toy or object as the PHSB/'problem'(s) to externalise and create distance between the child and the challenging issue.
- Create or use hand-drawn visuals together - timelines, large and small squares, other visuals to help articulate and 'map' the related issues to support conversations.

Linking, layering and looping back

This theme could link to other themes such as 'Family & Relationships', 'What's Right For You', and 'Your World'.

Linking and layering themes

Exploring 'Your World' and 'Family & Relationships' helps to develop depth of understanding around the impact of past and present traumatic experiences and understanding of the context of PHSB. 'What's Right For You' might be helpful to support dysregulated clients to feel safe enough to start building engagement with you in the therapeutic process.

Looping back to 'Your Life Story'

You might decide to pause this topic if clients are clearly distressed or re-traumatised by the conversations. Come back to the topic when it is safe to do so, or when the client indicates they are ready.



WHAT'S RIGHT FOR YOU

These conversations are about exploring appropriate ways to work with clients' individual needs and involving them in choices. You will need to adapt language and activities to fit a child's age, disability or cognitive development, for example. You don't have to be the expert in every specialist area – draw on the wisdom of other clinicians (and the carer/family) when you need it.



Families and carers might say...

How can this person possibly understand what we're going through? They don't know my child's particular needs and way of communicating. How is this even going to work?



Using the cards to open up conversations

- Show or read out the 3 'sub-themes'. If needed, you can also suggest what the parent, carer or child might be able to talk about.
- When a 'sub-theme' is chosen, show or read the 2 questions for that theme.
- The parent, carer or child might want to answer one, both, or none of the questions on the cards. If you have your own preferred question, ask that instead.
- Extend and build on the conversation based on their responses. If they want to choose a different question or switch to another theme, that's okay too.



Addressing complexity in this theme

One size fits no one

What worked for others may not work for the child and family with you today. It may take several sessions to understand how this child, parent or carer needs the counselling to work and feel comfortable. Ask, listen, and offer options to help them explore what works for them.

Articulating needs

Children and their carers may never have been asked, and can't always explain what they need. Don't ask them to solve the problem – continue to be flexible, make suggestions, and let them show you when, where and how they need to engage.



What's Right For You: our role

You may spend longer talking with parents or carers here to understand impacts of a child's age, disability or cognitive development, and building their capacity to support their child outside these sessions. Questions for the child might not always help here, so use your judgement to decide if an activity will be better.



As a clinician, you might be thinking or feeling...

What do I need to know about the child's development and capacity before I start?
Who can help me know this?



Activities to support this conversation

- Offer alternative places and settings that may be more comfortable than a clinical or 'health' space. What do we need to move/add/take away for this session?
- Offer visuals and drawing to help them show you what they need.
- Have games and toys on hand to distract, take the pressure off, and create an easier space to be in.

Linking, layering and looping back

This theme could link to other themes such as 'Your Life Story', 'Your World', and 'Feeling Safe'.

Linking and layering themes

You might link to questions in 'Your World' to explore what they like and don't like, what makes things comfortable or not. 'Your Life Story' may be an appropriate topic if they are talking about what has or has not worked for them in past interactions (e.g. with support services). This may also relate to 'Feeling Safe', so you could return to that topic too.

Looping back to 'What's Right For You'

It is important to keep checking in with the family and child about 'What's Right For You' to ensure that engagement and sessions feel as supportive and safe as possible.



Appendix 1: Example sketches for drawing and activities

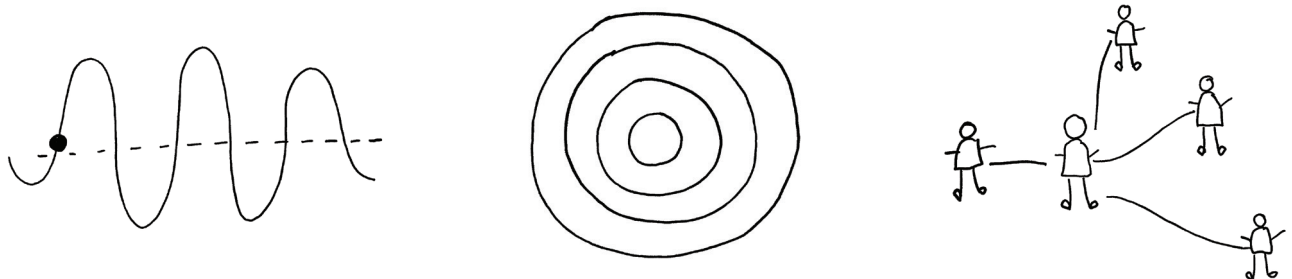
Sometimes words are not enough, or you need to change pace. The guidance provided for each theme in the conversation cards suggests activities to support and extend conversations, including drawings and visuals. You may have your own preferred visuals, and there are many resources available online. If you find these ones useful, you can copy them by hand (wobbly lines are good!), take a picture to keep on your phone, or make a paper copy of the images.

We have provided some examples below to support your practice and conversations. Like the conversation cards, these do not replace the therapeutic conversation, but may help when things get 'stuck' or children and families need different options for expressing themselves.

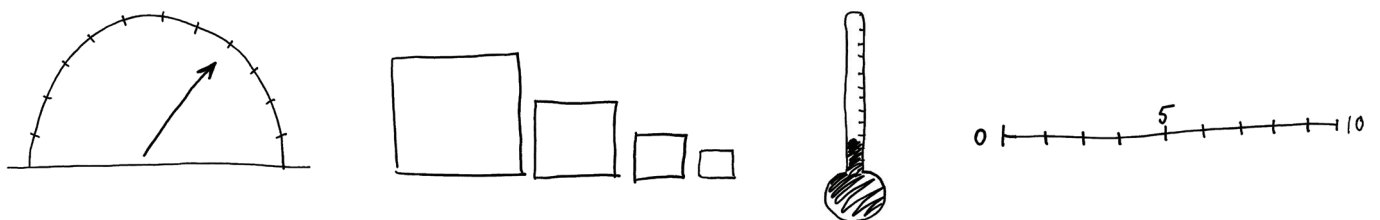
'Show me which/where...'



Mapping images



Scaling images



Appendix 2: Full list of conversation card questions

QUESTIONS & FACTS				
SUB-THEME	PARENTS & CARERS		CHILDREN & SHARED CONVERSATIONS	
What other families and kids ask	Is there something wrong with us/my child?	Will the behaviour stop? How likely is that?	Are we in big trouble?	Do we have to tell everybody?
Questions I have	What questions do you have about this behaviour?	What questions do you think your child has?	What do you want to know or ask about?	What are you most confused or unsure about?
What happens next	What do you think will happen in the future?	What would you like to see happen for your child, in the future?	What do you wish could be different?	Can you picture yourself a year older than now? What are you doing?

FEELING SAFE				
SUB-THEME	PARENTS & CARERS		CHILDREN & SHARED CONVERSATIONS	
Feeling safe	When you don't feel safe, what does it feel like?	How can you tell if your child is not feeling safe?	What do you do when you feel happy? What about when you feel sad or scared?	What happens in your body if you don't feel safe?
Safe places	When/where do you feel safe?	Do you change things at home to make it safer? How?	Where do you go if you don't feel safe or okay?	How do you feel when you are in a safe place?
Safe people	Who helps or supports you?	Who helps your child to feel safe?	Who can you tell if you don't feel safe?	When you feel sad or scared, who do you go to?

TALKING ABOUT BEHAVIOUR

SUB-THEME	PARENTS & CARERS		CHILDREN & SHARED CONVERSATIONS	
How I feel	How did you feel about what happened with your child?	How are you feeling now?	How did you feel when the behaviour happened?	Is anyone else hurt or upset by what happened? Who?
What happened	What worries you most about the behaviour?	What could help keep your child and others safe?	<i>Note on card: 'This is a safe place to talk about what happened and we are all here to help you.' Q: Can we talk about what happened?</i>	When this happened how did you feel?
What behaviour means	What do you think makes the behaviour happen?	What do you know about the sexualised behaviour?	Why do you think we are talking about what happened?	Why do you think this behaviour happens?

YOUR WORLD

SUB-THEME	PARENTS & CARERS		CHILDREN & SHARED CONVERSATIONS	
My day	What does a typical day look like for you?	What makes life easier for you? What makes things more difficult?	What's your favourite time of the day?	What do you like to do on the weekend?
My people	Who do you spend most time with?	Has this situation (behaviour) impacted any relationships? How?	Who are your friends? What do you like about them?	Who would you like to spend more (or less) time with?
Things we do	What traditions or routines are most important to you?	Have there been any changes to your or your child's activities or routines?	What do you like to do before/ after school?	What are your favourite places?

FAMILY & RELATIONSHIPS

SUB-THEME	PARENTS & CARERS		CHILDREN & SHARED CONVERSATIONS	
Being together	What's family/home life like?	How is your family doing right now?	Who is in your family? What's your favourite thing to do with them?	Who are your friends? What do you like to do together?
Favourite people	Who do you go to when you need help or support?	Who does your child feel closest to? Who do they go to for support?	Can you tell me about a good friend you have?	Who would you like to spend more time with?
Unhelpful people	Are any relationships or family connections stressful or difficult?	Who would you never talk to about what happened?	Do you know people who fight and argue? What do you do when this happens?	Who would you like to spend less time with?

YOUR LIFE STORY

SUB-THEME	PARENTS & CARERS		CHILDREN & SHARED CONVERSATIONS	
My story	What do I need to understand about your life (past or now)?	What do I need to understand about your child's life?	What's been happening at home or school recently?	If you describe your life, what does it look like?
The hard stuff in life	Can you tell me about when things have been difficult for you?	What made things hard for your child in the past?	What do you wish could be different at home or school?	When something was hard or upsetting for you, what happened?
My life now	What's on your mind right now? What help do you need?	What's difficult in your child's life at the moment?	What is your biggest worry right now?	What helps you feel happy right now?

WHAT'S RIGHT FOR YOU

SUB-THEME	PARENTS & CARERS		CHILDREN & SHARED CONVERSATIONS	
You need to know...	The most important thing to understand about my child is...	In these sessions, I need you to...	When I come here, can we please...?	I want our sessions to feel like/include...
What helps me	Talking to my child is easiest when...	What helps me when we talk here is...	It's easier for me to talk to you when...	Spending time with you feels better when...
What doesn't help me	When we are not getting the right support I feel...	This won't work for us if...	When I come here it's hard to...	Other people don't understand that I...