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Book of Abstracts

„Role of psychotherapy in achieving health  
and well-being for children and adolescents,,



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# ROLE OF PSYCHOTHERAPY IN ACHIEVING HEALTH AND WELL-BEING FOR CHILDREN AND ADOLESCENTS

First International Congress of Child and  
Adolescent Psychotherapy,  
Sarajevo, 18. - 21. October 2018.

## Book of Abstract

### **BHIDAPA**

Bosnian-Herzegovinian Association  
for Integrative Child and Adolescent  
Psychotherapy (BHAICAP)

### **INSTITUTE C.Y.F.**

Institute for Psychotherapy and Counselling  
of Children, Youth and Family

## “ROLE OF PSYCHOTHERAPY IN ACHIEVING HEALTH AND WELL-BEING FOR CHILDREN AND ADOLESCENTS”

First International Congress of Child and Adolescent Psychotherapy

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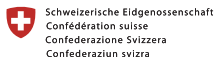
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# introduction

It is our pleasure to present the role of psychotherapy through primary, secondary and tertiary prevention in the achieving of the health and wellbeing of children and adolescents through through three main topics as:

- A. Mental health of children and adolescents
  - Mental health of children and adolescents
  - Early child development and neuroscience
  - Psychopathological deviations in children and adolescents
- B. Specifics therapeutic approach in various problems and challenges of growing up of children and adolescents in the new millennium
  - Juvenile justice
  - The role of families, schools and institutions
  - Child abuse, neglect and alienation
  - Gender based violence
  - Growing Up Online
  - Refugee crisis, war and transgenerational trauma
  - Innovative approach and challenges of working with children of the new millennium
  - Psychopathology, Pharmacotherapy, Psychodiagnostics and Research
  - Loss and grieving
- C. Psychotherapeutic approach to treatment of children and adolescents - workshops
  - Education from Child and Adolescent Integrative Psychotherapy - Promotional Symposium
  - Cognitive-behavioral therapy
  - Play therapy
  - Integrative therapy
  - Trauma focus therapy
  - Gestalt therapy
  - EMDR
  - Transactional analysis
  - Psychoanalysis
  - Psychodrama
  - Therapy with dogs
  - Music Therapy
  - Art Therapy

which will be presented through

1. WELCOME WORDS
2. PLENARY LECTURES
3. ORAL PRESENTATIONS
4. SYMPOSIUMS
5. WORKSHOPS AND
6. POSTER PRESENTATIONS



# 1. welcome words

## WELCOME WORD

**Dubravka Kocijan Hercigonja**

*President of Congress, Poliklinika Kocijan-Hercigonja, Zagreb*

The future of mankind depends on every individual, their feelings, value systems, and relationships with oneself and society. Relationships to value systems, activities toward oneself and the society are the result of early relationships, the child with the family and the surrounding environment on which the child creates an image of themselves, of world that will experience through such relationships as satisfactorily, safely or endangering or uncertain from which follows the functioning of each individual which affects the overall relationships, beliefs and functions of micro and macro communities, and even the whole world. It follows that the child should be provided with love, safety, positive incentives from the moment of birth, which will result in positive mental health. The question is whether adult and responsible persons provide the child with optimal development conditions, recognize the child's needs, and apply appropriate approaches specific to each child. The first congress on child and adolescent psychotherapy aims to present children's needs, help to identify problems and learn optimal approaches to enable children to develop positively, meet child needs in a high-quality manner and create conditions for proper mental development with optimum stimulation of children's abilities, self-confidence as and insurance through the education and organization of responsible persons, professionals and parents and the overall society about children's needs and optimal approaches. Through plenary lectures and numerous workshops, insight will be given to the needs of children as well as optimal activities for the proper development of children, tomorrow's adult and humanity in full.

## WELCOME WORD

**Mirela Badurina**

*Chairwoman of Organizing Committee, BHIDAPA, Sarajevo*

Dear friends of the Congress,

With great pleasure, the Bosnian-Herzegovinian Integrative Child and Adolescent Psychotherapy Association - BHIDAPA in partnership with UNICEF presents the Congress proceedings of The First International Congress of Child and Adolescent Psychotherapy with the topic: "Role of psychotherapy in achieving health and well-being for children and adolescents". Healthy growth and development of the child and of the adolescent as well as of the entire society, greatly depends on our present activities in identification of children's needs and organization of environment and influences, particularly from the point of prevention and curative activities. Psychotherapy of developmental age, as a separate and independent discipline, takes an important place in Primary, Secondary and Tertiary Prevention in preservation of health and wellbeing of children and youth. Research clearly shows that childhood experiences are at the root of most of adult problems. Therefore, the aim of the Congress is to raise the awareness and to emphasize the importance of early detection of difficulties in children and specific intervention directed to work with children, youth and their parents, as well as with the institutions, to prevent at the most possible extent development of psychological disorder in adults. The United Nations Convention on the Rights of the Child is the base for promotion of health and represents the framework of the work of the Congress. Guided by our individual and social responsibility to create safer environment for preservation of the integrity of children, integrating multidisciplinary and intersectoral cooperation, we wish that the



Congress will become a place for experts in various areas to meet who through exchange of experiences, presentation of the best practices, promotion of a new trends and scientific achievements strive to preserve health and wellbeing of children and youth. Development of empathy through meeting and relation, could possibly make the world better place without wars and conflicts. We hope that the Congress proceedings on modern scientific and vocational methods and approaches to children in area of Psychotherapy of developmental age, health, social protection, education and juvenile justice, presented in this book, will be incitement for new researches and new activities in prevention, therapy and rehabilitation which will strive providing a new forms of adaptation directed to preservation of health and wellbeing of children and youth. The child is not the past of the individual, but its present and future. We believe that it is important that the Congress send the message that by forming respectful relationships full of love we care about the child and that in this way we also care about the entire humanity. On behalf of Organizational Board, our sincerest gratitude to all!

## WELCOME WORD

**Goran Čerkez**

*Vice President of the Organizing Committee, Federal Ministry of Health, Sarajevo*

The first international congress of children and adolescent psychotherapy called “Role of psychotherapy in achieving health and well-being for children and adolescents” is one of the most significant events in the field of science that promotes new scientifically acceptable methods and approaches of support for children and adolescents. Congress is important not only for Bosnia and Herzegovina, but also for the whole region of Southeast Europe. The purpose of this Congress is to raise awareness of health, social welfare, education and justice experts on the importance of multidisciplinary and cross-sectoral cooperation in the preservation of the health and well-being of children and adolescents. An important segment of this cooperation is the exchange of experience and good practice. Congress comes at a time when psychiatry and medicine are at the intersection and when new approaches to mental health protection are required, when the strengthening of co-operative practice is needed, continuity of care, as well as strengthening of social inclusion. This event will surely contribute to the consideration of new approaches to prevention and treatment of children and adolescents. Congress is also important in terms of achieving the “Millennium Development Goals and monitoring the role of child and adolescent psychotherapy in achieving the third goal - health and well-Being”, but also the role in achieving other goals, bearing in mind that without a healthy environment that contributes to the healthy development of young people neither to healthy populations nor to economic development. The issue of child and adolescent psychotherapy is not just a question of relationship between children and adolescents, but also their relationship with the family. This is also the question of the society and its impact on the child and its development. That is why, through dialogue with other sectors, psychotherapists have an opportunity to significantly influence the overall development of local communities, have a historic opportunity to set their profession to the place they belong to, and can be expected that this Congress to be the first step in that direction, as well as regulating the profession of psychologists and psychotherapists. Let this congress take the first step towards co-operation between local communities, other sectors and policy makers in involving psychotherapists in planning activities to improve child health.

*With this desire, I wish all of us a successful congress!*

## 2. plenary lectures

### The role of UNICEF in the protection of children's rights and health - opening statement

**Ms. Geeta Narayan,**

*UNICEF Country Representative in Bosnia and Herzegovina*

Health and well-being is central to the developmental tasks of children and adolescents, including the acquisition of the emotional and cognitive capabilities for independence, completion of education and transition to employment, civic engagement and formation of lifelong relationships. The adolescent years are those in which the foundations for adult health and well-being are laid. Adolescents with higher levels of fitness, cognitive capabilities, education, social and financial support, protection, etc., are more likely to maintain higher levels of well-being throughout adulthood, while adolescents with lower levels of well-being fare less well. Mental health issues constitute a major burden of disease for adolescents globally. It is estimated that one in five adolescents will experience a mental health disorder each year. Self-harm is the third leading cause of death for adolescents. Depression is among the leading causes of disability. There continues to be a great deal of stigma associated with mental health issues, including in Bosnia and Herzegovina. This can act as a barrier to young people with mental health issues acknowledging them, and seeking assistance and treatment for them. Despite all this, adolescent mental health and well-being have often been overlooked in global health programming. Now finally, in the Sustainable Development agenda 2030 adopted by the UN in 2015, mental health is being more critically recognized as an important component of the global health agenda. Sustainable Development Goal (SDG) target 3.4 aims to reduce premature mortality from non-communicable diseases through prevention and treatment as well as promoting mental health and well-being. Guided by the Sustainable Development Goals (SDGs) and the UN Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), as well as the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), UNICEF envisions a world where no child dies from a preventable disease and all children reach their full potential in health and well-being. To achieve this, UNICEF considers the health needs of the child at all life stages and recognizes the need for intensified efforts to address growing inequities in health outcomes, including a particular focus on addressing gender-specific needs and barriers that may determine whether boys and girls are able to reach their full potential in health and well-being. Working together with global and local partners, UNICEF promotes three approaches to contribute to beforementioned vision: (1) addressing inequities in health outcomes, seeking to prioritise the most disadvantaged children and adolescents in population groups with the highest burden of morbidity and mortality; (2) strengthening health systems to reach the most marginalised children and women, to sustain progress and to increase the resilience of both delivery systems and communities to absorb and recover from external shocks, including public health emergencies and outbreaks; and (3) multi-sectoral policies and programmes in which health systems serve as a platform for the delivery of multi-sector packages of interventions and services, and work jointly with other sectors, such as child protection, education, justice, and social protection, and partners to address the social determinants and underlying causes of health challenges. In Bosnia and Herzegovina, many innovative programmes and interventions have been initiated by a broad range of actors from Government, the United Nations, and Civil Society that have great potential to improve child and adolescent health and wellbeing outcomes, including early childhood development interventions and school-based programmes aimed at early identification of risk factors associated with harm and offending behaviour in children. We look forward to learning about innovative online, health service, community-based, school-

based and family-based interventions from other countries and to see how the role of psychotherapy as a preventative approach can be expanded in Bosnia and Herzegovina especially for children and adolescents. Let me conclude by thanking the Bosnian and Herzegovinian Integrative Child and Adolescent Psychotherapy Association for organizing this first International Congress on Child and Adolescent Psychotherapy.

## **Place and role of psychotherapy in the achieving health and well-being of children and adolescents with reference to neuroscience**

**Dubravka Kocijan Hercigonja**

*ELATSCYP, Polyclinic Kocijan Hercigonja, Institute DOM, Zagreb, kocijanhercigonja@inet.hr*

Behavior is a mental process that arises in the interaction of experience, neural activity, biological and genetic factors, and relational and situational environmental factors. Psychotherapy is a psychological treatment method that prevents mental illness and disorders, and its methods influence the development of quality of life as well as the treatment of symptoms and disorders by altering functioning with the stabilization of defense mechanisms and the elimination of neurotic defense, all with the aim of preserving and improving mental health. The child is, from the time of conception, influenced by many factors that form the child's development and functioning on a psychological, biological and social level. Numerous studies confirm the correlation between optimal health and functioning with early relationships and influences as well as the degree of integrity and growth of neural connections with cognition, feelings and behavior. Dependency of the child in relation to the environment depends on the stage of development and the needs that the child has in a given developmental period and depending on that the impacts have different intensity and consequences. Starting from the above facts, it is apparent that the methods of treatment and assistance that includes psychotherapy use different approaches depending on the development phase and the problem itself, and include also the work with the child's environment. Research confirms the correlation between insecurity and early trauma with changes in overall functioning. WHO emphasizes the importance of primary prevention in mental health, which includes, among other things, upbringing for healthy parenting, an adequate educative staff and the importance of family norms and values, and especially emotional relationships that affect personality formation, belief in their own values, and better relationships with the environment. Psychotherapy through working with the environment, and through the therapist-child / adolescent relationship, enables a positive self-image, and through the changes in the psychological and biological plan contributes to the positive development and preservation of the child's mental health.

## **How relationships, the mind and the brain interact to shape the development of children, families and communities.**

**Daniel J. Siegel**

*Mindsight Institute, California, USA, info@DrDanSiegel.com*

In this presentation, we will explore the ways in which the child's mind develops from within important attachment relationships and the structure and function of the growing brain. Interpersonal neurobiology is the interdisciplinary approach we will use to focus on how the communication patterns children experience with caregivers directly shapes the unfolding of the synaptic connections in the brain. When adults see the internal world of themselves and of the children they care for—when they use “mindsight” to see the mental sea inside of themselves and others—children thrive. By learning the science of attuned relationships, caregivers and parents are able to use a practical understanding of how mind, brain, and relationships interact to shape how we become who we are across the lifespan.

## The importance of a public health approach to the protection of mental health of children and adolescents

Afzal Javed

*World psychiatric organization, afzal.javed@ntlworld.com*

It is indeed a great pleasure and privilege to welcome the First International Congress of Children and Adolescent Psychotherapy held in Sarajevo. In my personal name and on behalf of the World Psychiatric Association, I would like to congratulate the organizers on selecting these important topics for this congress. I think the mental health of young people, children and adolescents is of crucial importance and it is very important that the Role of Psychotherapy in the Exercise of Health and Wellbeing of Children and Adolescents is selected for the theme of this Congress. I know this problem is related to general health, but especially the health of our youth is very relevant in the field of mental well-being. We must note that mental disorders are one of the most common causes of impaired ability in young people. A whole series of mental disorders usually occur at the time of childhood and adolescence, although the treatment follows, mostly, several years later. I'm sure you will hear a lot about the extent of this problem, but generally available data suggest that 70% of mental disorders begin at age 35. Adolescents are critical to promoting mental health and dealing with mental health problems should then begin. We experts are convinced that if these problems are not addressed, mental problems can affect different aspects of health, including emotional well-being and social development. Stigma, problems in relationships, consequences of bad mental state make even bigger problems. That is why it is crucial that dealing with this specific issue is important. It is important to do things that not only improve the work on prevention of these problems but also the treatment and promotion of the way people are dealing with this problem. There are also a number of problems related to the use of medicines in children and early adolescents. Many experts agree that psychotherapy, talk therapy, talk about problems with children, family, carers is a more desirable way of treating. I am very happy that this congress focuses on psychotherapy and how to apply different forms of psychotherapy not only to identify, but also to prevent many psychological problems faced by children and adolescents who can have a significant impact on their future well-being. Why address these mental health problems and problems with this specific target group? I want to emphasize that the appearance of mental health problems in children and adolescents may be different from the one we see in adults. This again emphasizes the need to develop tools and therapeutic interventions that will help us understand what the problems are with children and how they experience these problems. I believe that empowering children, through providing support for their critical thinking and strengthening mechanisms to protect them from negative environmental impacts, is one of the main goals in evaluating and providing therapeutic interventions. That is why it is of crucial importance to give great significance to what the family thinks and perceives, and which are basic family dynamics that can play a positive or negative role in shaping the problems and mental health problems. I think the key feature of psychotherapy and talk therapy is to encourage these people to figure out what they think and see. I am sure that this congress will consider different aspects and many newspapers to explore and explore innovative ways to help this population, which is the future of our nations, to be seen as serious people who will shape and guide our governments. I assure you that the World Psychiatric Association, which represents the umbrella organization of a psychiatrist with two hundred and fifty thousand members, is very clear in developing strategies to promote mental health wellbeing in all age groups, primarily among children and adolescents. The World Psychiatric Association through its action plans emphasizes such development and encourages associations, NGOs, governments and the private sector to meet their initiatives, plans and future orientations. I hope that this congress will help to develop some guidelines or suggestions for the future that could be used not only in Bosnia and Herzegovina but will be of assistance to the region and, more importantly, to the whole world. The World Psychiatric Association will be pleased to share this information with other associations. Once again I would like to thank the organizers for the

opportunity to say a few words about this congress. I am sorry that I could not attend this gathering and I hope that this congress will give us further directions for future discussions in this important area. Thank you all the best congress!

## Historical development of developmental psychotherapy with an overview of opportunities in Bosnia and Herzegovina

Vera Daneš Brozek

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Therapeutic possibilities and techniques have a relatively long evolution of development. The most common roots of psychotherapeutic approach to psychological disorders in children are linked to psychoanalytic doctrine in the narrowest sense. Psychotherapy and psychotherapy are considered by Ana Freud and Melani Klein. The therapeutic approach to child psychiatry was at a pace at which develops knowledge of the clinical characteristics of psychological disorders specific to the developmental period, and in accordance with the way they understand their origin. The initiators of psychotherapeutic approaches to children are related to the application of individual treatment. However, the course of time and socio-psychological circumstances throughout history, have shown that the future of treating psychic disorders in children's age can not be bypassed by professional interventions in the nearer but wider environment in which the child grows. This certainly does not diminish the importance of individual treatment. In the beginning part of the paper present the basic sociopsihologic moments that defined or marked the understanding of the need for child psychotherapy. The beginnings of which Ana Freud and Melan Klein, and their followers, are listed. Further, the contribution of the French School of Psychotherapy of Psychic Disorders in the Developmental Age is being elaborated. The following describes the development features until today, namely the reach of modern psychotherapeutic approaches, whose emphasis is on treatment, and also on the prevention and improvement of the quality of interpersonal relationships in the environment in which the child lives and is raised. The issue of optimization of the professional profile of a children's psychotherapist is also considered, and the historical path to the contemporary team approach of related profiles professionals dealing with children's psychology and the question of the range of activities of a child's psychotherapist. Then, in the paper, the conditions and possibilities that defined the peculiarities of the development of children's psychiatry and psychotherapy in Bosnia and Herzegovina are listed. In this context, the situation and the lifestyles that marked this development from the beginning of the late 1950s to the beginning of the 20th century were emphasized. Special emphasis was placed on the war and the post-war situation in the 1992-95 war, that is, the problem of general traumatization of the population. In the nature of things, there was primarily the organization of providing psychological assistance to the entire population through the activities of the non-governmental sector. This assistance was then organized by international entities because the situation with the domestic staff was virtually zero. At the time and just after the war in the entire Federation of BiH there was only one educated child psychiatrist and a limited number of psychologists trained to work with children. In the years to come, in addition to the activities of non-governmental organizations, projects by the state of BiH are also being initiated in order to improve the mental health of the population of developmental age, in the form of postgraduate studies in children's and adolescent psychiatry in 2001. In the following years, a number of projects have been set up services such as Mental Health Centers. Currently, there are currently employed professionals who have adequate education in the area of pathopathology of developmental age. Of course, it is important to mention the contribution of BHIDAPA, which has been active in educating experts from the field of children and adolescent integrative psychotherapy for several years.

## Psychotherapy, development and neuroscience

**Mirjana Graovac**

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Thanks to contemporary knowledge of neuroscience, today it is possible to clarify and link the processes of growth and maturation of the brain with the psychological development of the child. Neuroscience helps us to understand the biological correlates of psychological development and mental functioning. Today, we know the significance and role of the lymphatic system, neuroplasticity of the brain, neurogenesis and others. In the psychotherapeutic skill of treating a psychotherapist with patient/client passes a path that in some way repeats the developmental processes and includes aspects of early mother-child relationship. In the therapeutic process (as in the early mother-child relationship), they engage emotions, ie the limbic brain, lymphatic resonance and lymphatic communication. Today, we know that growth and brain development are not exclusively genetically defined, but are under the influence of continuous interaction with the environment. Growth and brain development does not end in early childhood. Changes in cortical nets are possible and are related to personal experience. Neuroplasticity of the brain is a prerequisite for changes in behavior, cognition and emotions, which is the focus of psychotherapy activity. Psychotherapy leads to the restructuring of neural networks, particularly in the supkortical lymphatic area, responsible for an unconscious emotional experience. Thanks to the progress of neuroscience, it is possible to objectify the pathophysiological changes caused by psychotherapy. Earlier "invisible" therapeutic effects become measurable. Emotional learning is most effective in childhood because brain neuroplasticity, i.e. the readiness of the brain to create new neural bonds and encode new knowledge, decreases after adolescence. Therefore, the use of psychotherapeutic techniques for the treatment of children and adolescents during growth and development, when the potential effect of psychotherapy is greatest, is of utmost importance. Of course, this is why educated professionals who, thanks to their education, acquire the competence to carry out psychotherapy for children and adolescents.

## Anti-colic workshop and early mother – child relationship

**Milivoj Jovančević (In coauthorship with Sonja Oković)**

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Infant colic present important problem in earliest childhood. They are presented as sudden episodes of painful and comfortless cry, starting from dismissal from maternity and lasting for 3-4 months of age. They affect about 10 – 23% of infants. Due to the high level of stress mothers get blocked in recognition, understanding and adequate response to child's needs, and consequently development of the safe type attachment is frequently affected. Workshops have three goals: 1. education on the nature, presentations and causes of infant colic, 2. broader medical (physical and emotional) support provided by paediatrician and physiotherapist and 3. group support among parents. Anti-colic workshops have been organized for past 16 years, on monthly basis. Families with firstborn child and prematurely born reveal more frequently severe forms of colic. Anti-colic program has public health value in preserving high rate of breastfeeding and improvement of infant mental health. Given that child crying is one of the strongest signals in nature, it brings a high level of stress to the mother. Consequently, there are fears that a child is ill or is hungry, leading to the introduction of a fed milk and a break in breastfeeding. Because of the high level of stress, the mother is blocked in recognizing the subtle signals of the child, which results in a misunderstanding of the child's needs. It is precisely in the process of establishing harmonious communication, mutual recognition and adequate meeting of the child's needs that lies the key to establishing a so-called safe type of attachment that brings a feeling of being loved, understood and protected. For a long time, the importance of the early emotional relationship of a child with a parent and its impact on mental health in adulthood has been pointed out for a long time. Workshops have a dual goal: education about the nature of problems



and support through individual and group work (parents help each other). The project contributes to improving the health of children, which we consider to be significant at the time of birth and childbirth rates. Preventive mental health programs of the youngest age in Croatia are almost gone. At present, parents are building up fragmented advice from pediatricians, patrons, relatives, friends and to the greatest extent on the Internet. By providing support in group and individual work, a significantly higher level of assistance is achieved. It is a program that has public health significance and serves to improve the mental health of the earliest age as well as to increase the share of breastfeeding only in the first months of life. It is a non-commercial program that has developed and maintained so far, thanks to the volunteer's professional and work contribution of the members of the Children's Health Center. The program itself is free for users. A pediatrician, a senior nurse, a senior physiotherapist, and an assistant for technical-informational work are involved. The program averaged approximately 120 children aged 0-4 months and their parents (total of 360 people) on an average yearly basis. Alternatively, by distributing video and writing materials over the Internet, a significantly larger number of users can be expected, we estimate about 1-2,000. It is about families with children who have pronounced infant chores. The program runs 16 years, 10-11 workshops were held annually, involving about 2,000 infants under 4 months and their parents. For the past five years, 34 pregnant women participated in the workshops. 9% of children did not exhibit more severe complications while 10% had very severe disabilities. Significantly higher prevalence of firstborn children and children of low birth weight was recorded. Although difficult to measure due to the diversity of respondents (different age, birth weight and gestational age, number of children in the family), the results of this emotional support program are reflected in their continued interest in it - both by parents and by educated experts.

## Selfie culture

**Vesna Hercigonja Novković**

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What does selfie culture talk about the time we live in? Is selfie generation narcissistic, superficial and egocentric? Selfi are a social phenomenon and a modern way of social interaction. At the same time, despite the spread, they are extremely tedious. The level of direct support, liking and flattering of other people online is far more numerous, almost massive, and can hardly be compared with the level of support and likes of the offline. Does this mean that young people today live parallel lives in which different rules and values systems are domineer? The question is whether the generation of millenniums is superficial, egoistic, obsessed with self and narcissistic. Numerous studies point to the high correlation between narcissism and self-image. Fake self present in narcissism is a typical cause and consequence of selfie. But every generation, and today's generation, must be watched through the world in which they grew up, through the society that raised them and through the values that had been imposed on them. The parents of the millennial generation are parents who have decided to abandon the authoritative upbringing of their parents and become very and overly orientated to their children. Pedocentrism, helicopter parenting, emphasis on self-esteem, overwhelming praise of children, led this generation of children to insight that only perfection was acceptable and they continued to live in that perception. Parents have, through education, far more encouraged individual happiness over their "civil duty". This has contributed to the spoils of self-obsession, not the fact that they own smartphones. Taking a selfie can be an acceptable way of expression and "self-promotion" but when it fully takes control of someone's time and interests then it becomes a problem. Selfies encourage preoccupation with appearance. They are regularly edited, carefully chosen before they are posted, photographing to make a person look better, and their life is more appealing. It strives for perfectionism, carefully removing all possible defects. Projection of perfection. The self-confidence that arises as a result of the great number of flatteres associated with the unrealized embellished version is false and does not reflect the sense of acceptance of a person in the real world and can lead to a breakdown.

## **Fear is the worst place: early trauma from the cornerstone of the theory of attachment**

**Tatjana Stefanović Stanojević**

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Affective attachment is the name for the deep and permanent connection of a person with significant other people. The first attachment is formed in the childhood, through the relation of the parent to the child. Although parents have different and multiple roles in the life of a child, the role of affection is considered to be the most important parenting role, above all because this role has the most controversial consequences. Affective attachment is formed through the way of dealing with a child, the way of answering or disagreement with the child's needs and signals. Responses can be adequate and compliance, inadequate and uncompliance, and can be absent, or even scary. This paper presents the dynamics of child development that had scary or intimidated guardians. These children formed a disorganized pattern of affective attachment, ie a negative internal work model of themselves and others. Faced with fear, they did not have a safe base to run. The guardian was also the cause of fear. In the inability to develop an acceptable life-style strategy, they have developed a dissociation, or a lack of emotional content that they do not have to deal with. The price is high. In the paper, we will firstly address the defense inhibition of mental capacity.

## **Suicidal behavior in children and adolescents - diagnosis and intervention**

**Kanita Dervić,**

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Suicidal behavior in children and adolescents is a major problem in many countries around the world. Risk factors for suicidal behavior in young people can be divided into psychiatric (eg, depression), psychosocial (eg school problems, family) and environmental factors (eg attitudes in society / suicide culture, imitative behavior). In about 90% of cases of suicide in children and adolescents there is a psychiatric disorder in the background. While suicide is common in male populations, attempts to suicide and suicidal ideation are more common in a female population. Early recognition of signs of suicide and timely referral to specialized institutions to assess suicidal risk are crucial elements of prevention. The presentation further includes a review of the prevalence of suicidal behavior in children and adolescents, as well as a review of risk and protective factors, clinical interventions and preventive measures to prevent suicide.

## **Psychotic conditions in teen**

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Adolescence is a period of profound change and is an opportunity for the emergence of psychic, emotional and other similar disorders. The greatest number of psychotic disorders do not have one known cause. The most common reasons for psychotic behavior in teenagers can include genetic, physical and environmental factors. Symptoms may be related to psychological conflicts during development, which are normative, transient and reactive in certain situations (separation from parents, school change, birth of a relative giving rise to aggression or other traumatic events, difficulties in interpersonal relationships, difficulties in dealing with frustrations or in regulating emotions, etc.). Only 5% of adults experiencing psychosis state that psychosis initially appears completely; however, unspecific signs of psychotic disorders often begin before the 15th year. Symptoms of psychotic disorder start at age 18 and 24 but the beginning of less severe symptoms usually begins during the early years of teenage years. Gennaro Catone and his colleagues from the International Journal of Social Psychiatry (2017) argue that psychotherapeutic experience (PLEs) is often present in the general population and increases the risk of psychotic disorder.

Adolescents are in a group with a high risk of this condition. Children's violence often plays a role in the emergence of psychological experience (PLE). Also, verbal violence is strongly associated with paranoid (odds: ratio (OR): 4.40, confidence interval (CI): 2.8-5.9,  $P < 0.001$ ). Psychopathology is a result of difficulties in adaptive mediation of stressful circumstances, which limits the normative development process. Scientists are trying to decipher early signs that may later show the risk of developing psychosis and test ways to reduce that risk in teenagers. However, most characters are very vague and nonspecific, and the vast majority of children who show them remain healthy (Jenifer Cozin-Frankel, 2017). Psychotic disorders are intense and can cause severe mental illness that is characterized by severe adolescent damage or the ability of teenagers to think clearly, communicate appropriately, react emotionally, understand reality and behave appropriately. Psychosis is a symptom, rather than a diagnosis. Early identification and assessment of teenage psychiatric disorders is vital to the health and well-being of teenagers. Psychiatric disorders are characterized by the presence of hallucinations and delusional ideas. Sometimes, delusional ideas can be short-lived, such as those resulting from psychoactive substances. However, there are a number of mental illnesses and other disorders that can lead to the development of psychotic disorders in teenagers such as: Substance-induced Psychotic Disorders involving many psychoactive substances that are found to cause or exacerbate psychosis in people who use them (eg alcohol, marijuana, cocaine/amphetamines, LSD type hallucinogen, psilocibine, mescaline). Data from six longitudinal studies from five different countries have shown that regular use of cannabis predicts increased risk for schizophrenia and psychotic symptoms (Smith et al, 2004). The use of cannabis during early adolescence in combination with specific genetic vulnerability and changes in brain development are correlated with the risk of schizophrenia development (Schimmelmann et al., 2011) and overall cognitive decline (Meier et al, 2012); Schizophrenia is the major cause of psychotic disorders in teenagers and adults; A brief psychotic disorder is a short period when symptoms of psychosis manifest themselves. Symptoms such as hallucinations and delusional ideas appear suddenly and last for less than a month. After that period, the teenager is fully recovering; Delusional Disorder is a very serious mental disorder involving hallucinations and delusional ideas; Schizoaffective disorder with persistent psychotic symptoms along with symptoms of mood disorders such as depression or bipolar disorder. Psychotic symptoms are related or secondary to a wide spectrum of medical disorders. Psychosis can develop as a response to central nervous system lesions. About 3% of newly diagnosed psychosis can be attributed to a health condition (Maloney et al., 2012; Freudenreich et al., 2009). There is no confirmed etiology of early childhood or early onset of schizophrenia, so genetic, behavioral and environmental factors are likely to contribute to the development of this disease (Kodish and McClellan, 2008). Data from 6 longitudinal studies in five countries have shown that regular use of cannabis predicts increased risk for schizophrenia and psychotic symptoms (Smith et al, 2004). The use of cannabis during early adolescence in combination with specific genetic vulnerability and changes in brain development are correlated with the risk of schizophrenia (Schimmelmann et al, 2011) and the overall cognitive decline (Meier et al, 2012). For any teenage psychosis experience, it is important to have a unique treatment plan designed to shape their psychotic disorder and to become familiar with their safe / immediate needs. One of the biggest challenges in treating those with psychotic disorders is irregular drug taking. Many psychotic teenagers do not believe they are sick and need long-term therapy to reduce the symptoms (Amy Morin, 2017). For teenagers with a psychotic condition, it is very important and necessary to follow the treatment plan which involves taking the appropriate medication on time and the presence of regular therapeutic sessions. The most effective evidence-based treatment is Cognitive-Behavioral Therapy (CBT), for guidance on any persistent hallucinations and delusional ideas where antipsychotics did not work. Other treatments also include group and family therapy.

## MINDFULNESS: IMPLEMENTATION IN CHILDREN AT THE INPATIENT UNIT

**Vlatka Boričević Maršanić** (coauthorships with Ana Kordić and Mia Flander Tadić)

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Mindfulness refers to paying attention to personal experiences (sensory experiences, thoughts, emotions) or environment (sounds, smells) in the present moment with acceptance and non-judgmental stance. Although mindfulness has been present in religions of Eastern and Western cultures for more than 2500 years, mindfulness based therapy (MBT) have been introduced in contemporary medicine in late 1970. Research has shown positive effects of mindfulness on symptoms of depression, anxiety, inattention and hiperactivity, impulsivity, eating disorders, substance abuse. Mindfulness is part of the comprehensive treatment programme at the inpatient unit, closed ward, of the Psychiatric Hospital for Children and Adolescents (age 7 do 14 years). It is applied in group setting in children with various mental disorders, combined with other CBT techniques, every day for about 20 min. Mindfulness techniques include sensory practice (smell, taste), breathing meditation, body scan, guided imagination, movement excersises, standing yoga, listening meditation. In applying mindfulness for children, excersises need to be shortened and adapted with elements of play. Mindfulness is very well accepted by children and results in decrease of internalizing and externalizing problems.

## “Diagnosing” resilience across cultures and contexts

**Michael Ungar**

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With growing interest in resilience among mental health care providers, there is a need for a simple way to think about the complex interactions that predict which children and adults will do well despite the seriousness of the challenges they face. A focus on resilience helps us to understand individual adaptive and maladaptive coping strategies, as well as the social and physical ecologies that facilitate processes associated with resilience. Using case examples of children who have been exposed to high levels of adversity such as family violence, mental illness of a child or caregiver, natural disasters, forced migration, poverty, racism and other types of social marginalization and political conflict, Dr. Ungar will show how we can assess childhood resilience and use that assessment to guide practice. He will show that by “diagnosing” resilience, we are in a better position to design interventions that are sensitive to the individual, family, school and community factors that influence a child’s wellbeing. Nine factors common to children who cope well under adversity and avoid problems like depression, PTSD, and delinquency will be discussed. This presentation will also explore ways we can intervene to help children cope by changing the social and physical environments that surround them.

## Overview of psychotherapeutic approaches in working with children and adolescents

**Dubravka Kocijan Hercigonja**

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Psychotherapeutic techniques are divided into psychotherapeutic systems, therapeutic criteria, psychotherapeutic setting, therapeutic goals and diagnosis. The time to create certain directions is very different, and most of the approaches is aimed at adults who want to change their way of functioning as well as their relationship with themselves and their surroundings. The psychotherapist becomes aware of the importance of childhood influence and development through work with the patient. The weight of children’s psychotherapy is based on motivational problems, time perspective, relationship with therapist / transfer and contract transfer, external factors and influences as well as development phases. The choice of technique depends on the therapist’s education, approach to the child, the relationship with the environment, especially to the parents who decide whether the child will come or not to therapy and

participate in the therapeutic process. The analysis of the development of psychotherapeutic techniques suggests that in 1920 the first training sessions of psychotherapeutic work with children appeared in the US and UK. Among the authorities as well as the founders of psychotherapeutic work with children are mentioned Ana Freud and Melani Klain. The basic attitude of working with children is based on the fact that psychological development takes place in a scientific dialogue focused on organic biological energy and the humanistic focused on the subjective and narrative meaning of that energy through the relation of persons and the environment. The most significant child psychotherapists of Melanie Klain, Margareth Mahler, D. Winicot, J. Bowlby, Erikson, J. Piaget and many others emphasize the importance of early relationships and their impact on child development and recommend different psychotherapeutic approaches depending on the child's developmental phases and problems basic education. It is important to emphasize that child development has a significant influence on the choice of technique and is modified during the therapeutic process since the change of approach, modifying the relationship between the therapist and the child using different techniques of means with the primary purpose of helping to gather the fragments of the ego and integrate it into a new one. The techniques incorporate different dynamic and non-native approaches, and that the basic goal of organizing primitive development from a developmental standpoint is that it must take into account the developmental characteristics of the child as well as the child's environment. The therapist must be willing to modify the approaches and techniques during the therapeutic process, be flexible, secure, allow the child to show emotions, and through the knowledge of the environment, modify the means of communication. Integration of approaches and technique depending on the needs of the child is the most optimal way of working with children.

## Indication for family psychotherapy

**Albert John Sargent**

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Therapy is directed at resolution of problems and challenges for a child and his family while parenting is a process directed toward maximizing development and building resiliency. One goal of therapy is to support the child while building effective parenting. Family therapy unites the goals of family cohesion, parenting and child wellbeing and development. Family therapy assists family members in dealing with family change, divorce, parent loss or illness, other family hardship or crisis. It can also assist parents and other family members in facilitating the child's participation in therapy or being more effective in the process of parenting. Family therapy can help the family in adapting to developmental change and transition. Family therapy also can build family connections, organization, communication and integrity. These goals are often at the heart of the reasons a family seeks therapy for a child.

## New technologies - new challenge of growing up

**Gordana Buljan Flander**

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Modern technologies change the way we communicate with others everyday, spend time and work tasks. The virtual world is also a new aspect of the environment in which growing up today's generation of children, popularly known as digital births, who, along with modern technology, spend time from the earliest age. At the same time, growing up in the virtual world is only becoming a subject of scientific interest, and exploring the virtual world is further complicated by constant technological changes. Recent research has shown that some ways of using modern technology can positively affect children's development and relationships, but growing up with them also implies significant risks for the safety, well-being and mental health of children. While currently generations of children and young people much easier than adults overcome information and communication technology, they often lack the criticalness and caution that

would make them safe, which is why they need leadership in adults. On the other hand, adults often lack the understanding of the world of modern technologies that would enable them to lead their children in the same way as they do in the other aspects of growing up as adults and as well as adults in the role of experts provide full support to children with all their experiences. The aim of this paper is to provide an overview of the most important research findings on the potentials and risks of the virtual world for the development and mental health of children and young people, with an overview to the way it he topic issues are presented in work with children and young people and guidelines that can facilitate the provision of child support in role of parents and therapists.

## Borderline personality disorder in adolescence and specific treatment approaches

**Susanne Schlüter-Müller**

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Borderline Personality Disorder (BPD) is a severe, but treatable mental disorder. Although BPD has its onset in adolescence and emerging adulthood the diagnosis is often delayed and, in most cases, specific treatment is only offered late in the course of the disorder and to relatively few individuals. This increases the probability of a chronic course of the disorder with constant treatment demands over the life-span. Early detection and treatment of adolescents with personality disorders (PD) are important to prevent pathological personality development and long-lasting psychosocial dysfunction. To change the current situation an international task force has been found, the Global Alliance for Prevention and Early Intervention for Borderline Personality Disorder (GAP). In this talk I will outline the main aims of GAP and their relevance for the development of better standards of care for young BPD patients in the mental health system:

- Promotion of early detection and timely intervention for borderline personality disorder patients
- Work with families at all stages of intervention
- Increase the variety of available treatments across all levels of the health system
- Improve access to evidence-based treatments

## Protection of mental health of children and youth in criminal procedure

**Sanja Radetić Lovrić**

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When a child is placed in the role of a witness in criminal proceedings, it should be keep in mind that, in most cases, this is not his or her choice and rational decision has been found in that role. There is almost no child, the possibility of a sophisticated rational reflection on the choice of accepting the role of a witness or not. A child can also be a key witness, especially for offenses committed at the expense of the child. Even children in conflict with the law, like any other child, can not rationally make decisions and judge the relationship of cause and effect in a mature way. The arrival of a child into a judicial institution is not the same as going to institutions such as kindergartens, schools, sports clubs, cultural homes, youth centers. The experience of witnessing or giving testimony to a child is unknown, in most cases accompanied by strong emotions of anxiety, fear, fear and tension. However, appearing as a witness is the most common consequence of a child's experienced traumatic experience. Therefore, only the testimony brings the child into a serious risk of secondary trauma and the human goal is to minimize the risk. Respecting the developmental characteristics of childhood and youth, traumatic experiences, their inexhaustible memory and the possibilities of leaving far-reaching consequences, while respecting the rights of the child, clinical and legal practices have begun to pay special attention to building a psychological approach to children in investigative and judicial proceedings. The cultivation of such approach



implies the professional and experts appreciation of the psychological nature of the child and its inner world in dealing with children at all stages of criminal proceedings. The role of a psychologist-expert in dealing with children in contact with the law goes two ways. The first role of experts is oriented towards preventing and alleviating the negative consequences of child trauma caused by the circumstances of the critical traumatic event and the prevention of secondary trauma due to criminal proceedings. The second role of experts has been oriented in securing all relevant information necessary for realization the interest of the criminal proceeding. Both roles must be priority and above all, to protect the best and long-lasting interest of the child. It is an indisputable fact that every child - a witness, a sensitive witness, because of its cognitive and emotional-social development, but equally important is the fact that only professional and expert approach provides the necessary knowledge about the psychological nature of the child and its experiences. The most important tasks of experts in working with children are reflected in psychoeducation, psychological assessment, hearing, conducting forensic interviews, counseling, and preparing and supporting testimony. For this reason, it is of primary importance that human access to children in criminal proceedings is performed by specialized and highly professional, experienced and professional psychologists, both in judicial instructors and in centers specializing in working with children and young people. Having a professional and expert approach, for the child and its recovery from trauma carries the benefit. But just one bad, unprofessional, and unethical approach leaves lasting, unfavorable psychological consequences for the later life of the child. Therefore, there is a tendency towards a humanistic approach to children and respect for their psychological nature, an imperative that is to be built and nurtured by every judicial institution.

## Children in conflict with the law

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The position of children, persons up to 18 years old in the historical part has varied between the fact that the children were treated as adults to the difference that they were treated differently in relation to the proceedings and sanctions. Juvenile delinquency is associated with peer behavior and acceptance of their behavioral model. How to act on his behavior is the question of the application of sanctions, and it is often necessary to provide assistance, supervision and care and offer the juvenile the opportunity to repair such behavior and accept the responsibility of the juvenile to no longer proceed delinquently. The Recommendation of the Minimum Standards is for children in conflict with the law that alternative sanctions and court proceedings (diversion) should be applied. Unfortunately, the same youth delinquency statistics unjustifiably reduce the number of offenses committed by young people because there is a problem with the so- dark criminality figures, which refer to a significant number of criminal offenses for which no one is known or is known yet, but no suspect is identified as a perpetrator. Big dark figures are for the crimes most commonly used by minors, depending on the various factors, the type of criminal offenses, the conditions of the police or the state's attorney's office and the readiness of citizens to report a criminal offense. Juvenile delinquency is a phenomenon that has the real meaning of a large number of juveniles who have sporadically behaved delicately to never continue doing so later.

## Brief family intervention with refugee children and families

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Background: There are more than 68 million refugees and displaced people in the world (2017). Children constitute about half of that population. It is an enormous challenge and a complex situation for refugee children and families escaping from their home country, to a new system of society to which they have

to adapt and where they have to recapture a sense of coherence. Refugee families who had fled to Sweden as a result of the war in Bosnia and Herzegovina from 1992 to 1995 were included in these studies. They had been granted permanent residence permits. Aims: To deepen knowledge on the psychological health of younger refugee children; to explore refugee children's well-being before and after an intervention with three family therapy sessions and to explore the complexity of various family members' experiences and perceptions of their life before the war, during the war and their escape, and in their new life in Sweden. Methods: Data was collected using parental interviews and psychological assessments of children aged five to twelve years. The children were assessed with a psychological method, the Erica Method, where the children express themselves playing and building whatever they want in a sandbox. Those assessments were compared with a Swedish reference group consisting of 80 children. In one of the studies, the Erica Method assessments from before and after an intervention with brief family therapy were compared, complemented by parental interviews. Family therapy sessions were videotaped. Nine family therapy sessions were analysed using a qualitative method. Some results: Parents' assessments of their children's psychological health according to a symptom and behaviour interview did not correlate with the findings of the psychological assessments of children using the Erica Method. The majority of the parents were unaware of their children's psychological problems, as identified in the psychological assessments. There was a higher rate of not-normal sandboxes (Erica Method) in this group of refugee children, compared to the Swedish reference group. A statistically significant number of cases had improved after a brief family therapy intervention when evaluated with Erica Method. Main conclusion: Family interventions could be beneficial for refugee children and families, even if the children do not present with overt psychological problems.

## Transgenerational and war trauma

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War as a global catastrophic trauma on many different direct and indirect ways affects an individual, family, community, and society as a whole. In the last decades, a significant number of researches focused on the psychological consequences of war trauma not only in psychotraumatized persons, but also in their offspring. The transgenerational transmission of traumatic influences has been specifically investigated in Holocaust victims, as well as in various ethnic groups exposed to brutal assaults. Transgenerational trauma can be viewed as a psychological, psychodynamic, psychopathological, sociological, philosophical and historical phenomenon. As individuals and society as a whole bear on prevalent war trauma, it is only visible through the flow of time and through the rise of different patterns of dysfunctional behavior. The aim of this paper is to show the psychological consequences of war trauma and possible models and manifestations of the transmission of traumatic influences to the descendants of psychotraumatized. Research and understanding of transgenerational transmission is essential for understanding the long-term outcome of war trauma. The awareness of the transfer of the transgenerational processes prevents the transmission of pathology to the next generation.

## War-related and other social trauma as a risk factors for major psychiatric disorders - challenges for early interventions

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The gradual emergence of symptoms following exposure to traumatic events is one of the major conceptual challenges to psychiatry and neurosciences. During several last decades, our region has been exposed to unstable conditions which were affecting individual throughout the whole neurodevelopment.

Our research has shown that bombing of Belgrade impacted pregnant females, leading to lower birth weight of their infants in comparison to those who had no such exposure during their pregnancies. Also, we found that future patients with psychosis had more exposure to social trauma (bullying) and also to abuse and neglect, in comparison to their siblings and control group from the same surrounding during their childhood. The effects of social trauma need to be considered as a major environmental challenge that places individual's physical and psychological health equally at risk. In psychotic disorders, the relationship between trauma and treatment-resistance appears to be mediated by cognitive impairment, in bipolar disorder by more affective disturbance and earlier onset, while in major depressive disorder the mediating factors are more severe and prolonged symptoms and frequent recurrence. In "at risk subjects", could early intervention on trauma related brain signatures prevent from the full blown disorder? Could the "risk" become a "potential"? There is a possibility that when individuals experience contextual adversity, it can also be related to especially competent functioning when they encounter supportive developmental contexts. We hypothesize that the composite of genetic and epigenetic markers of glucocorticoid, serotonergic and glutamatergic signaling, combined with certain clinical phenotypes, could have the potential to better characterize signatures of social trauma in major psychiatric disorders and to delineate between individual vulnerability vs. resilience mechanisms. By presenting data from the literature and our own, we will show how HPA axis integrates adaptive responses to environmental challenges and how it mediates adaptation. Elucidation of the molecular signatures of (vulnerability to) trauma needs comprehensive understanding of gene-epigene-environment interactions and related endophenotypes. This is a precondition for timely interventions in mental health prevention either by tailored pharmacology, by certain psychotherapeutic approaches, or with both of them.

## Mental health outcomes, stigma experiences and implications for treatment of children born of war in Bosnia and Herzegovina

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During the war (1992-1995) in Bosnia and Herzegovina (BA), an estimated 20,000 to 50,000 girls and women were being exposed to sexual persecution, rape, enslavement, unwanted pregnancy, forced motherhood, and other forms of sexual violence perpetrated by enemy soldiers. The number of women and female minors - victims of sexual abuse, exploitation and human trafficking conducted by peacekeeping and international humanitarian mission personnel in war-torn and post-conflict BA is unknown. An official statistics and database on children fathered by enemy soldiers, "peacekeepers" and international aid workers are missing. To date only the experiences of children born out of war rape in BA have been identified and approached from the perspective of humanities, human rights and international relations indicating that their needs have been neglected and their rights of child denied to a high degree. Empirical data on the long-term experiences and psychosocial consequences of growing up as a "child born of war" (CBoW) in the Bosnian post-conflict context were lacking. The goal of this study was to examine traumatic experiences, posttraumatic stress disorder, depression and somatization among CBoW (n=33) in BA, and to compare it with control groups: a) children whose fathers fought in fratricidal war (FWC), and b) children born out of interethnic marriage (IEMC). In addition, their experiences of stigmatization and discrimination were explored and described. Measurements included self-reported instruments: Posttraumatic Diagnostic Scale (PDS), Patient Health Questionnaire (PHQ) and adapted versions of the Inventory of Stigmatizing Experiences (ISE), and of Internalized Stigma of Mental Illness Scale (ISMI). The majority of CBoW from our sample reported that they had been exposed to at least one traumatic event, 12.1% of them screened positive for posttraumatic stress symptoms (PTSD), 21.3% reported a high level of depression, and 42.4% moderate to severe level of somatic symptoms. Moreover, they grew up under

poor living and familial conditions, whereas the majority (84.8%) reported that they have been exposed to stigmatization and discrimination experiences. Stigma was present at all levels (community, structural, familial and individual), mainly because of the ethno-national background and country of father's origin, inherited physical attributes, the fact that the mother got involved with "foreign soldier" or international humanitarian worker or has been raped by enemy, while one fifth of CBoW stated that they have been stigmatized because of mother's origin. One half reported that their experiences with stigma had negative impact on their satisfaction with quality of life. Preliminary results of our study indicate that CBoW in BA are placed at a greater risk of experiencing stigma, discrimination, socio-economic and familial deprivation, and developing mental disorders. Implications for treatment of CBoW will also be discussed.

## Protection Program Proposal "The integration of children and young exiles"

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Experiences, beliefs, support or rejection and numerous number of other factors at children and youth are responsible factors for the mental health of ones but later adults as well. All that is invested and what influences children's development positively or negative are the essential precondition for the later functioning, behavior of self-esteem to the aggression and negative identification. Displaced children at an earliest age are faced with a number of traumatic experiences that they do not know and do not understand the causes. Under the influence of the environment in which they come that has led to the exile and in particular the impact of influences and attitudes of family whose their traumatic experiences transfer to the children by using its numerous defense mechanisms both positive and negative, it becomes the model of functioning of children and young people. Croatia and Bosnia and Herzegovina have passed the experience of the last War and exile. Thanks to European countries that have accepted refugees and help those ones in the integration, as well as a number of organizations from Europe and the United States have not developed mental health problems. In most of the cases these children and young people have become positive members of the country that continued to live or return to their own country. Our experiences we have published in numerous books, and some models of functioning have taken over some countries that are faced with problems of War's trauma. Concerning of the above mentioned, we believe that as an organization that aims to help children and youth it is necessary to organize the integration of ones into the society in which they are located to encourage self-confidence by becoming aware of their own values and working through traumatic experiences. Regarding traumatic experiences of one family the same can be stimulating but as well obstructive in that process. Program activities. PHASE 1: To educate professionals in meaning what is trauma for the child, to encourage and gratify their values, to exchange knowledge as well experiences and learning and integrating positive ways of the functioning of their coevals, as well as taking into account the specifics. By education should be involved professionals that work in the reception camps, kindergartens and schools, such as social workers, educators, teachers, professors, volunteers, parents and other groups of experts. Training with the accompanying literature would include 40 hours of training. Implementation will be with the help of WHO. PHASE 2: The organization of parallel workshops, games, lectures, free activities for children and youth where should be worked through targeted activities to reduce traumatic experiences, due to fears, acceptance of diversity, developing their own value, elimination of the prejudice. A total of 40 hours. With the help of WHO. PHASE 3: Supervision of the application of acquired knowledge. Continuous process. Treatment of professionals if required due to the complexity of the work, a continuous process.

# 3. oral presentations

## 3.1. Section: “Role of school, NGO, institution and family”

### Single-parent families: a category at increased risk of poverty

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For the last decades, we see a slow but sure trend of single parent families in industrialized countries, as well as in Croatia. The share of single-parent families in Croatia grew from 12.4% in 1991 and 15% in 2001 to as much as 23.9% in 2011. Causes of single parent families can be multiple: death, divorce, abandonment of one parent, extraterrestrial birth, and recently, there are families in which one partner for any reason is displaced from the family. One of the biggest difficulties faced by such families is poverty; the risk of single-parent families from poverty is almost four times higher than for the family of the couple. In a study conducted in Croatia in 2004 by 405 parents of single-parent families and 407 from both-parent families, it was found that in single-parent families mother single parents are five times more often than their father, each third single-parent family lives in a three-generation household more than one third of them evaluate material opportunities to poor, half of single parents do not receive alimony from the other parent, and economic problems lead to an increase in subjective feelings of stress among parents and thus affect their parenting behavior. Growing up in poverty is extremely dangerous especially for younger children - the economic power of the family affects the child's developmental outcomes such as health, emotional problems and school success in childhood, education status, level of achievement of work qualification and education, employment and economic performance in adult age. It is important to emphasize that this impact is most powerful in the first two to three years of the child's life and the child's developmental outcomes will not be corrected by the subsequent change in the economic status of the family. The risk of poverty in single-parent families is particularly great for single mothers. Women in most countries have a greater risk of poverty than men, and in both-parent families, men are more often financially supportive of their families; after the divorce of such a woman, women are often unemployed. Single mothers express a strong feeling of injustice and discrimination, both themselves and their children, and an extremely bad experience with employers and the lack of understanding of the problems and difficulties that one-manhood brings them. We can conclude that the Croatian society is insufficiently sensitized to the needs and problems of single-parent families, primarily the material position of such families, but also discrimination in employment, poor information, lack of social network and inadequate social support. Social and counseling assistance by social workers, psychological support systems through counseling centers and parents' schools, and preventive programs intended for children of single parent families who provide free, but creative, creative content could reduce the negative effects on the child's developmental outcomes as well as ease stress with parents.

### The role of school in humanistic education and child socialization with desirable values

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The school is an educational and upbringing institution of society, but today it seems that its upbringing role is significantly weakened. The pedagogical principle of acting in school for the past decades has

changed from the sociocentric to the pedocentric system. With a child in the center, the curriculum of a modern educational-upbringing Institution advocates a holistic approach to a child where all educational professionals together with other stakeholders are invited to participate in various activities that support the full development of the child. These are also the activities of preventive action in the form of pedagogical counseling and pedagogical workshops, as well as the formation of a democratic school climate and the creation of quality leisure activities as successful forms of prevention of socially unacceptable forms of behavior of children and youth. Pedagogical counseling is a personal meeting of a pedagogue with a child, an interactive process in which harmonization of individual opportunities for an individual and education takes place as an educational socialization process in which an individual integrates norms and values, processes in the service of development and strengthening of personal identity. Pedagogical workshops are the area of the child's natural learning during which the child is actively explored and taught with the help of various activities and contents, practical tasks and games, and are shaped in accordance with the child's preferences and developmental abilities and needs. A supportive school climate that encourages students to participate in all school processes nullifies the negative force of a hidden curriculum through which school and society send children messages about their position in the hierarchy of the school, and tomorrow and society. Part of the hidden curriculum and the overall school climate are values as the ideological framework of the curriculum, the underlying thrust pervading the curriculum and the educational system as a whole. The system of teacher values in essence determines the system of values in which the students will be socialized. Therefore, the results of the presentations are the results of the Teachers' attitudes towards the curriculum design of European values, carried out on the population of almost 400 elementary school teachers in the City of Zagreb. The study was conducted by the questionnaire Shaloma H. Schwartz of the Portrait Value Questionnaire and supplemented with questions from the European Values of Europeans questionnaire (Values of Europeans). The results of the research describe the hierarchical system of universal human values and the European values of Croatian teachers as a predictor of the system of students' values. Namely, while primary socialization of students in universal human values and in European values as humanistically oriented values of democratic and civic society takes place in the family, secondary socialization takes place in schools, among peers, through media and social networks, the activity of civil society associations and on other ways. Socialization in desirable values is most effective when all socialization agents act in the same direction. Finally, the dissemination of good practice examples from the Zagreb educational institutions highlights the common professional responsibility for the better structuring of teaching and extracurricular activities during the pedagogical year, as well as for the free time of children and youth as all available forms of improvement of educational practice. Project lessons that end up with children's works or opening a school for different contents during school holidays are some of these examples.

### **Family and its impact on the development of children and youth in the cultural context**

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Developing psychology has shifted the focus of its research over the last 30 years. The first motive for this came from the need to propose a comprehensive theory of development that would be able to explain development over the course of life, and which by studying and explaining development took into account the interaction between biological, psychological and social factors in all life time. The second motive has come from the previous limited scope of research. The focus of research on Western culture makes a significant limitation in trying to generalize the acquired knowledge. Namely, theories of development and the results of scientific research have been largely obtained on samples of respondents belonging to Western culture. There is a justified question about the non-bias of norms derived from such research. Hence the contemporary tendency of cross-cultural research that places the focus on cul-



ture with a view to understanding the development process within the characteristic time and space. This paper provides a brief overview of contemporary theoretical perspectives on development as a cultural process. The socio-cultural approach to Vygotsk, the author and creator of contemporary cultural psychology, will be highlighted, followed by the Ecological Model of Bronfenbrenner Development. The ecocultural theory (Weisner, 1984, 2002) points out that every culture provides a child a developmental path within an ecological-cultural context and that research into development within the cultural context should be permanent due to constant social changes. The model of multiple worlds (Phelan, Davidson and Yu, 1991) places emphasis on the description of specific "worlds" surrounding the child - families, peers and schools. Particular emphasis was placed on the Triandis hypothetical model of relationship between the dimensions of culture and psychological dimensions (1995) and the family as a context of development. Namely, the author based on the distinction between the two basic dimensions of culture, namely individualism and collectivism, also differs from the psychological dimensions arising from the above mentioned cultural dimensions. Idiocentrism is defined as an orientation towards itself and is positively associated with success and loneliness while allocentrism involves more social support, ie implies a solid social network that surrounds the individual. Such a relationship with the middle results in greater satisfaction, but also with a higher level of social relations. Allocentrism, as an orientation on the other, results in a lower level of alienation and loneliness. The newer date is the Model of family changes in a cultural context (Kagitcibasi, 2002), which provides the ability to grasp the family from a global perspective. According to this model, the subject of research is the family and its problems regardless of the characteristics of culture. By this this theory allows for understanding of the family in all social contexts. In the end, the results of the research on young people from Croatia, Bosnia and Herzegovina and Macedonia will show that the contribution of the quality of family interaction is greater than peer interaction in the explanation of self-esteem in all three groups of adolescents. The results also lead to the conclusion that the social context surrounding the young person is significant to her well-being, and that the role of socialization factors, as well as families, is determined by the cultural context and the time in which the young person lives. The conclusion is also that research of development should be put in space and time.

## Students` attitudes toward psychologists

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According to regulations in Canton Sarajevo, a school has to have one pedagogue or pedagogue-psychologist, while the half of weekly hours psychologist is planned for schools with minimum number of classes (for high schools and gymnasiums it is 16 classes per school), whereby the school can get 0,03 psychologist more for each additional class. In real life it means that gymnasium with 5 classes for each grade (20 classes in total), beside one pedagogue or pedagogue-psychologist, has to have additional 0,62 psychologist. In order for the gymnasium to have a whole psychologist, it is necessary for the school to have 16 classes over the minimum, that is, 8 classes of each of the 4 grades. As far as we know it, no evaluation of needs has been made so far to make any decision regarding this problem. That is why we have asked high school students to share their experience with psychologists and express their attitudes about the presence of psychologists in schools. We hope that serious and complete research will be carried out in the future on the significance of the presence and consequences of the absence of psychologist for the benefit of the most important ones, children and young people. The aim of our research was to find out whether high school students know what a psychologist does, whether they have experience with a psychologist inside or outside the school, and to say in which spheres they would need psychological consultation. We surveyed 277 high school students with online questionnaires, the sample was opportunity

and students filled in questionnaire voluntarily. We have made a questionnaire through Google Drive and shared it with social networks and e-mails. The questionnaire was opened for 8 days, from 26 January to February 2, 2018. Participants were initially given informal consent form to check in order to participate in the survey. There were a total of 15 questions, including 5 general questions on basic sample characteristics, 8 closed type questions, and two open type questions. A qualitative and quantitative analysis of the obtained results was performed. The data obtained show that less than 50% participants in our study already had talked with psychologist or had need to talk to psychologist in school or outside of the school context. 71% students who talked to psychologist outside of the school context suggest that this was a pleasant and useful experience, and 61% who talked to school psychologist said the same. Participants were able to decide on more issues they would like to talk to a psychologist, and 45.4% of them chose to talk about career orientation, 42.3% of our participants would like to learn ways how to reduce worry and the same number would like to, with the help of a psychologist, adopt effective strategies for stress management. Almost one third (32.3%) would like that psychologist helps them in improving their mood and interests outside the school. Also, given the results obtained, we consider it very useful to consider the possibility of employing psychologists-psychotherapists in secondary schools.

### **Nils Christie and his contribution to the development of the contemporary concept of restorative justice**

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In March 1976, the well-known Norwegian criminologist Nils Christie held an introductory lecture on the opening of the Center for Criminological Studies at the University of Sheffield, where the criminal offender was informed of the alleged conflict of interest. The lecture titled "Conflict as Property" was published in the British Journal of Criminology. This criminological text has laid the foundation for the contemporary concept of restorative justice. The article has become one of the most cited and most influential in the criminological literature, and Nils Christie's icon of a movement for restorative justice. The paper will show how its concept of "conflict as property" has influenced the development of a contemporary concept of restorative justice, and a special review of the issue of the applicability of such a concept of restorative justice will be made in relation to domestic criminal law.

### **Child neglect as the form of violence to children – knowledge, attitudes and behaviours**

**World Vision International in BiH and Ivana Zečević, PhD, lead researcher**

**Dragana Bulić,**

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The topic of violence against and among children is omnipresent, both in scientific and popular literature. Numerous research studies have been conducted and strong effort been made in the field of prevention and intervention. However, there is one category of violence against children that has not yet attracted significant attention. With few data sources and studies, neglect is ironically a neglected topic. The report on research conducted by World Vision International in Bosnia and Herzegovina, as part of the global 'It Takes A World to End Violence Against Children' campaign, starts a conversation on the meaning of neglect, its implications and harms, as understood by international frameworks and by the local context in Bosnia and Herzegovina. This report reviews the literature and relevant frameworks defining neglect as a form of violent behavior by adults towards children, specifying categories and behaviours constituting, as well as the harms and consequences of neglect as a form of violence against children. The report also

presents the results of a five month quantitative study conducted in 2017 and 2018 in Bosnia and Herzegovina, that analyses and compares stakeholder understanding of and reactions to neglect. The study was conducted in 14 municipalities of both BiH entities and interviewed 1,717 stakeholders, included professionals working in the field of education, social protection, health care and police, as well as faith leaders and university students who will be future professionals working with children in listed sectors. It also offers unique insights into the understanding and reactions to child neglect by children, ages 15 – 18, and their parents. The report brings staggering findings, highlighting that over 54% of parents and almost 57% of children never had the opportunity to learn about neglect. 47% of parents would not report child neglect by other parent, considering this not to be their business. Only 10% of professionals working in education, health and social protection believe that there is efficient system in place for reporting of and response to child neglect. It puts forward key recommendations, pointing to critical need for awareness raising and system level solutions, in which strengthening intersectoral response through effective reporting and referral mechanisms, education and equipping of professionals working with children, as well as enhancing positive parenting skills are only some.

## Experience of psychotherapeutic work at school

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Big changes in the media environment where new generations of young adults grow up as well as the high mobility of young people and adults need from educational system not only to adapt the didactic and methodical scenarios to their expectations, but also the continuous professional development of teachers and professors who will have the competence to protect mental health of children and young people. Heart surgeon can operate the heart and save the life of a child. But if a teacher can reach the heart of that child and help him to live life to the fullest, then it is a privilege, a happiness, a success. With an example of the organization of a primary school where the "Child and Youth Corner" activity provides the opportunity to work with children who have learning and behavioral difficulties as well as through an integrative psychotherapy approach, which means a multidisciplinary approach (psychoeducation of parents, school teachers, cooperation with the professional service of the school, with institutions, Mental Health Center, Psychiatric Clinic, Center for Social Work ..), the role of the teacher as a psychotherapist was presented. A case study, here we will call him Mirza (2006) - 12 years. Teacher suggested Mirza's parents for him to come to "Child and Youth Corner". It is difficult for him to establish contact. He is impulsive, doesn't want to participate in teaching activities, refuses any communication, instructions or tasks. He comes from a family where both father and mother are heroin addicts. The mother has been consuming psychoactive substances during and after pregnancy. After two years, the social service takes the child from his parents and sends him to SOS Children Village. His younger sister was born who was also going through the same destiny. As being neglected she has been sent to SOS Children Village as well. The children stayed for six years in the Village separated from each other. The father manages to recover, finds job and an apartment and decides on bringing both children to live with him. Mirza's mother still takes psychoactive substances. She lives with another partner and she recently got the baby. Children occasionally see their mother. Approach to psychotherapy is interdisciplinary. Individual psychotherapy, psychoeducation of the father and teachers who teach the student. During the psychotherapeutic process, I consult a psychologist from the Center for Mental Health and Child Psychiatrist at the Psychiatric Clinic of the University Clinical Center in Sarajevo where Mirza was hospitalized. Conclusion: The Integrative Psychotherapy approach offers deeper insight into the problem. Mirza enters puberty and there is a great danger that he will turn the trouble against

himself. What are the domains of psychotherapy when there is no person who can be an example to the child? This is the situation where we need the intervention from the society. As a psychotherapist I understood the need to include pedagogical-psychological service as well as all the teachers at school, which has led to a better understanding of the problems of the students. This has shown that psychotherapy is not just treatment but also way of identifying the problem.

### **Violence begets violence - bullying among children and adolescents in postwar and postsocialist context**

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The empirical evidence on bullying mainly comes from studies conducted in the established democracies. However, studies on risk factors, psychological and social consequences of bullying in postwar, postsocialist West Balkan countries are relatively scarce. We utilize Bronfenbrenner's theory of social-ecological development in postwar, postsocialist context, aiming to review existing literature on complex interactions of actors within a child's environment and their impact on bullying behavior. Apart from focusing on immediate influences of families and schools, we also aimed to extend our analysis by observing the interplay of micro-, meso-, exo- and macrosystem to identify broader environmental influences on bullying behavior among children in postwar Bosnia and Herzegovina. Although war ended in 1995, the macroenvironmental influences, resulting from changes imposed by postsocialist transition, ethnic tensions, segregation based on nationality and lack of consensus among politicians of three conflicted ethnical groups, create culture that perpetrates various forms of violent behavior in families, schools and society.

### **Mental health protection in crisis situation**

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Crisis situation is a threat to personal life, family, children, property, sense of well-being, and in people and children, triggers a psychological crisis or a loss of psychological balance, regardless of whether they are accompanied by loss, threat or some major change. Natural disasters have been shown that carry the risk of later development of mood disorders, depression, anxiety and even PTSD. As witness to natural disasters caused by climate change, but also other types of crises such as armed conflicts, terrorist actions, and other disasters, society must be prepared to provide a competent, prompt and effective response. All interventions, including psychosocial intervention during the crisis, should be carried out in the spirit of collaborative practice, as only such interventions can yield results. The health system is only part of the overall response of the society in a crisis situation and should be observed. It should be point out that children are most vulnerable in crisis situations as one of the vulnerable groups, and that effective and rapid intervention can significantly prevent major consequences for the mental health of children, adolescents and the entire family. Psychosocial support should be resumed even after a crisis, up to a year, to address the consequences of a stressful event. In such situations, intervention should not be directed only to children and adolescents, but must involve a wider community, schools, rescuers, families and all those who have experienced traumatic experiences and who could be traumatic transmitters to children and adolescents. Psychosocial intervention can use various methods of support from self-help, breathing, relaxation, focusing, visualization, support through creative workshops to psychotherapy and, if necessary, psychiatric support. In order to prevent the greater consequences that may arise from the mental health of children and adolescents, it is necessary to develop psychosocial intervention plans and integrate them into comprehensive crisis response responses, respecting the principles of collaboration and co-ordination.

## View the topic of child abuse on the Croatian web pages of the most read media portals

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Child abuse is media content that has been increasingly represented in media releases in recent years. Access to the theme of favoring the best interest of the child has been of interest to the public for years. In recent years, access to themes is slowly changing, so today, in Croatian online media, it primarily takes care of the protection of the child's identity. The aim of this paper is to provide an analysis of content on online pages related to media portfolios published on child abuse issues. As a source of research, a google search engine was used to access the first five most popular news portals via an independent online tracking service <https://www.alexa.com/topsites/countries/HR>. According to Alex's data these are: Index.hr, Jutarnji.hr, 24sata.hr, Net.hr. and Vecernji.hr. An advanced search engine was used, the Croatian language, and the results were displayed according to relevance. The above mentioned news portals were in the period from 1.1.-1.4.2018. processed the first 10 articles published on the keyword "Child Abuse". The purpose of the content analysis was to gain insight into the information to which a general, unprofessional population is exposed, how the most widely-used Croatian portals report on child abuse, to determine whether the disclosures are in line with the recommendations of the profession, and to what extent were articles in which child rights violations. Data analysis showed that media coverage of children from foreign media and from Croatia is equally represented on all media portals. A positive example is the most visited Croatian media on-line portal index.hr where there is no processing of individual cases of abused children, no disclosure of the child's identity or violation of children's rights in any way. Other media portals have violated them to a greater or lesser extent, and the most prominent texts with the most content that additionally expose the child to trauma and stigmatization have been published by the second most widely-visited media portal in Croatia, jutarnji.hr. In four of the five most popular media portals, in the key words "child abuse", the violation of children's rights was observed to a greater or lesser extent. Such data warns and speaks of the need for additional education for journalists and editors when protecting children and young people and their best interests. Although the violation of children's rights is not observed in the most visited Croatian media portal, only one content can not refer to the general policy of some online media portal, so future research could answer the question of whether the sensationalist content really is what attracts readers or is their quality content a priority when selecting media online portals and content that they read.

## Mental health of children and young people is a prerequisite for the good mental health of an adult

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Mental health of children and young adults is a precondition for good mental health of an adult. This is why prevention is one of the core activities of professionals. However, there are more and more children and young people who need psychotherapy. And one of the greatest challenges for a psychotherapist is to work with youths who are in "resistance" and who are "forced" to come to therapy by social services, schools, parents. In this complex psychotherapy process, therapists help, besides knowledge, experience and authenticity and creativity. Looking for ways to help reduce adolescent resistance and create a sense of trust between a therapist and a young person, inspirational cards for teenagers have been created. Inspiration cards are cards that track the developmental characteristics of a young person and have in mind their need for resistance to authority, the need for individualism and autonomy, and the need for entertainment and acceptance by peers. The kit has 32 maps and each sentence is written in "i" form and are essentially aimed at developing relationships with oneself and others and theoretically based

on the theories of Theory choices. Clouds are images of everyday life that can be used as projective techniques. The cards can be used for individual and group therapeutic work, but also in preventative work with young people through conversations with parents and through the teaching process. This paper will show the use of Cards in individual and group therapeutic work and with a short therapeutic intervention in the work with a client of 13 who is pedophile victim.

### **3.2. Section: “Psychotherapeutic approaches in working with children and adolescents”**

#### **Work with young adolescent in the phase of highly conflicting parent divorce - transactional analysis approach**

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Through this work will be presented TA diagnostics as well as a psychotherapy process with boy A. (12 years) passing through a high-risk divorce of parents and occasionally showing uncontrolled anger at school by peers and teachers. Because that the mother brings the boy to therapy, a triage agreement (English, 1975) has been concluded with the mother and the boy. The contract with the mother was to reveal the authentic feelings of the boy as well as the authentic unfulfilled needs. The contract with the boy was that we were talking openly about different feelings about the different creative techniques, about the relationship with the father, the mother and the younger sister, as well as the peers in the school. In addition, the contract with both the mother and the boy was that the boy learned the assertive techniques to show his needs. Through this case study, Diagnostics will be presented through the Concepts of Transaction Analysis such as racket emotions, boy's scripting system (ban and drivers), symbiosis of a boy with a mother, or a boy's role in the role of the rescuer towards the mother. The psychotherapeutic process with boy A. took place through the following phases: 1. Contracting and building a therapeutic relationship between boys and me, 2. Working on permission to emotions and thinking, and encouragement of the Free Child and work on boy's resources, 3. Conflict or contracts social control. Through 20-day therapy, we managed to get authentic sadness and authentic anger to a father from whom the boy did not get permission to matter or permission to think. The mother realized that the boy had taken on the role of the rescuer relative to her, in the situation when she was injured by her father, and that it was a burden for boys. During therapy, the boy learns to associate with his peers in an assertive way, while at the same time reducing the anger at school.

#### **Using the elements of ‘geek’ culture in work with adolescents**

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I will present the ways in which certain elements of the popular ‘geek’ culture can be used as resources in psychotherapy and counseling with adolescents. In working with young people, it is often a challenge to establish and maintain a working alliance because of the fact that a) adolescents do not usually come to therapy freely and b) they often come in a resistant stage (DiGiuseppe, 1996). The idea I will be presenting is that the use of references and illustrations from a cultural context that is close to them, in this case ‘geek’ culture (that includes love for comics, video games, fantasy and science fiction genres...), will make it easier to make good contact, and it can also be used to enhance client-counselor communication and therapeutic relationship. Through examples from practice, I will show some of the possibilities of using characters and stories like: Harry Potter, Hulk, X-Men, Betmen... to facilitate gaining insight and conceptualization of the problem for the client, in the application of Bern's therapeutic operations (Bern, 1966), in using selfparenting method (James, 1974) and to create therapeutic exercises.

## Anger regulation through the body of an adolescent

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Adolescence is a challenging period. Adolescent faces new challenges and trials on a daily basis. Many changes occur at the physical, emotional, social and cognitive level. At the same time, significant changes occur in the adolescent brain that are being integrated, which means that the number of neural connections decreases. Among individual neurons an envelope is formed in the process of myelinization, which enables faster transmission of information. Neural connections used by the adolescent are strengthened, and those which are not used are cut. These changes enable adolescents to judge, to make decisions and to think abstractly. From the point of view of brain development, excessive responses (e. g. unregulated anger) are an expression of developmental maturation and vulnerability. In order for an adolescent to be able to regulate their anger, it is necessary to gain experience within a relationship of being heard, accepted, understood, and particularly that he can feel what he feels in his own unique way. It is also important that adult approaches him with the regulation tool, which in this case means that the adult does not take adolescent anger as a personal attack, but accepts it as a fact, perseveres and controls it, and seeks solutions through a dialogue. More specifically, he translates body sensations into words, puts them into the context of the current story / situation and enables the adolescent to internalize this experience and integrates new problem-solving tools into his value system.

## Cognitive-behavioral treatment of adolescent with social anxiety – case study

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Adolescence is characterized by many developmental challenges and is a period of vulnerability to anxiety yet, paradoxically, is also period of increased risk-taking behavior and striving for autonomy. One of the most common problems that adolescents face is social anxiety. Social anxiety in many cases leads to impaired mental health in adolescence and adulthood, when left untreated. One of the most effective and evidence-based first-choice approaches in treating social anxiety of adolescents is Cognitive-Behavior Therapy (CBT). The aim of this case study is to illustrate CBT treatment of social anxiety of adolescent client, to prove CBT's efficacy but also to stress out the importance of resilience building in adolescents as the way in improving their mental health. The client (17 years old girl) is complaining to anxiety symptoms and claims that "she does not want to live in this suffering but she wants to make something out of her life" during the initial session. Basic complaints are social isolation that she wants to change and to spend more quality time with her peers, intense anxiety symptoms and irregular school attendance. The following treatment goals were set in cooperation with the client: learning about anxiety and CBT in order to normalize current condition, relaxation techniques learning, regular school attendance and finishing the grade, be able to call peers and spend time in socializing with them, be able to expose herself to different social situations through exposure hierarchy, to build more self-compassionate relation toward herself. In achieving these goals, we used behavioral techniques (abdominal breathing, behavioral experiment, in-vivo exposure), cognitive techniques (psycho-education, cognitive restructuring, role-plays), techniques of mindfulness and Compassion Focused Therapy techniques. The treatment lasted 16 sessions. The client was highly motivated and worked hard in reaching the treatment goals. During the treatment, therapist-client relationship was cooperative and filled with compassion, trust, unconditional acceptance, but also with the presence of humor. The treatment was successful, as confirmed through the results of the Social Anxiety Questionnaire and Beck's Anxiety Inventory, through the achievement of

the goals set and the client's and her family's self-reports. Further outcomes are positive but also depending of social support factors that client will have in future. In conclusion, we can state that CBT proved it's efficacy as described in this case study and confirmed status of evidence-based first-choice approach in treating social anxiety of adolescents. Building resilience in adolescents has been confirmed as an effective way to improve their mental health.

## **Innovative ways of influencing and connecting with teenagers**

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Parents of growing children often face communication-related distress. They can read all kinds of parenting books and forums, but might still lack inspiration in specific situations when it comes to rapidly figuring out how to act efficiently — this book is designed as a manual of sorts that parents can use when learning to react to their teens' behaviour in a helpful and constructive way when emotions are intense. We wrote *Connect with your Teenager* to offer help in a very practical way, listing actions that have proven useful for both us and our clients in the past. Years of personal experience with four teens of our own, coupled with the experience of more than fifteen years of working with parents in distress, serve as our own goldmine of examples upon which we draw. As psychotherapists, we track the development of our profession, from systemic theory, applications of attachment theory, emotionally-focused therapy, contributions of neuroscience to parenting and mutual relationships, numerous techniques from other fields, and novelties which intensively supplement contemporary knowledge of our experiences, thoughts and feelings (mental states) and mutual interactions. Our work is an integration of expert scholarship and experience, coupled with simple, frequently unusual and innovative practical answers to parental questions, with focus on how parents might best respond to the often confusing, sometimes exasperating and almost always challenging behaviour of their teens. In the development phase we extensively tested our techniques in various situations within our household as well as during numerous coaching sessions and individual parent consultations, over the course of 15 years. Hence, these techniques are tried and true, both personally and professionally. First, the book aims at making parents aware of their most influential points, where safe attachment responses are most crucial for developing parental power and connection to the child. To be aware of parental influence we should above all be able to recognise our own patterns and experiences. There is always a mixture of very personal stories that influences spontaneous parental responses, especially in situations where teenagers surprise us by introducing new topics and bringing new challenges into the relationship. Beside the underlying theme of creating and maintaining the child-parent connection as the foundation for safe and emphatic responsiveness, the book gives parents insight into some typical cycles between them and their child where they are losing their parental power and connection. Furthermore, it also offers an explanation of some typical teenage behaviour that worries both contemporary parents and mental health professionals. Describing the typical everyday, repetitive »parental dances« is our unique, innovative contribution. We borrowed the dancing metaphor from Emotionally Focused Therapy (EFT) to describe some important effects of power distribution and connection distortion, so parents can recognise the dynamics under the surface. Regarding parental responses to teenagers' developmental needs we also provide many simple solutions for everyday domestic situations, so parents can reframe their beliefs and create their own solutions for a safe base, a safe launching pad and a safe haven in relation to their child.



## Qualitative analysis of the success of group treatment and parental acceptance of change

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The effectiveness of the therapy depends on the interactive involvement of the therapist, the child and the parent. Parents are not therapists but are central to the therapeutic process. There is a need for good co-operation with parents, because the child's relationship with the therapy depends on her. The main feature that affects the process of therapy is psychic and emotional dynamics and family relationships. An inevitable part of therapy is parent education. Through which parent acquires a sense of competence in educational tasks. If the parent views his child as less problematic, he will also see positive changes, and will be more positively and satisfactorily (Fulgosi et al., 1998). If the parents are ambivalent about the child's therapeutic changes, and if there is a feeling of helplessness in demanding situations, the fears, anxiety and dissatisfaction of the parents will affect the child and the therapeutic changes. This paper presents group work and results from ten children, elementary school attendants (grades 5 and 6). Group work took place during 10 meetings for two months. Qualitative changes are shown in children and parents, which can be divided into two groups - collaborative and unreliable. Parental co-morbidity is associated with positive changes in children. Through parents' education, parental meetings, and exchanges of experiences with other parents, there are changes in parents' co-operative children. In children whose parents supported treatment, they showed a greater degree of social skills acceptance, better self-control, school success success, and positive behavioral change. Evaluation of the resulting problem is through comparison of behavior at the beginning and after the group cycle of feedback from the school, the social environment of the child and the family.

## The child of a terminally ill parent – adjustment and grief

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This paper presents the treatment of a girl (9) whose parents contacted a psychologist on their own initiative after the father got the terminal cancer diagnosis with the potential lifespan of six to twelve months. Otherwise the girl with normal development, the only child in the family, with high intellectual capacity, without previous socio-emotional difficulties. Study case includes an overview of counseling work with the mother and psychological support for the child through several stages: (1) coping with the illness; (2) father's physical and emotional changes; (3) side-effects of the father's treatment; (4) significant deterioration of father's health; (5) father's approaching death; (6) father's death; (7) grief and adjustment. The girl and the mother experience all the aforementioned stages in a significantly different way so the interventions also focus on mother's empathic understanding of the girl and the preservation of their relationship. The girl goes through three stages of grief: (1) the perceived loss of father through the deterioration of his psychophysical condition; (2) the perceived loss of mother due to her being constantly occupied by caring for the father; (3) the death of the father, which makes the subject significant for a deeper understanding of the emotional processes of the child in such a complex traumatic situation.

## Psychotherapeutic treatment of children and adolescents in creative relational family therapy

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Relational family therapy understands the family as a system in which family members are interconnected and influence one another. Children's behaviour is understood as a response to systemic needs, therefore it is important for children to be included in the therapy to ensure systemic changes. For adults and older children, support in the form of a talk in psychotherapy can alleviate hardship; however, such support is not sufficient for younger children, or in those children who are growing up in violence, or experience abuse or painful separation of their parents. These children often block their feelings and have little knowledge of how to express them. Whatever bad things happen to them, they feel responsible and blame themselves. Since they do not yet know how to cognitively distinguish what is and what is not true about themselves, they can have false beliefs about themselves. Children who suppress their emotions do not feel good and have problems getting in touch with others, which can be reflected in behavioural, emotional and unexplained health problems. In order to get in touch with others and express their blocked emotions, they must first feel their body and be aware of their feelings, for which they need psychotherapeutic support. The therapist helps them express their emotions that are not accessible solely through verbal conversation. In order to do this, the therapist uses creativity and includes various therapeutic techniques and strategies that are experiential, suitable for the child's development stage, and child friendly: projection photography, drawing, sandplay, puppets, family genograms, and clay. In the article we will present clinical practise and various creative ways that bring new experiences in the therapeutic process and enable children to change their ways of thinking, feeling and behaviour, and enable parents to understand and connect with children. The workshop will be experiential. Participants will be able to integrate theory into practice and try different creative techniques themselves. Acquired practical knowledge and personal experience can help psychotherapeutic treatment of children and adolescents and their families.

## The girl who stopped writing – the use of modern technology in treatment

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In this paper, we present the treatment of a girl (10) who is in therapy because of low self-esteem and problems in the school environment due to the difficulties in exercising rights to the individualized approach because of her difficulties with reading and writing. According to the mother and the girl, the teacher shows no understanding for the girl's difficulties and they do not manage to improve their relationship. The girl shows signs of disharmonious development; despite the language difficulties, she shows above-average non-verbal intelligence, emotional immaturity and anxiety. She lives in a full family with a sister (without difficulties). After multidisciplinary assessment and two months of psychological treatment (once a week), communicating with the school's professional service, the teacher publicly reads her essay in front of the whole class as an example of how not to write essays. Immediately after

that, and one month before the end of the school year, the girl refuses to write any essays or written exams, which makes finishing the fourth grade much more difficult. Considering it was necessary to urgently encourage the girl to write, so that she would successfully finish the school year, in addition to crisis intervention, smart board was also used. With guidance and support from the psychologist, the girl started writing on the smart board in one session, the continuation of treatment was provided and the school was also contacted.

## Work with kindergarten children - Gestalt approach

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Gestalt is so good to be used just for treatment is said long ago by PHG. Appreciating it, we created preventive programs for kindergarten children as a part of the regular kindergarten activities. It is consisted of three integral units. The first one is incorporated in regular work with children during their stay at kindergarten. According to their developmental phase the appropriate gestalt work on contact functions, support systems, and modifications of the contact was involved using creative experiments. The second one is about support of kindergarten teachers and it is divided in two parts – one experiential for support and in the same time as a base for experiential learning process for improving their capacities to work with children. The third part considers parents, as an integral part of the whole process. We are glad to report the interest that is gained, and acceptance that is presented. The main influences that are noted aside of recognizing and pointing of some issues that need to be addressed to the third parties, we considered improved friendship, better communication, and better mutual understanding as the achievements.

## Going beyond the usual tasks of supervision; existential perspective on supervision

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Problem/topic: Supervision is a delicate and demanding process focused on helpers. Supervisors have an obligation for permanent learning throughout different areas. The idea of this presentation is to highlight importance of one important area - area of existential perspective as a core component of profound and wider supervision. Aim of this presentation is to describe existential perspective on supervision, what is the meaning of it and what it consists of. Explanation of the importance of the topic: Existential perspective became a necessity in supervision. Namely, professionalisation of counselling and psychotherapy made supervision more formalised. So existential perspective which includes considering supervisee's work from the broadest possible perspective, makes room to encompass all human paradoxes and dilemmas since it stands on the solid ground of life itself. A brief description of the topic: Instead of mainly investigating therapeutic relationship between the therapist and the client, focusing on client's problems, or therapist's response to that, or even the parallel process between client, therapist and supervisor, supervision which includes an existential perspective is widening this process. Existential perspective in supervision includes four layers : client's worldview, bias, Therapeutic relationship, therapist's worldview, bias and life and the wider perspective. Supervisory interventions are grounded in a broadly based phenomenological method, fathered by Edmund Husserl who said that reality consists of objects and phenomena just the way that people see them, not the way they are indeed. So supervisors with an existential perspective stimulate a wide ranging exploration of the client's experience, investigating its context and background as carefully as possible. Supervisors are considered to be like philosophical guides who provide a space for re-thinking and re-experiencing of the subject. Supervisors ask many questions, they

follow Socratic style of questioning, assuming that this can bring out the hidden knowledge that is already present. Supervisors who seek existential perspective take into account that classical philosophers who managed philosophy of life have contributed many insights into theme what it takes to live a well lived life. Isn't living a better life the aim of psychosocial work with clients? So this has to be a perspective in supervision, also. A perspective which goes beyond the usual tasks and ways of supervision and make this supervision space full of life or even magic.

### Case study of the child in grief

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Boy N. has 13 and a half years, one and a half years ago, his father died after a long and severe illness, he is a only child and living with his mother who leads him to therapy. His father was heavily involved in the upbringing and life of a boy, and he organized a family of leisure time spent in joint trips, sporting events, boy games, and so on. Mother says she relies entirely on her husband, who had special energy and was a great initiator and support for her family and friends. The boy went to school with six years and was a great or very good student. After the father has become ill, the boy retires to himself and has lower results in the school than he did before. In contact with friends, he also does not feel an understanding and begins to perform tasks functionally, without having an insight into his emotions or psychological state. Encounters with a mother and a boy suggest that they are in grief after a traumatic loss of their father, through which the process did not pass after the death of a husband and father. We could say that the grief was postponed, in a way that did not speak about loss or recognize and name the emotions. It seems as if the phase of negation, which is characteristic of apprehension and loss, has never moved on. Getting started with a boy was to create a relationship and a safe place through various therapeutic approaches, using a variety of creative techniques that responded to a boy, as well as recognizing own countertransfer during the work. One of the initial goals defined is the passage of boys through the process of applause, recognition and emulation of emotions, sharing of experience of loss in a safe, protected context. As the relationship strengthened, so the therapy became for the boy a safe place where he could express emotion without fear of hurting his mother or grandmother. In the central part of the therapy, there was a particular sense of shame and fear. The key change occurred when the boy recognized the feelings and their manifestation, especially with regard to aggression. Such recognition has enabled alternative choices and understanding patterns of behavior where it is essentially anxiety and sadness. When I wonder what else I can do, I immediately think of the fact that the focus of the work should actually be put on mother, maybe I could have it more involved in the session, perhaps coming together, as is the practice of family therapist systems, which alone often applied to systematics education and later. What seems to me very important is that the boy had a chance to come to psychotherapy and to express what he wanted and what he needed in a safe space. I'm not sure how she could have managed to express emotions in front of his mother specially because she could not express her emotions when it comes to losing her husband and father. Regardless of the sudden and unplanned interruption of therapy, I'm glad the boy was coming. In that area, he had the opportunity to show everything he wanted, not to be condemned.

## Participation of children with asperger syndrome in group psychodrama therapy

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Among developmental disorders there is hardly a more controversial diagnosis than Asperger syndrome (AS). It was first considered as a separate entity in the 1994 Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), while the most recent edition of the Manual (DSM-5) from 2013 treats both autism and AS jointly under the title of Autistic Spectrum Disorder. Another standpoint views AS not as a disorder, but as a specific cognitive style. All controversy surrounding the diagnosis aside, along with the extremely prolonged time period needed for determining that a child's specific problems in functioning are AS related, the clinical practice points to a need for support to be provided to these children and their parents. The difficulties of children with AS are most pronounced in the domain of social functioning. Children fail to establish a satisfactory interaction with their peers, although they are aware of other people and show interest in them. They often do not understand rules of socially acceptable behavior and lack empathy. Emotions are expressed in unusual ways, lacking subtlety and refinement. Experience in conducting psychotherapy with children with AS in our region is still rather limited. Considering that children's psychodrama should support social development, as well as free expression of emotions by means of stage improvisation in contact with peers, we deemed it useful in supporting children whose primary difficulties lie in the domain of socio-emotional functioning. Our aim is to demonstrate the possibilities and challenges of organizing psychodrama groups which would include children with AS, as well as the benefits of such therapeutic approach. We present the inclusion of two children with characteristics of AS. The key conflict area for both children was social functioning (peer rejection). The parents were highly motivated for their children's participation in psychodrama (children were previously involved in individual psychotherapy) and interviews were conducted with them before and after each group cycle. The girl, aged 10 years, participated in two psychodrama groups (each consisted of 10 sessions) and the boy, aged 11, took part in one psychodrama group, which included 10 sessions. Even in a safe environment offered by the "as if" approach typical for a children's psychodrama group, specific challenges were observed in children with AS which pertained to their difficulties in different domains of functioning and behavior. Significant insights into everyday functioning of children with AS were made possible by their inclusion in psychodrama. This allowed the therapists to work with their parents on creating support for various activities of everyday life. Children's psychodrama groups can offer valuable support to children whose difficulties lie mainly in social and emotional domains.

## The effectiveness of psychotherapy in children with ADHD symptoms

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ADHD is a neurodevelopmental disorder that covers areas of behavior, emotions, perception, thinking and social perception and understanding. There is also a disorder that is often accompanied by some comorbid disorder so that the treatment and prognosis of this disorder depends on numerous factors; the strengths of symptoms, environmental factors, family, lifestyle, child expectations, etc. Psychotherapy as ADHD treatment proved to be unsuccessful if the therapeutic goal is to cure ADHD. However, psychotherapy can be very effective in reducing or alleviating some side-effects such as anxiety, low self-esteem,

abstinence, or behavioral disorders in children with ADHD. For the success of the therapeutic process it is important to set up a correct diagnosis. ADHD symptoms are present to some extent in numerous childhood disorders, not just ADHD. Therefore, it is of utmost importance to determine whether symptoms are eg hyperactivity or lack of attention due to trauma, family situation or other illness or is a symptom-related symptom associated with ADHD. Furthermore, literature has shown, as well as our and world experiences, that the most effective indirect approach to children with ADHD is that parents' psychotherapy or psychoeducation of teachers or educators is necessary and sometimes sufficient to improve the prognosis of ADHD children, and the child is not involved in psychotherapy at all. If it goes to the psychotherapy of a child, it is primarily multisystemic, so it includes both the child and the environment. Furthermore, as a treatment of choice, it is very often a behavioral modification that is not entirely psychotherapeutic. It works on some symptoms such as impulsiveness and direction of motor disorder.

### Case study – Sara's patience

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Case Study of Individual Psychotherapeutic Work with Adolescent provides an overview of the integrative approach of children and adolescent psychotherapy. Adolescent Sara is 14 years old and has psychotherapy accompanied by a mother at her own request. He lives in a full family with parents and two brothers who are older than seven or eight years old. He attended the ninth grade of elementary school, is an excellent student and has several friends. Psychotherapy comes under private practice at the request of "wanting to talk to someone". At first she comes with a mom where they both talk about long-term relationships with families and dissimilar marriage of Sarah's parents. In a short time Sara will readily define the therapeutic goal of "finding her peace". She says she feels a bit of anxiety since she knows it, and from the very beginning talks about her relentlessness of her family and the inability to be there and the awareness that family opportunities will not change. As the only exit, he sees support herself in various ways until she is able to separate and stand alone. Therapeutic work includes integrated genetic diagnostic framework, familial-system therapy elements, attachment theory, Erikson's psychosocial development theory and classical diagnostic framework (DSM-5). After establishing a therapeutic relationship, it is essential to work on support systems. The central therapeutic part according to retroreflection as recognized by the dominant defense mechanism encompasses work on the opening and recognition of emotions, work on recognizing and expressing anger, primarily in relation to the mother, work at its borders, support systems, and the manner in which it creates contact with people around yourself. Appeal for unrecognized loss of (dysfunctional) families, analyzed attachment, and defined change plan were identified. A case study includes contraccranial reactions and insights, and interventions from the same. It also includes dilemmas, open issues, and the challenges of tertiary work in private practice.

### COGNITIVE-BIHEVIORAL THERAPY OF OPPOSITIONAL DEFIANT DISORDER: A CASE STUDY

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Oppositional defiant disorder is characterized by conspicuous defiance, disobedience and destructive behavior that do not include the delinquent procedures or extreme forms of aggressive or antisocial behavior. Children who display behavioral problems out of the box of this disorder often have difficulty in communication with the environment (primarily with the family), the difficulty in expressing the adequate emotion, and avoiding everyday tasks and obligations. The aim of this work is that through the display of psychotherapeutic treatment of disorders in the form of opposition and defiance present ways of cooperation with the client and family members, put out the basis of understanding, conceptualization and

also a way of applying the techniques and evaluation of cognitive-behavioral approach. This study portrays a case of a ten years old client who has, for a longer period of time, before inclusion in the treatment, displayed behavior which manifested through the failure to respect the rules and the agreement set in the family, disobedience, for departures from home, constant and repetitive lying, and occasional attacks of rage and anger. Also, since starting school, she had difficulty in mastering the school material, hence during the therapeutic treatment we were also working on this problem. Problems that included emotional dysregulation were established – problems in the appointment and recognition of emotions, problems in the adoption of school material, and disrespect of the rules/avoidance. Cognitive and behavioral techniques have been used in the treatment which included: psychoeducation, relaxation techniques (techniques of deep breathing, progressive muscle relaxation), social skills training, coping cards, activities notation (table of activities), problem solving, training of learning (support in mastering of material), and the training of parents. After the end of the treatment, which is conducted through nine meetings, there has been the reduction in impulsive behavior and lying, reduction of anxiety, a structured approach to mastering the school material, and the client has been included in the daily chores. It is important to emphasize that the communication of the members of the family, during the therapeutic treatments, has improved, and the client has received significant support of the family, which ultimately contributed to the successful completion of treatment.

### **3.3. Section: “Children, youth, violence and (transgenerational) trauma”**

#### **Case study of children - trauma and integrative approach**

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This case study describes psychotherapy with a girl (9) who has experienced an accident caused by her father. The father, after the accident, is hospitalized and afterwards withdraws into himself and has since changed the family dynamics. During the accident, the girl experienced intense fear. At the beginning of the treatment the girls complained of increased irritability, anxiety related to most school activities and nightmares. Although the accident caused only minor injuries to the present, this event had a significant effect on the girl's sense of security and further relationship with her father. In addition to the traumatic experience, fathers distancing, guilty feelings that only clearly verbalize and the inability to reach contact with the girl are a loss. The girl also feels guilty, considering being responsible for her father's withdrawal because she's “the only one who has problems after the accident.” Adapting to a new family situation is made difficult because the girl is lonely in teasing, she does not talk in the family and her mother's resources are focused on her father's care. Psychotherapeutic treatment lasted for a year and consisted of three parts. The first part of the therapy was to develop a sense of security and a good therapeutic relationship. The central part of the treatment was to create traumatic narrative and trauma processing. In the process of trauma as well as in the final part of the therapy, it was a girl's feeling of guilt, sorrow, and right to a safe and happy childhood. All sessions were performed through various modes of play therapy within the framework of integrative children's psychotherapy. There was a lot of drawings, games and fantasies. The girl talked about her story for months, and the drawing changed how she went through her traumatic experience and loss experience.

## All forms of violence against children and youth and peer violence and violence against animals

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The social problem we are devoted to is all forms of violence against children and youth and peer violence and violence against animals. Violence is a growing, serious problem whose systematic solution does not work enough. We have localized the problem in the system of education with our own practice and experience. The emergence of poverty, social and economic transition are also factors of the occurrence of violence. Many children are mentally and physically abused. In many governments there is uncertainty about inconsistent parenting methods, from over-attentiveness to indifference and neglect. Families often lack the atmosphere of security and warm interpersonal relationships. These are the risk factors for the harmonious development of the child that prevent self-confidence and open space for low tolerance and aggression. The problem was affected by the children of violence, the children of the victims of violence, other students, the close family, pets, abandoned animals, the staff of the educational institutions, the wider community. What we are offering is to achieve greater association of children with nature, in our case to animals or dogs. Childhood is today city childhood, childhood consumerism, childhood of fenced playgrounds. There is no real experience of nature - touch. Animals, with us therapeutic dogs, stimulate imagination and ability to experience, mediate in contact with the child with nature. Dogs help develop the child's compassion with other living creatures, develop a sense of humanity and social empathy. Touch as a natural part of communication with animals. Touching animals greatly contributes to relaxation, stress reduction, physical, emotional, and functional enhancement, stimulation of emotional expression, reduced feelings of isolation and loneliness, and other emotional abstinence. Empathic experience is the basic motivational factor acting on behavior. A prominent approach, one of which is a basic touch, is important in understanding empathy. The most popular animal in children is a dog. With the help of the dog, which has proved to be important for strengthening control, self-control, self-esteem, knowledge of one's own values in the development of a positive self-concept of this sense of security, the children express the suppressed or banned emotions and thoughts and find a way to connect with the environment to improper and unhappy way. A child older than 4 years accepts a live dog as a friend and protector. In adolescents, the dog often affects mental stability, provides comfort and refuge in the face of inevitable conflicts of growth. By acting with the help of an expert team and a licensed therapist's leader we point out the desired behavioral changes through a model of positive and acceptable behavior that users accept through education and play. At the same time, empathy develops among peers and towards the weaker ones (non-human beings). Efforts to strengthen children's relationships with the environment (teachers, peers, families ...) create a sense of security and trust that is crucial to the normal and safe development of the child. Every child should know that he enjoys protection, especially when he lacks classical parental functions such as in a home child's home. Our solution improves the quality of life by developing patience and consistency, adopting healthy working habits, children are taught active listening, assertive expression, collaboration, constructive problem solving, ultimately contributing to wider social and systemic change.

## Is she lost forever? A case of incest

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Cases of incest are becoming more often in my psychotherapeutic work. I chose this case due to its complexity, contextual influence on the therapeutic setting and the course of therapy, and the dilemmas I had during the psychotherapeutic treatment. I often asked myself: "What am I doing here? How to I feel after



the session? What kind of a therapist am I? What are the benefits for my client? What does it mean for her?" This case study also shows the weaknesses of the social functioning, injustice, lack of understanding by the key institutions deciding on the faith of a young human being. Ela is a twenty years old girl who reported her father for a sexual abuse and that is how she came to the Safe House. Her father primarily expressed all forms of abuse toward Ela's mother, who, as the time went by, became a victim unable to confront him, powerless to resolve the situation. Fear, helplessness, shame, mother gradually induced in Ela, who developed an insecure attachment by growing up in such a family. She became insecure, isolated, ashamed, did not play games for children. In school, she was quiet, withdrawn, a very good student. She had only one girl friend in the class. Heavy forms of physical and psychological violence she experiences in an early childhood began to develop an enormous fear of father as well as obedience. While she was just a little girl, her father took her to places inappropriate for a child her age. Sexual abuse by the father began while she was attending the seventh grade of the primary school. Continuously. Whenever she resisted, he threatened to kill her mother and brother, to throw them out on the street and similar. He forbade her to go out with peers or to have a boyfriend. She has several suicide attempts. Family relations are permanently damaged. In the basis of working out the trauma of incest, the therapeutic approach I kept to was trauma-oriented cognitive-behavioural therapy. In the process of developing trust and safety, but also throughout the whole therapeutic process, numerous techniques were used: from genogram, drawing, cards, "the safe place" and others, in order to reach safely to working out and integrating the trauma. We worked on reconstructing negative cognitions in order to avoid consequences related to the distorted interpretation of traumatic events. Gradually she was prepared for the phase of working out. In the working out phase, a narrative was written and we talked carefully in order to go through the traumatic events, without coercion, as much as it was possible for that moment. During the therapeutic process, psychoeducation was parallelly implemented. As a psychotherapist, it was difficult to deal with countertransfers and all the emotions that came up. With the help of supervision and personal psychotherapeutic sessions I became aware that I have contained much of it. Unjust and unrealistic court verdict changed to course of the psychotherapeutic process and the client-therapist relation. Soon she stopped coming to therapy. Ela's case demonstrates all the complexity of growing up in a violent environment and exposure to all kinds of abuse, and the permanent consequences it leaves. The decision she made by choosing a husband-abuser to "protect" her, pictures it the best. The final dilemmas remain: was her choice good? Unconsciously she took care of herself albeit with the abuser or perhaps it was writing-off herself and re-entering the regression and helplessness as a form functioning learnt in childhood.

## The effect of transgenerational trauma on the development of attachment

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In summary I will show the therapeutic work with an adolescent. Anita comes to the therapy for two years. Anita was 21 when she began to come to therapy. Her first encounter happened when she came to the personal growth and development workshop called "Travel to Self". During workshop Anita was particularly interested in the topic of transgenerational transmission of trauma. Special attention is dedicated to the relationship between the traumatic experience of parents and the style of attachment that develops between them and their children. Anna reveals in this theme her unfulfilled desire for her mother to be seen. An inapirisan knowledge from Anita's workshop decided on therapy. The workshop itself was a good incentive to start working. After my theoretical explanation of the transgenic transmission of trauma, Anita expressed her desire to come to individual therapy. From family history I find out that Anita was born in 1995 after her mother's family tragedy in which her mother's sister and brother were murdered during the war and their bodies have not been found until today. Mother's brother and sister were killed a year before Anita's birth. Anita was the youngest child of three children. At the time of her birth, Anita was

endangered by hypoxia, then growing up with an emotionally unattainable mother and an aggressive father. Anita became a key person in her family's dynamism by bringing joy to her birth in still warlike circumstances. By identifying with the role of the bearer of joy, she took on prodigal worries by suppressing her own emotions. The only person who had in some way taken on the role of secure affection was Anita's older sister. In this situation, she had no opportunity to meet and express her own emotions, as she was the only family who managed to balance the dynamics between aggressive father and other family members. The role of the reconciler was partially imposed on her, and she was unconsciously and loosely taken over by her. Most defensive and desensitizing defensive mechanisms have led to the appearance of body symptoms in the form of dizziness, sprains, legs and insomnia. Numerous techniques and approaches have been used in therapeutic work, but the first key episode happened when the empty chair technique created a space for sadness, or Anita had contact with her mother. Then Anita's insight into the need to protect her mother, but finally to get her mother at least for a moment just for herself. Only after the opening of the sadness of the surface comes out the confession of the risky forms of behavior in the early adolescent phase, which she wanted to get attention but unsuccessful. The purpose of the therapy was to find Anita's support systems. The basic uncertain form of attachment led to the development of Anita's uncertainty. Symptoms that manifested through psychosomatic symptomatology (tremor, lack of concentration, insomnia) indicated the risk of developing depressive disorder. Given this, I was trying to introduce therapeutic techniques and methods gradually and carefully trying to following Anita's insights. Anita is still in therapy and cyclically redefine the goals of therapy. To the present effects, the tremor of the body has disappeared, the sleep cycle has been established, with more concentrations ending its student responsibilities is more open in social contacts. Conclusion: Adolescence is a period of new and accelerated synaptic connections. This scientific fact was the most important support during my work with Anita. Complex dynamics in which unsafe attachment, transgenic transmission of trauma, family violence, interpenetration, occasionally led me to feeling helpless as a therapist. I was aware that this feeling belongs to the domain of projective identification. The contractual transfer therapeutic relationship with Anita led me to important insights on ways of finding authentic self and in times of chaotic, hopelessness and longing. Anita's development challenge as well as her therapists is to learn and adopt how to be with others and in contact with oneself.

### **Migrant children and the risk of sexual exploitation - the possibilities of psychological and legal protection**

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The current migration wave in Europe is considered to be the largest humanitarian crisis since World War II. One serious consequence of humanitarian crises is the rise of human trafficking, which includes children, that occurs during and after a humanitarian crisis. In a survey conducted among migrants in Italy, 78% of children experienced some situations typical of human trafficking and other exploitative practices during travel, mostly in transit countries. Even when they reach the country of destination, unfamiliarity with new surroundings, separation from family and friends, legal status and so on, still make them vulnerable to exploitation and human trafficking. Migrant children, along with children who have fled home and children with history of abuse, are at the greatest risk of becoming victims of trafficking, and this risk is greater for children who get separated from their parents or guardians or travel alone. During 2016, 100,264 children arrived in Greece, Italy, Spain and Bulgaria, 33,806 (34%) of which were unaccompanied.

The same year, 319 unaccompanied children were found in Croatia; 168 of them asked for asylum and 83 left Croatia. One additional problem is that many children traveling without escort simply “disappear” during the journey or after arriving at the country of destination. In 2015, 47% of all reported missing children were later found, while the same was true for only 27% of missing migrant children. In the same year in Italy, between January and August, out of 9699 unmarried children, 57.6% disappeared after their first entry into the country, and it is presumed that most of them became victims of human trafficking, illegal labor, sexual exploitation or prostitution. It should be taken into account that the real number of missing migrant children is likely higher because those are only the children who were reported as missing. The cases of missing migrant children are often given lower priority than the cases of missing native children, they are often investigated only after a lengthy waiting periods, and the disappearance of unaccompanied children from reception centers is sometimes not investigated at all. Although the Convention on the Rights of the Child obliges States Parties to take appropriate measures for a child seeking refugee status or who is, in accordance with applicable international and domestic legislation and procedures, considered a refugee to receive adequate protection and humanitarian assistance, the signatory countries still have difficulties with the full implementation of the Convention. In Croatia, the national legislative framework aligned with international human rights and child rights treaties and with the EU directives is primarily contained in two laws: the Social Welfare Act and the Family Law. These directives ensure that the minimum level of benefit is available to persons who need international protection in all Member States, with special attention being given to unaccompanied children in the sense of providing legal guardianship to a child without escort, providing accommodation, respecting his / her wishes in accordance with age and level of maturity, family reunification, and appropriate training for people working with unaccompanied children.

# 4. symposiums

## 4.1. Theme: “Innovative approach in working with children”

### Interdisciplinary, holistic approach in working with children

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Interdisciplinary, holistic approach at individual but also on organizational level is the only possible model to understand and address complexity of child health. It poses additional tasks and efforts for professionals dealing with different segments of health (physical, mental, social and educational). Such practice brings new knowledge, experience; open new fields of research and models of prevention and child health promotion. Symposium “Innovative approach in working with children” will contribute to the reinforcement of such concept.

### Inovative approaches in working with children

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By birth, after a midwife or gynecologist, the first profession with which a newly born child is encountered is a pediatrician. These are doctors who follow the growth and development of newborns, measure it, advise on details of everything, about nourishment, nutrition, warn, soothe, and do everything to prevent, recognize, treat, or prevent a larger health problem. Pediatrics is a sophisticated branch of medicine that requires a high level of expertise and an interdisciplinary approach. The public health effect and significance of pediatrics is unimaginable. What the pediatrician misses to see later is expressed through the effects on a child, family and society. For these reasons, the pediatrician's place and role is very complex and responsible. Unfortunately, today, administratively pediatricians in primary health care are trying to replace family doctors, which, in certain settings, has the consequence of neglecting children by the system because there is not enough pediatricians, and then reflected on the lack of recognition of early developmental disorders. The child is the foundation of the survival and prosperity of a particular community and of the human race as a whole. Child health is a product of a very complex interaction between inheritance and the factors from the environment in which the foundations of adult health are created. There are more frequent studies of neurobiology and neurophysiology that explain certain disorders. In the case of stimulation of any hearing that the infant, and later the child has, all processes it in the brain and emotionally, it stores in a verbal and unconscious part that results in a certain behavior of a child and later adults. Today's pediatrician needs to know how to work. There is a gloomy entity where the pediatrician intervenes, or should intervene, and who are not exclusively somatic and in the domain of medicine. The pediatrician is confronted with disorders and conditions related to psychosocial issues, then there are neurodegenerative disorders, diabetes, allergic diseases, night urinating, problems with elimination and retention of the chair, feeding problems, behavioral problems, fears, asthma attacks, stomach problems. All of these often have a basis in changed living conditions where there was no worry about preparing and experiencing the baby for change. Repeated or extremely severe stressful and traumatic situations in childhood lead to multisystemic changes in the body - neurological, immune and hormonal. My psychotherapeutic orientation and completed education for a homeopathic physician are further helping me to deal with certain conditions when bringing a child with me, as we say, with medical symptoms. The experiences I have are many. With this work I want to show some of these conditions: night urination treatment associated with

war trauma and child complaint, tics's treatment, fears associated with darkness, consequences of the acts of the girl on the whip. A one-sided (closely somatic-medical) pediatric approach to the child requires changes. Only when we have all the components of health, mutual influence of different factors and specific periods when changes occur, it will be possible to comprehend more comprehensively the events and significance of early growth and development. In order to achieve visible results in an early intervention, a general communist movement of awareness-raising, regular screening, and staff training is required.

## **Innovative approach of pediatricians with children and adolescents**

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According to fact that children constantly grow and change (psycho-physically), during the years of growing up and aging in an adult, this quest for homeostasis and equilibrium can be followed by crises and problems (Oaklander, 1997). The organism is constantly searching for homeostasis, maintaining both psycho and physical health, and trying (adaptation through search) to satisfy all needs. Children respond to problems in the family and environment, on trauma, crises and losses in approximately similar developmental ways. Today, we increasingly encounter children with a manifestation of a developmental impediment in effective social communication in a greater or lesser degree. Neumann and Neumann (2006) consider that about 3-5% of children have some types of developmental communication disorder. This presentation describes how we can use gestalt therapy in pediatric practice as support, as well as prevention. Working with children, creating a common field and establishing a therapist-client relationship, from a pediatrician's point of view will be presented through examples of various significant cases how gestalt works in pediatricians' practice. The aim of the work that I want to present was to implement gestalt therapy in accordance with the achievement of a holistic approach to health care in pediatric practice, and in this way to support prevention measures that will reduce the number of asthma attacks, eczema, vomiting or diarrhea (as the most common symptoms in pediatric surgery), stuttering, obesity, etc. Individual work with children and parents was the basic method of implementing gestalt therapy in pediatric practice. Along with medical treatment, I used gestalt therapy in working with children and parents. The case reports, the course of treatment and the results of the same will be shown on this occasion.

The work of gestalt therapists concerned the horizontal relationship. Such a relationship is justified by the holistic approach of both: the pediatrician and the gestalt therapist. Together with children and parents, I investigated the nuances in the relationships they create (with special significance to the present moment). Through work with different patients, I saw that an important (supporting) factor for children with asthma, eczema or some (frequent) gastrointestinal problems, as well as for their recovery, has the role of one of the parents (mostly mothers).

## **Heart Rate Variability in the assessment and training of common mental problems in young population**

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Background: Biofeedback is a non-drug treatment in which patients learn to control bodily processes that are normally involuntary, such as muscle tension, blood pressure, or heart rate. Biofeedback modalities can be divided into peripheral (based on electromyography, electrodermal response, heart rate, temperature, blood volume pulse) or central (based on electroencephalography, or so called neurofeed-

back) (Schwartz, 1987). Heart rate variability (HRV) is a measure of a beat-to-beat variations in heart rate related to the work of autonomic nervous system. It may serve as a psychophysiological indicator of arousal, emotional state and stress level. We used this modality in the assessment and peripheral biofeedback training. All biofeedback modalities are introduced at the University pediatric clinic in the 1996 y. and until now more than 3000 patients were successfully treated. Aim: To present our experience with heart rate variability (HRV), as a form of peripheral biofeedback modality, in the treatment of different mental problems in young population. Method and sample: Five groups of school children are evaluated (anxious-phobic, somatoform, obsessive-compulsive, conduct disorder, attention deficit hyperactivity), and matched by age and gender with control healthy children (total N= 100). In order to define four main personality characteristics (extroversion/ introversion, neuroticism/ stability), the Eysenck Personality Questionnaire was applied. The biofeedback instrument used in this study was Heart Math Freeze-Framer System (1998). Results: Obtained results for Eysenck Personality Questionnaire showed significant higher psychopathological traits in ADHD and OCD groups, lower extroversion in somatoform, and higher neuroticism in OCD, while lower IY scores in ADHD and OCD groups. After 15 session of HRV training, children from nearly all groups showed improved high and medium HRV which corresponded with the improved clinical outcome. Hereby, the best results were obtained for conduct and anxiety disorders, and the worst in ADHD group. Conclusion: Having in mind that the classical psychotherapy is difficult to apply in the young population, biofeedback therapy is highly useful and available. It is cost-effective, and children enjoy the sessions. Heart rate data have reflected various physiological states such as biological workload, stress and concentration on tasks, drowsiness and the active state of the autonomic nervous system.

### Neurofeedback treatment as a type of therapy in ADHD children

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Introduction: Neurofeedback is a modern computer-related technique used as type of psychotherapy in many psychiatric disorders. There is a growing body of research showing neurofeedback efficacy in treating these disorders. In fact, The American Academy of Pediatrics has determined that neurofeedback is a level two evidenced based practice in the treatment of ADHD. Aim: The aim of this study is to evaluate the neurofeedback efficacy in the treatment of children with ADHD. Methodology: 50 children (14 female and 36 male) with a mean age of  $11.11 \pm 4.51$  years, diagnosed as ADHD were treated with 40 neurofeedback sessions (BioGraph Infinity protocols), two times a week for 50 minutes. The goal of neurofeedback treatment was to reduce the slow brain activity (theta, 4-8Hz) and increase the fast brain activity (beta, 16-20Hz), and for children with impulsivity and hyperactivity to increase sensorymotor rhythm (SMR 12-16Hz). Before and after the neurofeedback treatment, the following assessments were conducted: WISC-R, VCPT (Visual Continuous Performance Task), Conner's Parent and Teacher Questionnaires, and QEEG assessment. Results: Post treatment results showed improved EEG pattern expressed in significantly increased 16-20 Hz (beta) activity and decreased 4-8 Hz (theta) activity, as well as reduced theta/beta ratio. In parallel, higher scores on WISC-R, better school notes and improved social adaptability and self-esteem were obtained. Also, significant improvements in ADHD symptoms ( $p < 0.0001$ ) were noted for the inattention, impulsiveness and variability of the reaction time of the VCPT test. Conclusion: Neurofeedback is a good choice for treatment of ADHD children. Optimal results are obtained in children at higher age. The cooperation with the family members and teachers is crucial. Combination with family psychotherapy amplifies the effects of neurofeedback. Since children with ADHD have very low self-esteem and self-acceptance, the goal of psychotherapy, among other things, should be to build a positive image for them despite the present disorder.

## **A report: interdisciplinary approach to treating children and adolescents with anorexia nervosa at the Pediatric clinic in Sarajevo**

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**Goal.** The main goal of the paper was to present interdisciplinary diagnostic and therapeutic approach and the outcomes of working with children and adolescents diagnosed with anorexia nervosa who were treated at the Pediatric Clinic in Sarajevo within the previous four years. **Introduction.** In Bosnia and Herzegovina there is no statistical data on the incidence and prevalence of anorexia nervosa among children and adolescents, nor is there a clear protocol that defines what institution is responsible for diagnosis and treatment of children and adolescents with eating disorders. Clinical practice at the Pediatric Clinic in Sarajevo shows an increase in the number of reported cases of anorexia nervosa in the last four years. Team efforts of doctors, nurses, and psychotherapists are aimed at the identification of health complications, diagnostic differentiation of other possible medical and psychological causes of malnourishment, as well as the implementation of individually adapted psychological and medical treatments. **Methods.** The paper presents the cases of 10 girls, ages 12-17, diagnosed with anorexia nervosa and treated at the Pediatric Clinic in Sarajevo within the previous four years. All the girls underwent the process of medical diagnosis (at a hospital or a clinic) with the goal of ruling out other possible causes of malnourishment and of identifying health consequences. The psychological evaluation included psychometric evaluation of eating disorders and comorbidities with other psychological disorders (usually depression, anxiety and obsessive compulsive disorder), evaluation of other specific difficulties (usually at the level of self-awareness and socialization), observation of eating behaviors, as well as identification of triggers for the disorders. The medical treatment included elimination of short-term and long-term consequences of malnourishment, primarily hydro mineral imbalance, amenorrhea, and hypothyreosis. The integrative methods (family, cognitive-behavioral, and EMDR therapy) were used during the psychotherapy. The overall diagnostic and therapeutic process lasted 12 months the longest, not including the follow-up sessions. **Results.** The medical and psychological reevaluation revealed that all the 10 girls had a significant/complete medical and complete psychological recovery; there were no symptoms of eating disorders discovered. **Conclusion.** Individually adapted interdisciplinary approach to diagnosing and treating children and adolescents with anorexia nervosa can result in complete medical and psychological recovery.

## **4.2. Theme: “Preventive Programs, multidisciplinary and intersectorality”**

### **Resilience as competences necessary for living in the 21st century**

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Following the definition of health promotion and the integrative model of health development perspective, in line with the Convention on the Rights of the Child, research work is a new paradigm of understanding and treatment of human health-related problems based on a salutogenic approach that puts the emphasis on the overall environment and the behavior is explained by dynamic inter-action and healthy functioning is viewed as a dynamic process of creative adaptation in high-risk circumstances that leads to health. The original contribution of research work is to identify the determinants of health

and quality of life of children and adolescents, protective factors and processes that lead to health, and to present proposals for activating solutions through multidisciplinary and intersectoral cooperation in building preventative guidelines for the preservation, improvement and rehabilitation of children and youth health. What makes the subject of research particularly important is that the scaling assessment of the resilience capacity used for the first time in our areas and beyond, investigated the resilience capacity. The practical contribution of the work is to get a completer picture of children of early adolescence, the importance of dual safe attachment and the development of childhood resilience capacity, and the opening of the research scene with the latest approaches in prevention and improvement of the health and quality of life of children and adolescents. redefining basic principles of work with children and adolescents in the education, health, social and legal system in Bosnia and Herzegovina.

### **Advisory assistance to institutions of higher education**

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Young people strive to excitement, new knowledge and experience, which provokes a sense of satisfaction. This desire can generate unwanted behaviors. New experiences, which may involve malicious behavior, stimulate dopamine secretion which has the effect of good mood. Dopamine like cocaine causes addiction (Feinstein, 2005). The phenomenon known as “egocentric stories” results in young people feeling “invulnerability” that can have far-reaching consequences. Failure to recognize these and similar developmental principles in parents, teachers and other persons close to the young person may condition the use of procedures that may have an “abuse” effect. All those actions that endanger, endanger, and neglect the child and the young person because of ignorance or behavior aimed at changing the behavior of the child according to the wishes of adults (instrumental aggression) are “abusive” in the wider sense of the word (Nazor, 2010). We are facing a number of problems related to education and youth education. Faced with a democratic approach on the one hand and on the other hand, ignorance of the legitimacy of development, early signs of difficulty and moral confusion contributes to an increasing prevalence of disorder in the youth. There are more and more problems associated with alcohol, drugs, cigarettes, eating disorders, emotional difficulties, behavioral disorders ... The suicide rate among young people has tripled since the 1960s. After traffic accidents and murders, suicide is the third cause of death in young people. When I look at the picture of depression in young people, the data from Croatia is even more defiant compared to data from America. Expressed symptoms of depression have 15% of children and young people. There is an increasing incidence of domestic violence and school violence. Only 4.8% of students never consumed alcohol, 27.9% of students never tasted (young men do it more and more). The body is dissatisfied with 40-70% of the students, and 50% of them are doing the diet. The results of the research indicate that a person of lower self-esteem will be less likely to evaluate his body, undermine him just as he does for his cognitive abilities and other aspects of self-image (Pokrajac-Bulian, 2000). Primary health care increases the number of abnormalities due to mental illnesses (neurosis, affective disorders associated with stress and somatoform disorders) while hospital treatment for mental disorders in Croatia is elsewhere. The largest number of hospitalizations (alcoholism, schizophrenia, depression, PTSD) are in the age range of 20 to 59 years. The most common causes of disability are from a group of neurotic disorders, followed by stress-related disorders and somatoform disturbances. Experiences from the Student Counselors say that students usually come up with problems of anxiety, self-esteem, academic difficulties, problems with identity, social relationships. Counseling and psychotherapy to students helped to better understand oneself and their difficulties, make important decisions and solve problems, strengthen self-esteem and self-esteem, raise study efficiency, and face unpleasant emotional states. According to Assessments, Counseling and Psychotherapy at the University, it significantly enhances the quality of study and the quality of life of students seeking professional help.



## Program for prevention of mental health in children and young people in the primary and secondary schools of the Canton Sarajevo

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In our country, Bosnia and Herzegovina, the way in which the mental health of the population is treated is inadequate, and especially the mental health of children and young people. According to the report "Health condition of the population and health care in the Federation of Bosnia and Herzegovina 2015." (Institute of Public Health, 2016), pages 36-37 lists the rates of people with mental disorders in the group of 7-18 years. Frequently, in the area of mental health, Neurotic, stress-related and somatic disorders (F40-F48) are in second place, and in the third place Mood disorders / affective disorders (F30- F39). Also, neurotic, stress-related and somatic disorders are the most common disorders in the population of 19-64 years (present in 160 / 10,000 inhabitants of the FBiH), while, according to the same source, mood disorders are in constant growth and follow neurotic disorders (115 / 10,000 of the population of the FBiH). We believe that the issue of mental health of children and youth is a very important problem, especially for a country that twenty years ago left a war that left behind a significant number of traumatized people with whom very little systematic work was done to improve health and functionality. In this paper, we will propose a prevention program that could be similar without imposing excessive financial investments in the primary and secondary schools of Canton Sarajevo with the aim of improving the mental health of children and young people, which in the long term would also influence the improvement of the mental health of adults.

## Child risk identification and protection program

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The school plays a significant role in the protection and improvement of mental health of children and adolescents. This role is reflected in the following facts: The school can recognize certain behavior of children who signal that some of the psychological needs of the child have not been fulfilled and within the school can realize early intervention through individual and group counseling work with children, parents and teachers by expert school service; The school has a developed network of cooperation with local community institutions dealing with the protection of the mental health of children and families (Mental Health Centers, Centers for Social Work, Family Counseling) so that they can seek professional help for the child and family through this cooperation if it is estimated that such assistance is needed; Teachers, especially in lower grades, represent important figures for the development of a child's personality, that is, they serve as important models that influence the prevention or confirmation of a child's script. In order for each school to fulfill these roles, there is a need for a full-fledged vocational school service and that service professionals pass basic if not complete psychotherapy education. It is also important that teachers continue to receive basic knowledge of the developmental psychology of childhood and adolescence and other related subjects in order to understand their role in the healthy development of the child and to recognize the pupils and students of the need for professional support. This presentation will briefly present the Program for the recognition and protection of children from the risk factors tested in two phases during the last two school years in the Canton of Sarajevo, which aims to raise the awareness of the children's rights in school, family and institutions and adolescents.

## The role of the teacher in prevention activities

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The fundamental settings of Dr. John Bowlby psychoanalytic theory of relationship to the relationship between a child and a mother are undeniable. Related to the relationship between pupils and teachers in the educational process. Child psychoanalysts have referred to this important relationship as a transitional space in which they seek and approach the truth about themselves and reveal the pathways of self-restraint, and in relation to the student-teacher, the teacher becomes a transfiguration of the earlier object relationship that existed with important past people. (A. Drakulić, 2012). When a well-known child psychologist Winnicott developed the concept of "good enough mother" in developmental psychology, and the inevitable English psychoanalytically oriented pedagogue Tamara Bibby used the inevitable syntagm in the psychoanalysis of education in his most recent book. Bibby linked Winnicott's learning from developmental psychology and stressed how important the existence of a "good enough teacher" who will in a way be able to bear the burden of growth and development of the child will be his once again found parental figure who loves and hates, whose love he gets and loses (Bibby, 2011 according to A. Drakulić 2012). The role of the teacher in the character development process by which a young person develops the ability to form critical thinking and gives authentic and creative contributions to society while respecting his / her shared duties, rights and obligations is undoubtedly extremely demanding and requires unconditional giving. Also, the teacher is also the first to notice problems in the development of the child. But no teacher can do anything alone, regardless of the competences he has. Parenting is one of the most important relationships that need to be taken care of. Pediatric parenting in nursery schooling, while attending kindergarten and especially at enrollment in the first grade of elementary school, should be one of the early recognition programs and interventions that are very important at this age. Also, systematic reviews are very important which at this time do not meet the needs of children and their parents. More extensive systematic examinations when enrolling a child into school is one way to tackle the problem in time and to take the necessary steps. School should be a friend of parents, and parent friend school. Building trust, however difficult as it is to adopt friendship, is the only real path for the child to move to a secure future.

## The role of school and cooperation with institutions in preventive activities

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The school is an educational and upbringing institution of society, but today it seems that its upbringing role is significantly weakened. The pedagogical principle of acting in school for the past decades has changed from the sociocentric to the pedocentric system. With a child in the center, the curriculum of a modern educational-upbringing Institution advocates a holistic approach to a child where all educational professionals together with other stakeholders are invited to participate in various activities that support the full development of the child. These are also the activities of preventive action in the form of pedagogical counseling and pedagogical workshops, as well as the formation of a democratic school climate and the creation of quality leisure activities as successful forms of prevention of socially unacceptable forms of behavior of children and youth. Pedagogical counseling is a personal meeting of a pedagogue with a child, an interactive process in which harmonization of individual opportunities for an individual and education takes place as an educational socialization process in which an individual integrates norms and values, processes in the service of development and strengthening of personal identity. Pedagogical workshops are the area of the child's natural learning during which the child is actively explored and taught with the help of various activities and contents, practical tasks and games, and are shaped in accordance with the child's preferences and developmental abilities and needs.

## The importance of the ombudsmanship for children in the welfare of children

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In the Republic of Croatia, apart from the institution of the Ombudsman, there are also three special ombudsmen: for children, gender equality and persons with disabilities. After the Initial Report on the Status of the Child's Rights in the Republic of Croatia was presented to the UN Children's Rights Committee in 1996, a public hearing was started on whether Croatia should be a stand-alone institution for monitoring and promoting children's rights, or these jobs and to continue within the Ombudsman's institution. In 2003 the first Law on the Ombudsman for Children was passed and the Ombudsman for Children was established. The mandate of the Office is to independently and on its own protect, monitor and promote the rights and interests of children in the Republic of Croatia and to improve their position in society, in accordance with the Constitution of the Republic of Croatia, the United Nations Convention on the Rights of the Child, other international documents and legislation. The Ombudsperson for Children acts on the basis of complaints or on their own initiative, relating to individual violations of the rights and interests of children as well as at the general level. State administration bodies, units of local and regional self-government as well as legal persons are obliged to cooperate with the Ombudsman for children and to submit reports and respond to inquiries at his request and immediately and within a period of 15 days at the latest inform the Ombudsman of the action taken on his / her warning, suggestions or recommendations. Also, the ombudsman has access to and access to all data, information and acts related to the rights and protection of children, regardless of the degree of confidentiality and the right of access and review of all institutions which are designated by special regulations for childcare. Despite the often disagreement on certain issues, we have long-term cooperation and partnership with many state bodies, academia, law firm, a number of civil society organizations and international organizations. We are mostly satisfied with co-operation with state bodies, but sometimes we encounter the lack of reaction to the recommendations and warnings we have sent them. We consider the implementation of the Office's influence through activities aimed at promoting the rights of children (for example by introducing children's rights in the Small Children's Rights House and advocating foster care and deinstitutionalisation), by monitoring the compliance of laws and other regulations with the provisions of the Convention on the Rights of the Child through the above-mentioned interinstitutional cooperation as mediators and moderators to better protect children's rights as well as through international and bilateral co-operation to exchange information and promote children's rights. Since 2010, the Children's Advisory Network has been active in the Office of the Ombudsman for Children in the Office of the Ombudsperson for Children, which includes 25 children aged between 12 and 18, whose main role is to advise the Ombudsman, to encourage young people and to help them actively participate in social life and inform them about the activities of the Office of the Ombudsperson for Children. The importance of the Office of the Ombudsman for Children is best illustrated by the statement of a member of the Youth Advisory Network: "The existence of an ombudsman is important because the children are a special, risky group that does not yet have enough experience and" rights "... and it is so easily debilitated and exploited as they think that I can do nothing here. "

## A global approach to arts-based psychosocial support for children in education settings in chronically stressful environments – case study

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Children living in poverty and high stress contexts have more difficulty understanding and coping with complex emotions, which can impact later social and academic milestones. Quality expressive arts approaches support adaptive emotional expression, most notably for children and adults living in conditions of adversity and trauma. As such, the arts can provide a means for sensory integration of emotional-

ly challenging experiences and can enable a pathway for self-expression, verbalization, and socialization that can lead to improvements in psychosocial well-being and academic achievement. HEART, which stands for Healing and Education Through the Arts, is Save the Children's arts-based approach to providing psychosocial support for children affected by serious or chronic stress. It uses the arts to help children process and communicate feelings related to their experiences. The healing process begins when a child shares his or her memories and feelings, either verbally or through artistic expression, with a trusted adult (and/or peer) who shows the child compassion and listens in a caring and supportive way. The end result is children who feel less isolated, more connected to their peers, and safe amidst the trusted adults in their lives. This in turn can lead to a more confident and secure child, leaving each child more capable, and more likely to learn. HEART is an adaptable model intended to integrate into the daily/weekly life of a classroom, after-school program, Child Friendly Space, or community center. It supports children between the ages of 3 – 20 and is currently active in 20 countries, Bosnia and Herzegovina included, worldwide (Asia, Africa, the Middle East, Eastern Europe, and Latin America), running in 3, 6, 9, and 12 month cycles depending on the program integration model that is unique to each country specific setting. Preliminary research findings indicate that HEART positively impacts children's self-expression, communication, concentration, emotional regulation, interest in learning, problem solving, self-confidence, and future orientation. In specific locations, it has been found to improve school attendance and learning outcomes in social emotional development, literacy, and numeracy. HEART has also been found to have positive impact on the well-being of the adult facilitators delivering HEART programming to children, as well as to parents and caregivers that attend HEART adapted parent/caregiver sessions.

This presentation will review the global programmatic design and intervention strategy of the HEART program as it relates to education settings in chronically stressful environments in low and middle income countries, with special attention on country level adaptation and coordination with local stakeholders, examples: Bosnia and Herzegovina (Tuzla and Una-Sana Cantons). In conclusion, this presentation will review the global programmatic design and intervention strategy of the HEART program as it relates to education settings in chronically stressful environments in low and middle income countries, with special attention on country level of Bosnia and Herzegovina.

### **4.3. Theme: “The silence to be heard - sexual abuse of children, teach them to protect themselves - Multidisciplinarity and Intersectorality”**

#### **Example of good practice in the field of diagnostic and therapeutic treatments of abused and neglected children**

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Contemporary research undoubtedly links the experiences of child abuse and neglect with negative outcomes in childhood and adulthood. Exposure to childhood traumatic experiences is reflected in the overall functioning of the child, including child development, physical and mental health, the quality of social relationships and the ability to meet educational potential. The issue of abuse and neglect of children combines health, education, social and legal aspects and as such necessarily implies a multidisciplinary approach and effective cooperation between child protection institutions. This symposium will focus on identifying good practice examples in the field of diagnostics and therapeutic treatment of abused and neglected children. The symposium will also present the work of the Child and Youth Protection Center of Zagreb, which has been recognized by the Council of Europe as an example of good practice due to the application of multidisciplinary principles, intersectoral cooperation and adapted justice for children.

## Department of Children and Adolescent Psychiatry, University Hospital Center Rijeka

**Mirjana Graovac (in coautorship with: Daniela Petrić, Ana Kaštelan, Helena Sveško-Vizentin)**

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The Department of Child and Adolescent Psychiatry, founded in 1998, functions as a component of the KBC Rijeka Psychiatric Clinic. The first psychiatric outpatient clinic for children and adolescents started work, whose logical continuation was the opening of the hospital segment and the day hospital. Daily hospital therapeutic programs are adapted to the age groups, ie the developmental phases of growing up our young patients. At the Child / Adolescent Psychiatry Department, diagnostic and therapeutic procedures are performed on children and adolescents of all diagnostic categories on a daily basis. The diagnostic methods we apply in our day-to-day work are consistent with professional algorithms and include a variety of clinical, psychological and biological examinations, and the use of clinical and psychological diagnostic tests for diagnostic assessment (according to ICD-10) required for planning therapeutic procedures in individual and / or group setting. Therapeutic procedures that we carry out at the Institute include psychotherapeutic, sociotherapeutic and pharmacotherapeutic methods, so that these techniques are complemented and upgraded. Evaluation of the effectiveness of therapeutic programs in hospital and day hospitals is carried out continuously and after the treatment is completed. Psychotherapeutic techniques (analytical individual and group psychotherapy, analytical psychodrama, art and occupational therapy, sociotherapy, therapeutic community) are applied both in hospital treatment programs and in day hospital programs. According to the decision of the MiZ RH, the Institute has been granted the approval for the implementation of a full program of specialization in pediatric and adolescent psychiatry envisaged by the Ordinance. The aim of this paper is to present the model of growth and development of the Department of Child and Adolescent Psychiatry and our experience.

## Multidisciplinary teams - the most effective means of delivering a comprehensive care to children and adolescents with mental health problems

**Vlatka Boričević Maršanić (in coauthorship with Ljubica Paradžik, Mia Flander Tadić)**

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Mental disorders make a significant contribution to morbidity and mortality in children and adolescents worldwide. Child and adolescent mental health care should intertwine the life course approach and the ecological system model that positions children and adolescents in the context of multifactorial influences (family, school, peers, community, society). Individuals with mental health problems often have a wide range of needs that may be medical, psychological and social. Such complexity of risk and protective factors in child and adolescent mental health means that assessment and interventions for mental health conditions need to be offered by this variety of mental health professionals. A key strength of multidisciplinary approach is that the combined expertise of a range of mental health professionals is used to deliver comprehensive care to the individual. The research evidence supports multidisciplinary team working as the most effective means of delivering a comprehensive mental health service to children and adolescents with mental health problems, especially those with long-term mental health problems. The benefits of multidisciplinary team working for both service users and providers at the Psychiatric Hospital for Children and Adolescents Zagreb, Croatia will be presented. The aim is to emphasize the importance of integrated assessment and treatment. We propose that a collaborative approach among different professionals is important.

#### **4.4. Theme: “Unique EIATSCYP Educational Standards - Educational Programs of Child and Adolescent Psychotherapy, Counseling and Therapeutic Well Being Practitioners in Croatia, Bosnia and Herzegovina, Slovenia, Serbia and the UK”**

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Multidisciplinary approaches include professionals from different professions in the process of diagnosis and therapy with the aim of comprehensively addressing certain problems and finding the most optimal solution. When it comes to children, then it is necessary because children develop different stages during their development that require different approaches, and the problem itself is manifested depending on the stage of development in a different way through which the child shows their needs and problems. Experts working with children use each of the positions of their profession to apply different approaches that combine child behavior with responsible factors both in the child's environment and the influence of the biopsychological characteristics and problems of the child. A special problem is the different traumatic experiences of the child that they report to very different and often for non-educated professionals who work with children in an unrecognizable way, resulting in wrong access to the child, which has far-reaching consequences for the child's development both from a biological and psychological point of view. The integration of different approaches, and through this assessment of the state and functioning, it is possible to determine the optimal approach both in diagnostic and therapeutic view. It is important to emphasize that it is necessary for the child to establish a relationship of trust in the therapy process through the acceptance of the therapy itself, depending on the transfer contractual relations between the child and the therapist as well as the therapist and the child's environment. This is possible through the joint action of all participating professionals in the process of diagnosis and assisting the process. Education of experts is very important.

##### **Educational programs of child and adolescent integrative psychotherapy and counseling in Bosnia and Herzegovina**

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The Bosnian-Herzegovinian Integrative Child and Adolescent Psychotherapeutic Association (BHIDAPA) was registered in early 2015 with the primary purpose of promoting the training of experts in the field of child and adolescent integrative psychotherapy and psychotherapeutic counseling in co-operation with support of HITUDIM and today's D.O.M. from Zagreb. Education is conducted in co-operation with and respecting standards, EIATSCYP (European Interdisciplinary Association for Therapeutic Services for Children & Young People) and EAP, as well as the Convention on the Rights of the Child. The need for this education program was initiated by the results of a survey of the prevalence of internalized and externalized mental health problems for children, WHO indicators and clear insights that indicate the greatest deficit of professionals trained to recognize mental problems and treatment of children and young people. The first generation of education is composed of seventeen students, ten already graduated and European accredited psychotherapists who have fulfilled the requirements of enrolling in a two-year educational program in the field of integrative psychotherapy of developmental age. A four-year program is also running in parallel and according to the terms set by EAP and EIATSCYP. BHIDAPA in Antwerp, April 6, 2016, joins

as an equal member of EIATSCYP, among the 14 countries of Europe, and becomes the first European accredited education program in the field of Integrative Psychotherapy and Counseling for Children and Adolescents in BiH. Three years after the launch of the educational program, BHIDAPA 30th September 2017 promotes the first 9 graduate integrative psychotherapists for children and adolescents in BiH. In 2018 by the decision of the BHIDAPA Assembly, the Association's statute is broadened with the main aim of reaching the highest standards in respecting the Convention on Rights of the Day, and providing the conditions for the opening of the multidisciplinary center. Thus BHIDAPA, in addition to the Education and Science Research Center, with the support of the Children's and Children's Health Center of the City of Zagreb, opens the Interdisciplinary Therapy Center for the Protection of Children, Youth and Families. This year, BHIDAPA is working on the harmonization of the curriculum of the Master's Program of Child and Adolescent Integrative Psychotherapy and Counseling as a Form of Formal Higher Education.

### **Training in integrative psychotherapy of children and young people**

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In symposium we will briefly present the training in integrative child and youth psychotherapy that we are running at Institute for Integrative Psychotherapy and Counselling, Ljubljana, Slovenia (member of EIATCYP and EAIP). We will discuss how the theory and practice of integrative psychotherapy is useful framework for child and youth psychotherapy. We will present our experiences and current challenges of training in child and youth psychotherapy and discuss differences with trainings in adult psychotherapy.

### **Experience the establishment of educational program for child and adolescent psychotherapy and counseling in European accredited Gestalt institute Psihika, Croatia, Zadar**

**Margareta Mesić,**

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The aim of this symposium is to exchange experiences in the area of education of children and adolescent psychotherapy and counseling. The organization of education in children and adolescent psychotherapy is an important topic for many reasons, but one of the most important is the fact that in our geographical area we definitely and consistently note the lack of experts for working with children, adolescents and families. We are aware that this lack of experts suffers a worse mental health condition in the community, which is already disrupted by the modern way of life, the disruption of the system of values in society, school and family. Finally, our children become people and experts in this area their growing up can greatly help. The idea of organizing education from integrative children's and adolescent psychotherapy in Zadar, or Psihika d.o.o., was conceived in the minds of our late Ken Evans, founder of the European International Association for Therapy and Counseling of Children and Young People (EIATCYP), who was our longtime geospatial teacher. Our aim is to describe in this symposium the process of preparation for this education and its implementation itself, program, cooperation with experts from the environment and the latest moments from the context of legal regulation. Namely, in the seventh month of 2018, Croatia regulated the psychotherapy legally and thus added and opened many issues in the field of child and adolescent therapy, of which we certainly want to talk about this symposium.

## Education programs for children and adolescent psychotherapy

**Filip Stefanović,**

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Topic: Experience of organizing an education program for children and adolescent psychotherapy in the European Accredited Psychotherapeutic Training Institute - Education Institute Belgrade, Serbia (EAPTI-SEB), and the European Accredited Psychotherapy Institute (NCFHE-2014-FHI-020) Gestalt Psychotherapy Training Institute - Malta (EAPTI-GPTIM). Reasoning of topic importance: Psychotherapeutic work with children and adolescents requires specialized knowledge, skills and competences and requires understanding of a unique context in the treatment of children and adolescents. Very few therapists are currently working with these populations, while many of them practice psychotherapy with minimal or inadequate specialized training for children and adolescents. Our intention is to offer quality, consistent and accredited education in this area. That is why the psychotherapy program for children and adolescents we are developing is designed to take into account and consider all issues specific to work with children and adolescents to provide the future psychotherapist with the necessary knowledge, skills and competences. Short Description of the topic: The European Institute of Psychotherapy Training Institute (EAPTI-SEB) is growing and developing as an institution that has been educating a psychotherapist for 27 years. During the years of growth and quality improvement offered by its students, EAPTI-SEB is recognized and accredited by the European Association for Psychotherapy (EAP) (2008) and the European Association for Genetic Therapy (EAGT 2010). Thanks to the founder of EAPTI-SEB, Dr. Lidiji Pecotić, which enabled EAPTI-SEB and the European Accredited Psychotherapeutic Training Institute to be established close to EAPTI-SEB (EAPTI-GPTIM), already have teachers and lecturers EAPTI-SEB Diploma in psychotherapeutic counseling with children and young people, organized by EAPTI-GPTIM in co-operation with the European Association for Psychotherapeutic Studies Cleveland Institute (2008-2009). Since 2009, in the education of the Diploma Genetic Therapy Program in EAPTI-SEB students, through the theory of lectures led by specialized educated and experienced lecturers in the field of work with children and adolescents, have been introduced to the basic techniques of work with this population in psychotherapy and with the importance of special specialist programs for those who choose to deal with psychotherapy of children and adolescents. To this end, EAPTI-SEB has already offered one such program, an EAPTI-GPTIM training program, in co-operation with the European Center for Psychotherapeutic Studies (headed by PhD Kenneth R. Evans) -Program Diploma in Psychotherapy with Children and Young People, accredited by The European Interdisciplinary Association for Therapy with Children and Young People (EIATCYP). This education program, as well as the association of EIATCYP, have been the result of close collaboration and mutual recognition and agreement between Dr Ken Evans and Dr. Lidija Pecotić regarding the need for development of special education programs for children and adolescents, the importance of interdisciplinarity of programs through which future experts psychotherapists for children and adolescents, and the importance of creating relevant interdisciplinary associations dealing with the development of psychotherapeutic programs, ensuring the quality of the same and linking and collaborating with psychotherapists who are dedicated to working with this specific population at European level. In further alignment with this goal, Dr. Lidija Pecotić is also authoring and accrediting the Postgraduate Program for Children and Adolescent Psychotherapy, accredited by the National Commission for Continuing Higher Education in Malta (NCFHE), at the academic level of MQF Level 7, a part-time program implemented in the period of two school years. This post-graduate integrative program that represents formal academic education now exists as an opportunity for further professional growth and development of all psychotherapists who want to expand their knowledge and practice towards the domain of children and adolescents not only in Malta but also in other European countries that cooperate with EAPTI-GPTIM such as Serbia, Croatia, Macedonia, Montenegro and Bosnia and Herzegovina.



## THERAPEUTIC WELL BEING PRACTITIONER

**Lydia Noor,**

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**Jocelyne Quennell,**

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For the last twenty years, Jo Quennell and Lydia Noor have been developing training in Therapeutic Well-being Practice in order to meet the mental health needs of children and young people in a wide range of organisational settings. Therapeutic Wellbeing Practice has its roots in the humanistic tradition, drawing on relational and creative approaches to meet the needs of the child, young person and their family. Our vision is that practitioners from many professions who work with children and young people, such as sports, medical, social work and education can acquire therapeutic skills. Equally, we are committed to training independent Advanced Therapeutic Wellbeing Practitioners who are highly skilled in meeting the emotional, social, behavioural and mental health needs of children and young people. Therapeutic Wellbeing Practitioners can work contextually with individuals, groups and communities. During the last year, we have been developing standards of proficiency from levels 3 (pre-graduate level) to level 6 (graduate level) in Therapeutic Wellbeing Practice. These standards draw on best practice from integrative and systemic therapeutic approaches, mental health, youth and social work and education. We envisage that these standards could be accepted by EIATSCYP: European Interdisciplinary Association for Therapeutic Services for Children and Young People, as a benchmark for the development of therapeutic wellbeing practice in other European Centres. We are currently progressing these standards through a national psychotherapy registration body in the UK. Therapeutic Wellbeing Practitioners require a commitment to deeply-held ethical internal boundaries, as their work is often found outside the traditional therapy setting with individuals, groups, families and communities. Therapeutic Wellbeing practitioners influence the culture in which children and young people live through sharing their understanding, knowledge and skills with those surrounding the child.

### 4.5. Tema: “Centers for mental health, hospital and outpatient treatment”

#### Review of the work done by the mental health centre for children and adolescents in Zenica

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Introduction: The team for children and adolescent psychiatry was founded in June 2015 at the Center for Mental Health Zenica. The team consists of a psychiatrist, two psychologists, an occupational therapist and a graduate nurse. The team provides services to children and adolescents from the entire Zenica-

**Doboj Canton.** Goal: The goal is to present the activities carried out by the team working with children and adolescents with mental health problems (first examination, psychotesting, psychotherapy, occupational therapy). Methods: In this retrospective, descriptive and epidemiological study, findings and data were analyzed from the medical records of the Children and Adolescent Psychiatry Team of the Center for Mental Health Zenica (gender, age, type of problem, place of residence) from 2015 to the present day. Results: The help from the Team for children and adolescent psychiatry was requested by 287 children and adolescents, out of which 144 (50.17%) were males and 143 (49.83%) females. The most frequent age is from 11-15 years old 120 (41.81%) and 16-18 years 120 (41.81%). The most common diagnosis is stress response 68 (23.69%), followed by anxiety disorders 44 (15.33%), behavioral disorders 20 (6.96%). There were 149 from rural areas (51.91%), while from the urban areas there were 138 (48.09%). Conclusion: The Team for Child and Adolescent Psychiatry had some good results in treatment because a small number of children and adolescents who requested assistance were sent to the clinic. It is necessary to ensure more personnel and work space in order to achieve even better results, as well as the creation of new teams for children and adolescent psychiatry in other places throughout Bosnia and Herzegovina.

### **Group psychotherapy of adolescents and their parents at the Department of Children and Adolescent Psychiatry of the UKC Tuzla Psychiatric Clinic**

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**Introduction:** The group is the basic phenomenon of existence of every living creature, and adolescence is a particularly sensitive period of life on interactions with a group of peers in the school and out-of-school environment. The technique of managing the therapeutic procedure involves involving the person in the situation that will first meet the conditions for accepting the change because each treatment is a request for change from sick and maladaptive to a healthy mental state. The group has its own structure, and among the members of the group there are specific interactions that create a group matrix-interwoven network of relationships that hold the group of cohesion forces, but also the threat of decomposition. The way the group is grouped has a great influence on group clichés, too authoritarian leadership creates violence or apathy, and directs aggression to the weakest member of the group that can be chosen as “sacrificial lamb”. If the way of keeping a group is too relaxed, without clear boundaries and frames, the group creates dissatisfaction, insecurity, and frustration. Adolescence as a lifetime full of “bursts and storms” is characterized by uncertainties in the formation of identity, separation of authority and finding a lonely life, and in the group they reflect and understand all dilemmas and developmental ages. Parallel to group psychotherapy, adolescents maintained group psychotherapy for their parents who had differently accepted the possibility of participating in the group, from the full acceptance to the complete avoidance of the possibility of participating in group work, rationalizing and justifying the absence of the possibility of doing something “over an hour” children in the group “... The case report includes a description of group dynamics in a semi-structured group of adolescents and their parents during the period from October 2017 to April 2018, through the group of 18 members who ended group processes with different dynamics while others started. At some moments the group had 11 members, while at the second occasion only three members were present. The composition of the group in the psychopathology of the members was varied: panic disorders, dissociative psychosis, behavioral disorders and emotional disorders in adoles-

cence, first psychotic episodes, organic behavioral disorders and emotions. Interactions were borne by a sense of fear, distrust, then desire, but also fear of overcoming the limitations in group rules, the process of dethrone the leader. Conclusion: Creating a group matrix has led to improved feelings of mutual understanding among adolescents, reducing the fear of being lonely in their suffering, improving the empathic capacity of members. A parent group has shown that parents' willingness to work positively affects the stabilization of their adolescent's psychological condition and improves intrinsic understanding.

### **“Probit - an early detection of the risk behavior of the youth in the area of Osijek**

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According to the data WHO 10-20% of children have mental disorders, and 50% of psychiatric disorders develop and progress during childhood and adolescence. The aim of this study is early detection of children and adolescents with risky behaviors that may increase the risk of developing mental disorders and their early involvement in adequate treatment. The survey was conducted from 2012 to 2016 on a sample of 5787 respondents ( $M = 2694$ ,  $\bar{Z} = 3091$ ), an average age of 15.45 years in the Osijek area. The main screening tool was the SDQ Questionnaire that the respondents met during a regular systematic review with the written consent of the parent / guardian. The questionnaire is intended to assess the emotional and behavioral difficulties of children and adolescents and consists of 25 particles grouped into five ranges: prosocial behavior, hyperactivity, emotional problems, behavioral problems and peer problems. The results of the research showed that the largest number of respondents achieved their total average score of 89.5%, 3.2% achieved a very high total score and 7.2% were marginal. On the scales of emotional symptoms, 91% of respondents achieved an average score, 4% achieved a margin score, 4.8% very high. On average behavioral problems, 87.9% of respondents reached 7.1%, and 4.8% were very high. The average outcome of Skali hyperactivity was 79.9% of respondents, the marginal score was 5% and 5.2% very high. In the Skali problem, compared to peers, the average score was 87.9% of respondents, the marginal score was 9.7% and 2.2% very high. On the scale of prosocial behavior the average score was 93% of respondents, the marginal result achieved 4% and 2.8% very high. The average score was 82.1% of respondents on the Impact Impact Symptoms Score, with a margin score of 7.5% and 9.9% very high. The girls achieved statistically significantly more results compared to the boys in the overall score on the questionnaire applied, and on scales of emotional symptoms, prosocial behavior and hyperactivity. Young men, compared to girls, have statistically significantly higher scores on Skill Behavioral Problems and Skill Problems in Peer Relations. Conclusion: Respondents with borderline and very high scores on the questionnaire applied were included in further diagnostic and therapeutic interventions. The obtained data allow for further planning of public health measures, preventive activities, treatment, promotion of mental health, with the aim of reducing psychiatric morbidity in children and adolescents.

## Effects of sleep deprivation on development of young generations

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Epidemic of sleep deprivation is observed globally in last two decades with deleterious effect on population, especially on teenagers and youngsters. Studies revealed that as students get older, sleep durations decline. Short sleep duration couples together with daytime sleepiness and increased use of drinks rich with caffeine, as well as risk in behavioural models. Along with this, students in both elementary and high school are not getting enough sleep and that this issue is now chronic problem worldwide. Health and behavioral outcomes related to restricted sleep include increased risk of car crashes, problematic behaviors, depression and psychological stress. We want to emphasize this emerging problem with holistic view on psychological and neurodevelopmental aspect in sleep deprived generations.

## Preventive suicide program to strengthen protective factors of adolescents in the schools environment in the FBiH

**Iskra Vučina,**

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For the last decades, the number of suicides has increased in the world, and the number of young people who commit suicide is increasing. Two groups of young people are most vulnerable: children in puberty and adolescents. Children at puberty do not have the true idea of death as the cessation of life, and the suicidal ideation can lead to curiosity and / or lack of fear of death. Adolescents are vulnerable because of the many changes that are taking place and sometimes difficult to bear (identity crises, individual development, sexual maturation). The preventive program of suicide in adolescents through the strengthening of protective factors was carried out in 10 communities, ie 20 secondary schools (each community of 2 secondary schools - 10 grammar schools and 10 vocational schools) in the Federation of Bosnia and Herzegovina during October 2016 - June 2017. The target group was the pupils of the other secondary school grades and 875 of them participated in the program. In addition, educators and psychologists and pedagogues were educated in all schools. Instruments used Beck's helplessness scale, difficulty question and abilities, and the School Climate Scale. The first measurement (pre-test) was done at the beginning of the program (before the intervention) and the other at the end of the program (posttest) after the intervention. The intervention consisted of 5 thematic workshops: emotional regulation, assertiveness, online violence, decision-making / solving problems and seeking help in school and community. The results showed that total (first and second measurement) of 9.8% of adolescents exhibited a moderate risk of suicide, and 1.3% had a pronounced risk of suicide. According to gender there were no major differences in the degree of risk of suicide. Some more participants with moderate (10.8%) or severe (1.5%) degree of risk are from vocational schools compared to high school students (moderate 8.2%, weighing 1.1%). Post-traumatic results showed a reduction in the risk of suicide by 30.7% and moderate risk by 12.2%. To conclude, the program has shown that well-planned and adolescent-friendly preventive programs can prevent the risk of suicide in the school environment by strengthening protective factors.

## Occupational therapist interventions in work with children and adolescents

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The paper discusses the occupational therapy (OT) in mental health for children and adolescents, which is an innovative service introduced in 80% of mental health institutions throughout Bosnia and Herzegovina (B&H). The aim of this paper is to present the importance of OT in the rehabilitation of children and adolescents, with a special focus on certain psychotherapeutic interventions that have taken a key place in this specific field. By adoption of the Convention on the Rights of the Child in B&H, every child and adolescent have been guaranteed to have the right to a dignified life in terms of developing child's autonomy and active participation in their community. They should feel fulfilled in its life, participate in everyday life activities and have a place in society, regardless of any difficulties or illnesses. The occupational therapist focuses on people who, due to injury, illness or physical dysfunction, are not able to practice self-care, take care of their living space, school, work duties or have no spare time - to carry out their daily activities. OT is planned and carried out within the framework of individual cultural requirements and is in accordance with age and development phase of child or young person, and the process consists of: screening, assessment, planning, intervention and re-evaluation. The most important techniques and skills in the OT that are integrated from different psychotherapy schools, which enable progress in work with children, are: sensory motor integration, social skills, communication skills training, Applied Behavioural Analysis (ABA), play therapy and many more. The basic settings of some of them will be presented. 117 occupational therapists within field of mental health across B&H have adopted knowledge and skills on preventing and minimizing the effects of mental disorders and improving overall quality of life of children and adolescents. Occupational therapists are trained to help children with disabilities to improve their development of sensory motor, cognitive and social skills.

### 4.6. Theme: “Musical therapy”

#### Music as a help in release difficult emotions

**Thomas Deleu,**

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During my 10 years working with children and adolescents in Srebrenica, I experienced that music therapeutic sessions help them to release difficult emotions, empowered them and helped them to become become more independent

#### Sound therapy in rehabilitation of adolescents with special needs and mental disorders

**Koraljka Janeković,**

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Explanation of the topic: Sound Therapy is a method that should be incorporated into everyday practice as soon as possible, as it represents a strong and significant support for psychological health, especially the health of a vulnerable part of the population represented by children and adolescents with mental health disabilities. Description of the theme: Sound therapy according to the method by Peter Hess includes sound massage, sound baths and other ways of applying sound for therapeutic purposes. The therapist uses the therapeutic singing bowls, gongs and some other traditional instruments. The method is thoroughly scientifically explored, and its beneficial effects on the body and mind are proven. The main purpose of the presentation is to provide basic information on this unique method and present the therapeutic effect of sound on adolescents with multiple disabilities and mental disorders through a case-presentation. During sound massage, the therapeutic bowls are positioned on the dressed body in a certain

sequence and combinations and sounded softly. Pleasant sound vibrations, rich in overtones, are transmitted to the body and create a sense of comfort and deep relaxation. The sound bath can be performed individually or in a group. Clients are lying in a comfortable position while the therapist uses instruments that sound and vibrate to reach them and work in many beneficial ways. The method is particularly powerful as a support to the health of children and adolescents with special needs, especially those with psychiatric disorders, ADHD disorders, and autistic spectrum symptoms. It also contributes to alleviating the consequences of motor, sensory, cognitive, emotional and social deficits (deep relaxation, relaxation of body tension and removing blockages, letting go of negative patterns, support and improvement of body awareness, building of authentic trust, access to their own resources and their use, health through harmonization, regeneration and revitalization of each cell, strengthening of confidence, creativity and motivation...). The deep peace that children and adolescents gradually acquire through the regular application of this method is directly linked to raising the level of self-esteem, which undoubtedly encourages them to use their own resources in addressing the challenges of characteristic growing up and everyday living with difficulty. Past experience and results in the field of sound application for therapeutic purposes fascinate and stimulate further research in the area of the inexhaustible power of sound and vibration.

### **KLIK program of sound application in activities with children**

**Alma Lepir,**

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To understand the world, we must experience it with all the senses. Today, children are learning more and more through the one-dimensional screens of TVs and computers, and the lavish and irreplaceable experiences have become rare. Culinary experiences are the basis for health in adulthood because ours have heard the bridge between people and the world. Children need a variety of sensory experiences for training and development of brain processing. The ability to hear or hear the five senses is much more than the pleasure of experiencing integrity. It is the essence of our humanity! We often face the question of whether the Sound and the Music Therapy are the same? Music therapy uses music as a means of achieving therapeutic goals, ie overcoming the pre-established difficulties faced by the person / child. He uses classical music instruments, Orff instruments and other aids in his work. While Sound therapy uses completely different instruments for work (Tibetan sounding bowls, gongs, and other ancient natural-frequency instruments) and its purpose is to strengthen the healthy body parts to support weakened and initiate self-stimulation. The KliK® program is a thoroughly designed pedagogical approach to the use of sound bowls in children's work. The program develops sensory, cognitive and emotional abilities in children. The general goal of the KliK® program is to sensitize, raise awareness and strengthen the basic skills required for perception, learning and problem solving. The sound learning space is closely related to the sound predation. The KliK® program concept is developed for working with children in the elementary and primary areas, as a support to children in the transition phase and their individual development. The use of sound bowls is useful and possible in all areas where observation is needed. This implies working in kindergartens and schools, but also in very early encouragement in clamshells, as well as in other areas where there is a concept of lifelong learning, relaxation and improvement of perception in working with people. Eg. in working with young and adults, older people and people with disabilities, rehabilitation and special care centers, centers for people with dementia, etc. "The sound of the sound bowl touches on our essence. Our soul titles. Sound dissolves tension, triggers self-excitement and releases creative energy " - Peter Hess®

## The effects of music therapy on the development of children with neurodevelopmental disorders

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The aim of the research is to determine the stimulatory influence of music therapy on the proper development of socio-emotional relationships, sensory processes, cognitive processes, verbal communication, nonverbal communication, attention, imitation. The strategies of intervention and work techniques in the Musicorn studio were based on the methodology of Nordoff-Robbins Musical Therapy Schools, but they are also combined with the Floortime Therapy methods as well as the TEEACH method, so the therapeutic approach evaluated by this research can be called integrative because it contains prevailing methods of expressive but and bihevarial techniques in child labor. The positive effects of music therapy on certain segments of development have already been investigated and demonstrated in children with neurodevelopmental disorders (eg HA Lim (2010), a sample of 18 clients aged 3 to 10 years with diagnoses: Autism Spectrum Disorder, Slow Psychomotor Development, Disfiguration Expression, etc. The period from February to June 2016 was evaluated and the period from March to June 2017. During the first segment, the therapists were diverted to work with the client on a weekday basis, so the therapist who is not working with the client In the second segment of the research, an independent observer was introduced, and a questionnaire containing the scales compiled according to the model of the standardized autism assessment scale for CARS™ - 2 was used for the purpose of this study. Based on the quantitative results of the longitudinal transversal research carried out during 433 treatments in the period of evaluations, of which clients were present at 360 (83.1%), while absent from 73 (16.9%), derived it is a general conclusion that the integrative model of music therapy has a stimulating effect on the proper development of socio-emotional relationships ( $t = 11.680$ , Sig. = .001), sensory processes ( $t = 8.398$ , Sig. = .004), cognitive processes ( $t = 3.231$ ,  $T = 1.952$ , Sig. = .146), attention ( $t = 3.592$ , Sig. = .037) and imitations ( $t = 9.514$ , Sig. = .002) reflected in the trend of growth in these scales and the statistically significant positive difference of arithmetic meanings based on the sum of the tapered t-test. Based on these results, a general conclusion has been made that music therapy, combined with TEEACH and Floortime methods, has a positive influence on the development of children with neurasthritic disorders.

## 4.7. Theme: “Children at risk and in contact with the courts and law”

### The merits and necessity of child-friendly justice and forensic sensitive treatment

Gordana Buljan Flander,

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Research shows systematically that exposure to abuse and neglect is often a long-lasting process, and the moment in which the environment comes to know about potential child exposure to endangering experiences is just the beginning of the period through which the system seeks to stop violence and provide the conditions necessary for the child's recovery. Studies show that child recovery can be difficult by the misunderstanding and inadequate support of abusive family members, but also the child protection system, which, through insufficient rapidity, ineligibility and inadequate professionalism, can contribute to the trauma of a child. For this reason, effective child protection necessarily implies knowledge of treatment protocols that, through childhood development and trauma, integrate the need for forensic quality information and child protection from retraumatization and the mutual cooperation of all components of the child protection system. With the protection from further exposure to traumatic family experiences, the key part of the child's recovery is counseling and psychotherapeutic support for the child and family. Since it often takes place alongside court proceedings, the therapeutic approach itself implies certain

specificities, that is, it must be done in a forensic way. The aim of this symposium is to present and discuss the scientific foundations and necessities of children with a custom justice and forensic sensitive treatment.

### Child friendly justice

**Lana Petö Kujundžić,**

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Juvenile Delinquency represents the form of criminal behavior committed by juveniles, persons aged between 14 and 18, as regulated in the legal systems of the Republic of Croatia and the Federation of Bosnia and Herzegovina. These are the children, according to the Convention on the Rights of the Child. Minors who commit a criminal or misdemeanor offense are persons who, by their psychological development and the causes of delinquent behavior, differ from the adults and have to behave differently in the system and apply the appropriate treatment. Their work is not a result of mature thinking and a strong will for the commission of the offense, so that counting and guilt is expressed in a special form relative to adult offenders (the period of adolescence in the medical sense of the word). As a rule, juveniles are being subjected to educational measures, and only extremely punishable. The Convention on the Rights of the Child stipulates that children must have access to various options, such as care, guidance and supervision; counseling and conditional punishment, caregiving, education and vocational training programs, as well as other alternative institutional care options to ensure that they are treated adequately to their well-being and in accordance with the circumstances in which they are committed and the perpetration of the criminal offense. With regard to the rights of the child, the juvenile of the perpetrator of criminal offenses, in the proceedings it is stated in the Convention on the Rights of the Child the right to a child not to be found guilty until his / her guilt is proven. An educational measure as a sanction can not be applied solely because we want to help the child because through social policy he has not yet secured the assistance, and therefore we are proclaimed in criminal proceedings responsible for the commission of criminal offenses and pronouncing sanction. Namely, no guilty verdict may be applied, but the proceedings should be suspended if the adult was released for the same criminal procedure, ie a refusal would be issued. The child and his / her parent must be informed about all the rights the child has. It is necessary for a child to have a defense attorney at the expense of the state budget, to acquaint him with charges charged to him, which are the evidence we have, and the procedure must be timid. Juveniles must not be forced to give testimony and confession of the criminal offense. The right to file a legal remedy is certainly a right of a child, but there is the right to free interpretation of a translator, that is, an interpreter who will speak his or her language. Always, if possible, give up the persecution and apply alternative measures if they achieve the same purpose, as will some other more severe sanctions. A juvenile sanction for which legislation provides for juvenile delinquency to be subjected to a shortened and simplified procedure so as to depart from the procedural rules imposed on adult offenders. Namely, this informal, abbreviated and urgent, juvenile trial also has a pedagogical purpose pointing to juvenile delinquency, acting on it to reflect that this behavior is not good and tries to get a minor to have a particular educational measure it is planned and the proceedings are conducted against the juvenile, as opposed to the regular criminal proceedings against the adult accused

### Children at risk and in contact with the courts and law

**Branka Žigante Živković,**

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By looking at children from the aspect of all their rights and trying to understand them in their upbringing and behavior, they would most likely embrace and laugh with them, as an expert in certain areas of trial



where children come as victims, participants, witnesses, or sometimes perpetrators certain unlawful acts I would prefer to cuddle together with them. When we talk about children, we usually forget that people are under the age of 18, they are entitled to their own convention, the Convention on the Rights of the Child, but most often we think of a small convention, some rights, not thinking that these rights are full necessary in their realization of adult rights. Regardless of the overriding obligation, the regulations we give children's rights often have a reverse situation, to forget that children are in front of us, that they are at the very risk of having to face a criminal justice system that causes adult trauma. Inequality of treatment, inequality of access to children is further traumatized by the experts who come into contact with children. There is a great deal of procedure that must be followed, neglecting the fact that children are in front of us, to bring them to situations when giving testimony they have to choose the "side" they will protect to be able to continue functioning normally within the family when we do not pay attention to whether other institutions our job to protect children, when we only serve the NOS floss without knowing the true basis of the child, children are at the risk of even greater trauma because they must contact the court. And there is a question as to how to avoid it?

## Protection of property rights and interests of the child

**Larisa Velić,**

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The UN Convention on the Rights of the Child has made a reversal of the position of the child in society regarding child's rights and interests. By virtue of this Convention, the minors, as specially protected subjects of rights, enjoy special protection of their individual and property rights. Parents are responsible for day-to-day care of the child's property and they are obliged to take care of the property as a good host (bonus pater familias). However, if negligent and dishonest treatment occurs, the competent state authorities are empowered to take into account the best interest of the child, and they may impose different measures that limit parents in the exercise of their duty. When it comes to the disposal of the child's most valuable property, parents' rights are limited so that they are no longer independent, but must have the approval of the competent guardianship authority. Protecting the property rights of children should therefore be maximally secured,

## Children at risk and in contact with the courts and law in BiH

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f the socialization process of children takes place under favorable and stimulating conditions, if they adequately meet their needs, the child will develop safe forms of behavior and will have the opportunity to develop their potential and opportunities. Conversely, if the conditions of socialization are unfavorable, filled with uncontrollable life events, unfavorable circumstances arise which negatively affect the development of safe patterns of behavior. Unfortunately, the child, in most cases, has no chance of influencing the factors of socialization and life circumstances. A child is not responsible for parental disabilities, their unemployment or mutual conflicts, the behavior of other children, educators and teachers. It can not influence opportunities in society, culture, economics, and politics. It is only a being belonging to the family to which he entered birth, a member of the community community, who was chosen for him by another. Children and young people will respond to unfavorable conditions of socialization with certain behavior or symptoms, which unfortunately do not always have to be recognizable and clear to adults. Reactions between children and young people always reflect their needs, and children themselves can often not understand and understand them. That is why it is very important to identify the possible risk factors for socially unacceptable behavior of young people, as well as timely professional responses, to

prevent conflicts of children with the law. Unfortunately, practice shows that parental skills and professional capacities often survive in the face of risk factors for children.

### **Empowerment of Police in Terary Prevention of Juvenile Delinquency**

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This presentation will present the way in which the Republika Srpska police are working to raise awareness and empowerment when working with juvenile delinquencies. The topics that will be presented come from the field of psychology and imply the empowerment of police officers in understanding the juvenile delinquency and the manner in which they are in contact with them during the first interrogation after the arrest.

### **Review of the new features in the new Criminal Code of Republic of Srpska in terms of protection of children and minors from sexual violence**

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**Rialda Ćorović,**

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In July 2017, after the 14th anniversary of the Reform Criminal Code of Republika Srpska, the new Criminal Code of the Republika Srpska entered into force, thus initiating a new, post-reform phase in the development of contemporary criminal law in Bosnia and Herzegovina (partially). Although, generally speaking, the law carries a series of newspapers in the sphere of criminal law, the subject matter of this paper is the newspaper regarding the legal protection of children and juveniles of sexual violence in Republika Srpska. After the analysis of the relevant legal provisions, it is determined whether and to what extent the new Code has modified the legal protection of that group of passive entities in respect of the criminal offenses of sexual violence (which, in addition to the standard consequences which they generally leave behind victims, may leave irreparable consequences victims whose psychophysical development has not been completed). Also, based on the subject analysis, answers will be given to whether the regulation of the new legal protection of children and juveniles in Republika Srpska has been harmonized with other positive criminal laws in Bosnia and Herzegovina or has departed from it. A descriptive, normative and comparative scientific method will be applied in this paper.

# 5. workshops

## The other side of the medal /vicarious resilience/

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Numerous research results show and describe how experience of child abuse and interpersonal trauma affects different aspects of child development and is connected to psychological malfunctioning. Abuse victims are often described as “damaged goods”. Consequently in literature we can dominantly learn about negative influence that working with abused or traumatized children and adults can have on professionals /vicarious traumatization/. Such perspective neglects or doesn't take into account resilience of our clients and their capacity to overcome adversity and continue to live content lives. Recent research and clinical practice pose the question of whether besides the experience of vicarious traumatization practitioners who work with abused and traumatized individuals can experience empowering feelings and have the opportunity of personal growth, in literature this is becoming to be known as vicarious resilience. In this workshop we will, in different ways, explore the importance of this new concept as one dimension of experience which we can also recognize when working with traumatized clients.

## Sound bath – application of sound in rehabilitation of adolescents with special needs and mental disorders

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Goals: To introduce participants with the concept of sound therapy and the results of its practical application in work with adolescents with special needs that, with primary impairment, also have impaired mental health; To demonstrate a sound bath to make participants experience the beneficial effects of sound and vibration. Workshop Description: Part 1 - Interactive presentation on sound therapy, ie sound massage, sound bath and other forms and areas of sound and its specific application in work with people of typical population as well as in work with people with special needs. Part 2 - sound bath: Ad1) Sound massage and sound baths are performed with therapeutic singing bowls, gongs and other traditional instruments, according to the sound method of Peter Hess. During sound massage, the therapeutic bowls are positioned on the dressed body in a certain sequence and combinations and sounded softly. Pleasant sound vibrations, rich in overtones, are transmitted to the body and create a sense of comfort and deep relaxation. The sound bath can be performed individually or in a group. Clients are lying in a comfortable position while the therapist uses instruments that sound and vibrate to reach them and work in many beneficial ways. Excellent sound vibration transmission is possible because 70% to 80% of the body consists of liquid. Vibration of the singing bowls is luxurious and usually spreads undisturbed throughout the body and penetrates into all body tissues (skin, soft tissue, muscles, bones, ligaments, joints, fasciae, vascular system ...), even those unavailable to classic hand massage. Vibrating accompanied by harmonious, soothing sound provides us stress relief, a sense of mental freshness, emotional stability, inner strength and true tranquility. The method is particularly powerful as a support for psychosocial rehabilitation of children and adolescents with special needs, especially those with psychiatric disorders, ADHD disorders, as well in alleviating the consequences of physical disability, sensory, intellectual and emotional disabilities. The deep peace that children and adolescents gradually acquire through the regular application

of this method is directly linked to raising the level of self-esteem, which undoubtedly encourages them to use their own resources in addressing the challenges of characteristic growing up and everyday living with difficulty.

Ad 2) Sound bath - Workshop participants are lying on mats, covered with blankets or sitting in a comfortable position that allows them to relax the body, soothe the mind and gain a sense of security.

The workshop begins with a guided relaxation followed by sounding gongs, therapeutic singing bowls and other traditional instruments. At the end of the bath, the participants remain lying for 5 to 10 minutes to let the sound completely permeate the body and mind. Message: Sound and vibration affect the totality of man's functioning, both mentally and physically, without his conscious participation. Expected outcome: I expect the participants to get basic information about sound therapy and to feel its beneficial effect at different levels.

### **It's easier to build strong children than to repair broken people – role of play therapy in empowering children and families**

**Sanja Ivanušević Grgas,**

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**Maja Bonačić,**

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Workshop Objectives: To explore the possible causes of increasing frequency in emotional, behavioral and developmental difficulties in children's age from their experience and practice; Present the theoretical conclusions so far; To highlight the importance of games in child development and the possible link between less and less play and difficulty in children; Educate participants about the therapeutic possibilities of the game. We are witnessing an increasing incidence of emotional, behavioral and developmental problems at an earlier age of children. In practice, we encounter more and more clumsy children, children who are difficult to direct and maintain attention, weak control of impulse, lack of regularity of feelings and behaviors, underdeveloped tolerance to frustration, planning and problem solving strategies, or immense emotional and behavioral regulation and executive functions. Due to a change in lifestyle, children are increasingly losing the opportunity for developmental experience, and one of the most important, with the appropriate style of dressing, is exactly the game. With regard to the developmental potential of small children and the biological mode of functioning of the brain, the game is the most natural way of child maturation and learning, communication, emotional problem-solving and healing, and self-regulation training. In this context, the role of kindergartens, schools and other constitutions in which small children and the professionals working in them (educators, teachers, associates and other mental health professionals) are more important than ever. Except those who are most likely to see, recognize and often deal with difficulties, they spend a lot of time with the children and are the first source of information and professional support to their parents. Also, in small children, the use of the game in a therapeutic way is the most appropriate support in treating problems, developing resistance, and building supportive relationships that will eventually build stronger people. In this workshop, we will investigate the importance of the game for child development, ways of connecting emotional or developmental problems with a lack of games or unmanaged play, and practically learning how to use the game therapeutically.

## Mindfulness and self - compassion for psychotherapists – integrative perspective

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Maša Žvelc,

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Work of psychotherapists and counsellors is often demanding and stressful. Work with clients may trigger intense emotions that therapists may experience even after their work. It is important that psychotherapists have ways to take care of themselves to prevent burnout and exhaustion. Mindfulness and self-compassion can help therapists to be present with their experience with curiosity, acceptance and compassion. Such stance toward internal experience helps the practitioners to process their unpleasant experiences and prevent burnout. In the workshop we will share our integration of mindfulness and self-compassion with integrative psychotherapy framework and introduce participants with practical ways to cultivate presence, acceptance and self-compassion.

## KLIK Program of sound application in activities with children

Alma Lepir,

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WORKSHOP GOALS: introduction with Tibetan singing bowls; presentation of the KliK® program of sound application in activities with children; activities on development of sensory, cognitive and emotional abilities of children; stimulation of developmental needs of children (emotional, intellectual, social); development of communication skills; sound stimulation using harmonic sounds that provide relaxation and decrease stress; support and strengthening of child capacities. SUMMARY: KliK® Program is a detailed pedagogic approach of applying the sound of singing bowls in activities with children. The Program develops sensory, cognitive and emotional ability of children. General goal of the KliK® Program is sensitization, raising awareness and strengthening of primary skills necessary for perception, learning and problem solving. The learning space through the sound is closely related to the sound pedagogy. The concept of KliK® Program is developed for activities with children in elementary and primary area, as a support to children during transitory phase and their individual development. The application of singing bowls is useful and applicable in all areas where improvement of observation is necessary. This includes working in kindergartens and schools, but also in a very early stimulation in nurseries, and other different areas where the concept of life-long learning, relaxing and improving of observations when working with people exists. For example, when working with young and adult persons, elderly persons and persons with difficulties in rehabilitation and special care centres, dementia care centres and etc. The workshop is interactive. Participants will be able to experience a sound experience and relaxation. They will participate in examples of KliK® Program with parallel theoretical presentation. Workshop will also be supported with video presentation. MESSAGE: In order to understand the world, we need to experience the world with all senses. Today, children are increasingly learning through one-dimensional screens of television and computers and thereby, precious and irreplaceable experiences became rare. Sensual experiences are foundation for health at an older age, because our senses are a bridge between people and the world. Children need various sensual experiences for activation and development of their brain processing activities. Sensuality or the ability to be aware of five senses is significantly more than the mere pleasure in experiencing the completeness. It is the essence of our mankind! EXPECTATIONS: We hope that the KliK® Program will be recognized by prominent experts and participants of this Congress and that it will receive support for spreading of this unique method in children groups on the territory of Bosnia and Herzegovina and beyond. KEYWORDS: Sound therapy, singing bowls, sound pedagogy, KliK®, groups for children

## What worries lead teenagers in Internet addiction

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During the workshop, participants will have the opportunity to hear experience in working with online teenagers: problem recognition and key concepts for psychotherapeutic treatment of the problem. From his ten-year work, the psychotherapists of the Belgrade Institute of Counseling will be presented through an interactive lecture: the basic features of the Internet dependency, how to identify the problem and how to use the concepts of transactional analysis in treatment. Particular attention will be given to the concept of ban on creating and maintaining problem behavior. The ban (Goulding & Goulding, 1976) represents early decisions on parental figure messages and are identified as follows: do not exist; do not be yours; do not be a child; do not grow up; do not be close; do not belong; do not be healthy; do not think so; do not feel sorry; do not succeed; do not; you're not important. In subsequent works (Gulding and Gulding, 2008), these prohibitions are recognized and as concerns that overwhelm us and sabotage them in our daily lives. An interactive workshop will show what prohibitions or teens worry teenagers solve with the problematic use of the internet. Participants will have the opportunity to find out the types of psychotherapeutic interventions in teenagers and families that aim to make a new decision about functional fulfillment of needs rather than dysfunctional satisfaction through the problematic use of the internet. Goals: To get acquainted with the experiences of the Entera Counseling Center working with teenagers who are dependent on interns: problem recognition and key concepts for psychotherapeutic treatment of problems. Brief description of the Workshop with the above mentioned activities: The Entero Educational Psychotherapist from Belgrade will present interactive lectures and exercises based on the reflection of personal and professional experience: the basic features of internet dependency, how to identify the problem and how to use the concepts of transactional analysis in treatment. Particular attention will be given to the concept of ban on creating and maintaining problem behavior. The ban (Goulding & Goulding, 1976) represents early decisions on parental figure messages and are identified as follows: do not exist; do not be yours; do not be a child; do not grow up; do not be close; do not belong; do not be healthy; do not think so; do not feel sorry; do not succeed; do not; you're not important. In subsequent works (Gulding and Gulding, 2008), these prohibitions are recognized and as concerns that overwhelm us and sabotage them in our daily lives. An interactive workshop will show what prohibitions or teens worry teenagers solve with the problematic use of the internet. Message: Internet dependence, as well as other dependencies, is a dysfunctional response to a functional need. The concept of banning mozaics tells us what important needs are met through the problematic use of the Internet and technology. Expected Outcome: Calling on the basic features of internet security, treatment steps, and ban on concept. Knowledge of basic guidelines for psychotherapeutic interventions in working with a teenager and family.

## Assessment of suicidal ideation and therapeutic approach to suicidal behavior in children and adolescents

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This workshop includes case scenarios and an interactive discussion of clinical everyday situations in dealing with suicidal children and adolescents.

## Emotions are important - techniques of working with children in elementary school, on the subject of emotions development

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Socio-emotional development of the child represents a development segment that should be sustained continuously in educational institutions. Within this workshop, techniques for working with children in elementary school will be presented, on the topic of emotions, which will stimulate this development. To work on emotions, for children implies preventive work in every respect. The workshop is intended for professionals from educational institutions working directly with children.

## Analytical psychodrama

Mirjana Graovac

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Psychodrama is a therapeutic technique that uses the stage game as a way of expressing internal conflicts, with the aim of alleviating symptoms and creating healthier behaviors and communication models. Differences in theoretical concepts, techniques and dynamics determine the definition and direction of psychodrama - morenous or analytic. Moren's psychodrama is based on the phenomena of spontaneity and creativity, as well as the encounter of people in the group. Analytic psychodrama is based on psychoanalytic theory and practice - transfer, contract transfer, defense mechanisms, resistances, interpretations and confrontations. In the technical sense, the basic elements of both directions are similar to the patient's or group of patients, therapists and scenes, but they are placed in accordance with differences in theoretical concepts of morenous or analytic psychodrama. Analytical group psychodrama is a systematic part of day-care therapeutic programs since the establishment of the Institute for Adolescent Psychiatry, the Psychiatric Clinic in Rijeka. Clinical practice has shown that spontaneity and creativity in the game are valuable experiences in the therapeutic process, which provide adolescents away from previous patterns of behavior and open spaces for new experiences and new opportunities. By playing roles, adolescents are easier to "slip" into unconscious content that play less "dangerous" through play. Supervision of our therapeutic programs shows that, through the experience of analytical psychodrama, adolescents are more likely to express and calculate the suppressed conflicts during the psychotherapeutic process. We conclude that the therapeutic experience in analytical psychodrama is very good for adolescents preparing to continue psychotherapeutic work in a small group. The aim of this workshop is to point out the therapeutic possibilities of analytical psychodrama as psychotherapeutic techniques, and to sensitize young professionals dealing with psychotherapy of children and adolescents.

## The treatment of Borderline Personality Disorder with AIT (Adolescent Identity treatment)

Susanne Schlüter-Müller,

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Personality Disorders can be seen as patterns of maladaptive personality traits that have their onset in childhood or adolescence and have an impact on the individual throughout the lifespan. One of the most central tasks in normal adolescent development is the consolidation of identity. A well-integrated identity with flexible and adaptive functioning plays a role in self-esteem, a realistic appraisal of self and others, and insight into the effect one has on another across situations and across time. In contrast, identity diffusion is viewed as a lack of integration of the concept of self and significant others. This leads to a loss of capacity of self-definition and commitment to values, goals or relationship and implicates a painful sense of incoherence. This is often observed in adolescents with personality pathology as unreflective, chaotic

and contradictory descriptions about themselves and others and the inability to perceive those contradictions. Identity crisis usually resolves into a normal, consolidated identity with flexible and adaptive functioning; whereas identity diffusion is viewed as the basis for subsequent personality pathology, including BPD, leading to a broad spectrum of maladaptive and dysfunctional behaviors. An incompletely integrated identity may additionally manifest in chronic emptiness, contrary behavior and superficiality or in other signs of weak ego-strength like poor anxiety tolerance and lack of impulse control. Adolescent Identity Treatment (AIT) focuses on the improvement of identity pathology as the core characteristic of Personality Disorders. This workshop will present current issues on treating personality disorders (PD) in adolescents from a psychodynamic and integrative perspective. AIT integrates modified elements of Transference Focused Psychotherapy (TFP: an empirically supported treatment of Personality Disorders in adults) with psycho-education, behaviour-oriented home plans and family work with parents to support the therapeutic process of the adolescent. Assessment, specific strategies, tactics and techniques for the treatment of personality pathology in adolescents with AIT will be presented and illustrated with video case examples.

### Music therapy for children in Srebrenica and work with refugees

**Thomas Deleu,**

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**Mladen Kojić,**

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Workshop 1: Music therapy for children in Srebrenica. During this workshop, participants can actively join a music therapeutic sessions where we will show how we worked with children in Srebrenica and how we used music therapy as therapeutic form. During the workshop people can learn about the effects of music therapy on children. Workshop 2: working with refugee children in asylum seeker centres in Belgium. Active music therapy workshop where participants can learn about working with music therapy for refugee children. People can learn about the effects of music therapy on refugee children.

- Short introduction by Thomas Deleu, founder of Crea Thera
- Movie: Matrica duše i tijela / The body and soul matrix (18 min.)
- Speaking about the work with children and mental health care patients (Mladen Kojic)
- Art workshop (Mladen Kojic)
- Exploring the future of Crea Thera in Bosnia (Thomas Deleu)
- Music therapeutic exercise (Thomas Deleu)

### Psychological crisis intervenons: psychological first aid to children and youth aer crisis events

**Bruna Profaca,**

*Child and Youth Protection Center of Zagreb, bruna.profaca@poliklinika-djeca.hr*

In confronting stressful and traumatic events the child has the need to alleviate the intensity of the experience. It is used to address different strategies or ways of coping, and support for the environment is the first factor protecting the child. Some stressful or traumatic event can cause a child's crisis because of its intensity and when the child can not overcome and face it with the help of the usual mechanisms of coping or solving problems. In crisis situations in children (as well as in adults) overwhelms feelings, thoughts of confusion and disorganization of behavior. The event leading to the crisis is a sudden and / or rare event that is extremely disturbing and usually involves a threat or experience of a loss and can have an effect on both the child and the family and the community. Therefore, preventive interventions



and interventions that both adults and children after the crisis are trying to help overcome what they have experienced are designed. There are advantages of a group context in which psychological crisis intervention is being carried out and this workshop will focus on the implementation of individual psychological crisis intervention and the process of summarizing the critical incident stress debriefing that is considered the most complex of all psychological crisis interventions. The aim of such a procedure in working with children is to mitigate the impact of a crisis on a child, to prevent the long-lasting adverse psychological consequences of a crisis (mostly traumatic), to prevent emotional difficulties and to protect mental health, to support the recovery process of children with normal reactions in abnormal situations and integration of traumatic events in the present life experience with the appropriate interpretation of what has happened. Such a process is preventative and although it provides more flexibility in implementation in an individual context, it is important to guide the same principles as in the group procedure. In an individual work it requires further monitoring of the child in order to determine the need for additional vocational assistance and supports the child in defining and seeking support in the environment. The individual approach is chosen for individual exposure to the child or for individual help, but also for age or other characteristics for the individual. In addition, the individual procedure is more often carried out in the context of clinical work or counseling. In dealing with a child in crisis, special attention should be paid to the child's parent in crisis. Family intervention contributes to the renewal of the child's sense of security, a more appropriate assessment of their emotional responses, and responses to situations where the child needs additional support and helping the family to face additional stressors. Workshop objectives: To show the possibilities of implementing individual psychological crisis interventions in child labor and indications for such a procedure; Introduce the summary psychological integration of trauma in working with children through demonstration of the procedure; Analyze and discuss the possibilities of implementing psychological crisis intervention in clinical work; Get acquainted with the experience in working at the Child and Youth Protection Center of Zagreb. Activities will be carried out through encouraging active participation of participants, group work, demonstration, case presentation, discussion and presentation. The expected outcome is the empowerment of mental health professionals in providing support to children and their families after the crisis.

## Therapeutic Wellbeing Practitioner

**Lydia Noor,**

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**Jocelyne Quennell,**

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**Vesna Hercigonja Novković,**

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Jocelyne Quennell and Lydia Noor are psychotherapists with many years' experience in a wide range of organisational and community settings, providing proactive, early intervention for children, young people and their families. Frequently, a wide range of lived experiences intersect in a way that creates challenges to good mental health. We believe that creative and relational therapeutic approaches can alleviate suffering, promote growth, build resilience within children, young people, their families and communities. Sharing concepts, knowledge and skills with professionals from other disciplines, can develop therapeutic practice across a wide range of contexts to meet the emotional, social and mental health needs of children and young people. In addition to skill sharing, we are committed to training highly skilled Advanced Therapeutic Wellbeing Practitioners who can bring transformational change to the communities and organisations within which they work. More recently, Jo and Lydia have been working collaboratively to develop training standards for Therapeutic Wellbeing Practice which we will share during this workshop. Aims of the workshop: To introduce the role, function and purpose of the Thera-

peutic Wellbeing Practitioner with reference to a range of other professionals working with children and young people; To consider how therapeutic wellbeing practice can meet children, young people and their families' needs within their context and culture; To present the nature, diversity and scope of therapeutic wellbeing practice in a historical context providing insight into its origins, development and current applications; To consider how therapeutic wellbeing practice can offer a proactive, early intervention to promote self-awareness, self-confidence, self-esteem, good communication and emotional literacy, self-agency, resilience and recovery; To share our emerging training standards from levels three to six (graduate). This workshop will introduce the concept of therapeutic wellbeing practice, explore its development and history and describe the many contexts in which a practitioner may work with children, young people and their families to enhance mental wellbeing. We will then look at the development of the practitioner from level three to six including the increasing levels of complexity and autonomy that develop through training. We will take examples from foundation level three practice hase showing how therapeutic skills might be applied within a designated professional role. Further examples from levels four, five and advanced level six practitioner will demonstrate the wide range of application of the role of the Therapeutic Wellbeing Practitioner. Through participating in this workshop, we envisage that participants will get a flavour of how the Therapeutic Wellbeing Practitioner has emerged out of the context of the humanistic therapeutic tradition. We hope that others may create their own vision of how their working context can present opportunities to develop therapeutic wellbeing practice through sharing therapeutic philosophy, concepts, knowledge, creativity and skills.

### **Shame and the therapeutic relationship: a rational developmental approach**

**Joanna Hewitt Evans,**

*European Centre for Psychotherapeutic Studies UK, joannahewittevans@gmail.com*

Shame and our wish to avoid it, can be seen as the most significant regulator of the field. This workshop will explore its impact on the development of individual identity, self esteem and interpersonal relationships. We will consider the phenomenology and aetiology of shame and defences against it. As therapists, it is helpful to understand our personal shame triggers and responses and how these might impact our work with our clients. In this workshop there will be opportunities for us to share personal experience as well as considering theory and practice. Support and connection are the antidote to shame and working relationally offers the route to healing.

### **Psychotherapy process research – what works in psychotherapy**

**Klaus Schmeck,**

*Child and Adolescent Psychiatry; University of Basel, klaus.schmeck@upkbs.ch*

For decades randomized clinical trials (RCT) have been seen as the gold standard to evaluate the efficacy of a psychotherapeutic method. While RCTs have a lot of strengths they don't allow to determine how a special treatment works for an individual patient and, even more important, what the mechanisms of change are. Therefore, new methods have been implemented in psychotherapy research that focus on the psychotherapeutic process and the moderators and mediators of change. The most studied variable is the psychotherapeutic alliance, i.e. the relationship between patient and therapist that can be used as a predictor of therapeutic outcome. In this workshop an ongoing psychotherapy study is used as a model to demonstrate the different methods that can be used in process-outcome research. These include the video-based assessment of ruptures and resolutions as a basic measure of the therapeutic alliance as well as the study of generic change indicators that indicate the level of change in the patient over the course of psychotherapy. Video examples of interactions between therapist and patient are used for demonstration. Psychotherapy process-outcome research shall lead to a better understanding of the interplay

between relevant psychotherapeutic factors. This knowledge can be used in psychotherapy training of young colleagues, it can improve supervision and can help well-experienced psychotherapists to better understand what they are doing in their clinical routine.

## Art therapy in working with children and adolescents

**Renko Đapić,**

*a retired regular professor, renkodapic@gmail.com*

Worldwide, application programs and the promotion of artistic and creative work are increasingly recognized as a significant leverage in boosting motivation and personality development, reducing depression and anxiety levels, enhancing and raising the level of mental and general health, and improving quality of life. Art therapy in Bosnia and Herzegovina does not have any institutional basis, and few individuals who dare to embark on an adventure of conquering professional art therapeutic activities. This workshop aims to get acquainted with the field of art therapy and stimulate interest in art therapeutic work with children and adolescents. The introductory word and interaction of the participants will focus on the following topics: Conceptual basics of art therapy; A specific place for art therapy within the framework of psychotherapeutic and medical work and care for the mental health of children and adults; Which art fields are suitable for art therapy work? Are there indicative specifics?; Who is and how to become an art therapist? Preferred areas of art therapy use; Some specificities of art therapy work with children; Some specifics of art therapeutic work with adolescents; Practical aspects of art therapy work (work techniques, organization of the studio, equipment and necessary material, evaluation of therapeutic results). Participants will have the opportunity to become an art therapist and / or client in several concrete situations and workplace exercises within the workshop.

## Using of stories and fairy tales in psychotherapy

**Margareta Mesić,**

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Objectives: 1. Raising awareness about importance of working with fairy tales and its potential in Psychotherapy, 2. Getting know with different skills and ways of using and working with stories and fairy tales in Psychotherapy. Brief description of the workshop with the indicated activities: Workshop includes group experiment and individual and group psychotherapeutic demonstrations. Through the experiment each participant will contact his own important story and fairy tale from his life. During the psychotherapeutic demonstration he/she is going to experience importance of working with stories and fairy tales in Psychotherapy. Message: If you want to get to know someone's life story, you just have to look for his/her favourite fairy tale. Expected outcome: Participants are going to experience some findings from literature (Ridel, 2009), for example a fact that a child almost always projects him/herself into the hero of the favourite fairy tale, and into the role of the opponent projects things that are limiting his/her development and growth. All participants are going to find that working with fairy tales in Child and Adolescent Psychotherapy will bring closer child issues and therapeutic possibilities of creating newer and better ways of coping with child problems. At the end of this workshop each participant is going to improve his/her knowledge about using stories and fairy tales in Psychotherapy.

## 6. poster presentations

### The role of school medicine in mental health protection of children and adolescents

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**Nataša Dragaš-Zubalj,**

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The paper shows the activities of the School Medicine as part of the Institute of Public Health. They are geared towards the prevention of the mental disorders of children and adolescents. The School Medicine uses the general advantages of the Institute of Public Health as a promoter of health and disease prevention. This implies the rich connections with different social systems and their organizations and also includes different professions, quests and innovative working methods. It is therefore open to the introduction of new forms of work and action. The central position of the employees of the School Medicine in the communication network between parents, schools, government institutions and health workers of other professions, enables the availability of complete information on the child's functioning is what makes the intervention high quality. Being a part of the Institute of Public Health, the School Medicine abandoned the classic curative methods of operation. With the establishment of multipurpose counseling centers nurtures the multidisciplinary approach in counseling and health education. In addition to doctors, a specialist of the school medicine who are additionally trained in communication skills, and a part of them also has education into behavioral-cognitive therapy (introductory degree), and the nurses, in the Department of the School Medicine there is a Psychological Counseling Center with two psychologists. Up to today over 5 000 children and their parents sought their services. The activity of psychologists includes psychological counseling and treatments that include individual work with children and parents and psychodiagnostic, most commonly for the purpose of determining the optimal conditions of beginning of schooling for children or the determination of the appropriate form of education of children with learning difficulties. Along with the treatment of the child's learning difficulties by ensuring the appropriate forms of education, psychologists and school doctors through preventive programs educate parents and teachers about the importance of early recognition of difficulties and about the procedures which will act positively on the child's functioning in the school environment. The prevention of school failure is an important part of primary prevention in the appearance of long-term consequence, such as psychosomatic illnesses, depression, anxiety and risky forms of behavior. This is just one of many examples of cooperation between these professions in public health actions. In this paper we describe with more details interdisciplinary cooperation within the School Medicine as well as the cooperation of the employees of the School Medicine with experts of various profile in treatment of other specific problems of children and adolescents. Through examples of good practice in a critical way we also discuss those areas in which it is possible to improve our activity.

## Evening parent school – (non)effective educational styles

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Educational Institute of Public Health “Dr. Andrija Štampar” for the last four years is implementing the project “Evening Parents’ School.” The project was created in response to the needs of parents whose children are clients of the Mental Health Service and the Prevention of Addiction. It is designed as an additional aid to parents of adolescents with behavioral disorders, most often illegal drug users. Later it was offered to all parents who feel the lack of parental competence. Inclusion in the Evening School is done through social welfare centers, school doctors or self-initiated. The work of the Evening School is conducted through 8 meetings of one group, where workshops and short lectures cover different topics and issues related to education and communication with adolescents. Many years of professional experience in direct work with clients, as well as scientific research, point to a multitude of educational styles that prove to be ineffective and sometimes have quite counterproductive effects. So far, ten cycles of the Evening School have been conducted, attended by about a hundred parents. In addition to the previously known parental errors and inadequate educational practices, the program’s specialists met with the new challenges of modern parenting, including more liberal education, fear of their own, insisting on (first of all) a friendly relationship with their own children, parents who are just illegal drug companies or involuntarily supporting their own children in violation of legal provisions. The paper will show the most ineffective educational practices and styles that point to significant changes in the value system within the family. It will also highlight the need to develop those educational styles that will achieve better results, thereby contributing to the prevention of mental disorders in children and adolescents.

## The problem of “black sheep” – the problem of addiction

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At the Department of Mental Health and Prevention of Addiction to the Public Health Institute “Dr. Andrija Štampar” clients in the treatment often involve accompanying parents or other family members. It is well known that the problem of addiction, as well as other emotional problems of one member, affects the whole family. In this paper, through an example of practice, one wishes to point to the problem of taking over a particular role of a member of a family as well as keeping that role albeit all indicating the need for its change. It is a client who is involved in treatment for the problem of addiction, ie the consumption of alcohol and cannabinoids. Already in the initial phase of treatment the therapist can see that the “problematic” member of the family assumes the role of “guilty culprit” or “black sheep”. The therapist notices the client’s resistance to these changes, which is a bit anticipated. What can be surprising is the resistance of parents or families. Thus all members of the family (not) knowingly do everything to make

the member known and still be problematic. In this example, and in many others, it has been shown that the family blocks positive changes and after the client exits, for example, half a year. That's how parents talk about any topic at all times to question the drug. The "Black Sheep" has no right to point out the problematic behavior of other family members, nor give advice as it is always worse than others. It turns out that the "black sheep" is so used to her role and there is a danger that even after leaving the primary family she will choose a partner to support her problematic behavior. In our example that happened, so the client later came to the treatment with his wife. In a therapeutic sense, a psychodynamically oriented approach to family psychotherapy was applied, as well as access to family therapy from the point of view of general system theory. Concludingly, it is important to work on this problem through term intervention and involve all family members. The client should be empowered to quit the role of black sheep and accept positive changes. In this case we are also working on changes with other family members, which ultimately leads to better functioning of the whole family.

### Young and parent's drinking

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Department of Mental Health and Prevention of Addiction to the Public Health Institute "Dr. A. Štampar" deals with young people with various difficulties such as the consumption of illegal drugs and alcohol, gambling / betting, bullying, school problems and emotional difficulties. Young people are referred to treatment by the Center for Social Welfare, the Municipal State Attorney's Office, the Misdemeanor Court, schools, homes, parents and self-initiated. Many family problems are discovered in the paper, including parents with excessive consumption of alcohol. According to research conducted by the Institute of Social Sciences Ivo Pilar in 2012, about 17% of respondents reported that some of their family members had alcohol problems. For this reason, a study of the actual state of affairs between the clients of the Service has been initiated using the CAST (Children of Alcoholics Screening Test, Pilat and Jones, 1985) questionnaire. The test contains 30 questions that identify people living with at least one parent who overdoses and measures feelings, attitudes, experiences and experiences related to parental excessive drinking. The study is under way and results will be presented to the currently collected questionnaires currently being 260. So far, in the research, data obtained suggest that about 30% of clients surveyed come from families in which one or both parents are overdone. Such data significantly influences the creation of treatment for young people with behavioral disorders.

### Triptych of mourning on the verge of adolescence and adult upbringing

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**Anita Alegić Karin**

**Marija Kušan Jukić**

Mourning and applause are processes that come as a reaction to the loss of an emotionally close person or something that has an important emotional significance for us. The course of mourning and a way to cope with the loss depends on the structure of each person, but usually there are several stages and it is

considered that it is important to go through all these stages to the grieving process could end. Each person has their own, different, vision of death, and hence a different way of dealing with emotions and reactions to them. Particular attention in the process of mourning should be given to children because their sadness and understanding of death and the loss of more complex and changes during adulthood and emotional maturation. The child's response to the loss of a parent will depend on the degree of psychological independence that the child has achieved in relation to the parent. If a parent dies after long illness and sick leave, we meet the anticipatory grieving ie. With mourning that begins at the moment when the sensed or learned that patients die. Mental illness of parents, in particular mothers, leaves a significant influence on the psychomotoric development of the child, fearful of adolescents from the increased risk of an identical mental disorder in adulthood, while parental suicide in adolescents encourages feelings of guilt, depression and depression. We will show three processes of grief in girls who have lost a mother aged between late adolescence and adulthood emerging (between 18 and 23 years). Will stress the differences in mourning with two sisters whose mother died in a car accident, and as a consequence of differences in the developed affection with his mother while growing up. Differences in apprehension have involved the time since mother's death to inclusion in psychotherapeutic treatment, duration of treatment, emotional expression intensity and psychotherapeutic approach (psychodynamic vs. cognitive-behavioral approach). The third grieving process is in a girl who has been growing up with her mother with a mental disorder committed in her infamous eighteen years of suicide, whose grieving process also interferes with the development of self development with an insecure identity experience, and the disorder of control and expression of emotional experiences.

## EMDR treatment for anorexia nervosa triggered by early traumatic experiences

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In the case study presented the use of EMDR therapy in the treatment of early traumatic experiences in an adolescent girl with a diagnosis of Anorexia Nervosa is described. The help was initially sought after the girl begun rapidly losing weight. The goals of the treatment were: first, an acceptance of the developmental changes in her body, and second, an increase of body weight in order to reach an optimal level of everyday functioning. The treatment was conducted in several phases. Phase one involved psychological support and psychoeducation. Phase two consisted of teaching of techniques, such as a diaphragmic breathing technique, visualization, relaxation, practicing of positive self-talk, assertive communication skills, anger management and the development of self- awareness. In phase three, EMDR therapy was used in order to process the traumatic experience identified as a major trigger for her eating disorder. There was a change in the client's perception of her mother from someone that she adored into "a monster". This led to a distorted perception of her body based on the assumption "I am only safe in a child's body". EMDR therapy activates adaptive neurophysiological pathways, which in turn facilitate functional information processing and the reconsolidation of the dysfunctionally stored memories. This leads to a reduction in anxiety and an improvement in symptomatology. In addition, the treatment facilitates the development of more adaptive insights and the change of the beliefs and behaviors previously connected with the experienced traumas. The standard EMDR protocol consisting of eight phases was used. In just two sessions the client developed a considerable awareness of and the change in her emotional reactions connected to trauma, as well as the cognitive and emotional integration of the traumatic experiences. The clinical impression is that, following the treatment, the 17 year old client perceives herself more separated from her mother, and as a result has developed a more positive self-image. Based on this case review, conclusion is that EMDR is effective therapy in treatment of early trauma in eating disorder and that its combination with other psychoterapeutic approaches contributes to positive treatment outcomes.

## A therapeutic dog in a psychiatric hospital for children and adolescents

Iva Zečević,

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The Psychiatric Hospital for Children and Adolescents has expanded therapeutic procedures within the Hospital Department by introducing work with a therapeutic dog. In cooperation with the Silver Rehabilitation Center, it is assessed in the right way and in the process of post-nursing is a dog whose temperament and work characteristics is appropriate for the treatment of children with mental health problems treated in the Psychiatric Hospital for Children and Young People. We use the therapeutic dog to stimulate the social and emotional development of children. The dog is primarily used for therapeutic purposes for group work with children. The groups are held twice a week at the Hospital Department. There are 8-10 children in the groups. Emotions and self-control techniques and mindfulness techniques tailored to the therapeutic dog apply. Groups with a therapeutic dog are managed by the Psychologist Hospital, who is also the owner and leader of a therapeutic dog. The help of the therapeutic dog is multiple: the dog acts reliably for the children, encourages them to communicate and motivates them in therapeutic procedures; helps them in recognizing and appropriate expression of feelings, in self-control exercises, and thus in reducing unacceptable behavior patterns, encourages the development of empathy and the training of social and practical skills. The therapeutic dog works on different aspects of development of children and young people: sensomotor development, socio-cognitive development, communication development, psychosocial and emotional development. Studies show that the use of a therapeutic dog in children results in reduced aggressive and aggressive behavior, improved follow-up and collaboration abilities, improved behavioral control, more frequent and less negative comments, improved relationship with peers, more frequent eyesight during conversation, reduced tantrum and milder behavior, adjust speech volume in conversation, self-motivation in achieving goals, and so on. Therapeutic dog encourages childhood autonomy and, through taking care of a dog, the child learns how to care about others and about oneself.

## A case study of the use of EMDR therapy in the treatment of separator anxiety

Tea Vučina,

*Health Center Mostar, Department of Speech and Psychophysical Problems of Mostar, teavucina@hotmail.com*

Separation anxiety disorder is relatively common in childhood and it can be triggered by some traumatic experiences. The problem of determining which stress or traumatic event is the main reason for developing certain problem or disorder is often found in clinical practice. The aim of the case study is presentation of EMDR treatment history of eight years old girl who had separation anxiety. EMDR (Eye Movement Desensitisation and Reprocessing) therapy is used for treating a great number of psychological disorders and problems. Unprocessed, maladaptively stored traumatic experiences cause symptoms, and EMDR therapy, in the safe therapeutic context, stimulates blocked processing of the memories of traumatic experiences and their adaptive storage. Parents referred the girl because of her separation anxiety related to the mother, especially when the mother had to go to work and the girl had to go to school. The girl was crying and complaining of stomach-ache in these situations. In case history phase they revealed that girl had two operation procedures in early age, however, girl excluded them as potential reasons of the problem. Only during fourth session, the girl revealed a situation in which she got lost in a shopping mall and could not find the mother, which according to her had a traumatic effect. As it was assumed that this trauma is the cause of the symptoms, EMDR therapy was selected to tests its efficiency in treating separation anxiety. The Subjective Units of Disturbance Scale-SUDS was used at the beginning, during and in the end of treatment. The Standard EMDR protocol including 8 phases was used. The preparation phase, which included also the work on resources consisted of 3 sessions. The visualisation techniques



“Internal safe place” and “Magic box” were used. As a first target, the moment she got lost with her sisters in the shopping mall was selected. The desensitising and reprocessing phase consisted of 3 sessions. In the reprocessing stage, she revealed that her mother once she found them said in anger “The next time, I will not come” which had a significant traumatic effect. After completing EMDR therapy, all symptoms withdrew, and the girl did not have difficulties with being separated from the mother anymore. It has been determined that the therapy effects persisted also after 6 months. The positive examples of use of EMDR therapy with clients with separation anxiety can serve as an incentive for its further use in treating this disorder.

## TO BE OR NOT TO BE ATTACHED

**Ilijana Kraguljac,**

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**Sanja Brozan,**

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**Jelan Čupković- Premuš,**

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**Daniela Petrić**

*Department of Children and Adolescent Psychiatry, Department of Psychiatry, University Hospital Center Rijeka*

The term attachment in the wider sense refers to a strong emotional connection between two persons, a lasting affective connection characterized by seeking and maintaining close relationship with another person. In the narrow sense, the term implies a strong emotional connection of the child with the mother / primary guardian who has been formed since the child's birth. The need to create attachment is of biological origin. It is of utmost importance for the sense of protection, safety and satisfaction of basic biological needs of the newborn as a prerequisite for further development of the child. The child has a role in the family before they are born. The mother's transgenic memory of a mother's good experience plays an important role in the development of the child. Which factors affect attachment creation and develops before the birth is the issues that will be addressed in this case view. We will see two patients, sister and brother in adolescence, who are psychiatric treatment for behavior disorders. Disfunctional family dynamics is characterized by the departure of a father from a family during maternal pregnancy with another child, parent's divorce and their permanently disrupted relationship. By comparing the development of two adolescents, we will try to answer the question of the type of attachment they have developed and which factors in each adolescent have played a key role in the development of this type of attachment.

# plenary speakers

## **Prof. Dubravka Kocijan Hercigonja, MD-PhD, psychotherapist**

Full Professor at the Faculty of Medicine, University of Zagreb, neuropsychiatrist, subspecialist child and adolescent psychiatry, psychotherapist, retired. Born in 1938 in Pleškovac, Čakovec. Graduated from the Faculty of Medicine, University of Zagreb (1962), M.Sc. (1975), Ph.D. (1979), title of dissertation: "Analysis of Causal factors leading to psychological changes in people with epilepsy". She worked at the Jankomir Psychiatric Hospital where she founded the first Autism Center in the former Yugoslavia. She was an advisor to the Government of the Republic of Croatia and a head of the psychosocial assistance program for war victims. Established the Mental Health Center in Children's Disease Hospital. Head of the National Center for Psychotrauma and Center for Distressed Disorders. Now she works in her own Polyclinic Kocijan / Hercigonja. She has published 66 papers. Author and Co-author of 14 books, 19 chapters in books. Some of the most important awards: Life Achievement Award for Child Rights Promotion (2008); Laureate for Contributing to Psychotherapy in Croatia (2008); Medal of bravery Katarina Zrinski. Regular member of AMZH since 1983. She is President of the European Association for Therapeutic Services for Children and Young People (EIATSCYP).

## **Mirela Badurina, PhD, pszchotherapist**

Gestalt psychotherapist and child and adolescent integrative psychotherapist, from 1992 until now her professional and academic growth and development is focused on the field of preserving the health and well-being of children and young people. Many years of experience in working with children, adolescents and adults gained in international organizations at positions of facilitators, managers, researchers, supervisors, psycho-social programs aimed at preserving and strengthening the child's integrity. She is lecturer and speaker at numerous domestic and international congresses and conferences on issues of health protection, rights and children's interests. She is author and co-author a series of scientific and professional papers. The European certified psychotherapist. Founder and director of BHIDAPA-e within which it operates: European accredited interdisciplinary educational program in the field of child and adolescent integrative psychotherapy and counseling, as well as interdisciplinary therapeutic center for the protection of children, young people and families in Bosnia and Herzegovina. She is a member of the Expert Working Group for Creating Curricula and Regulations for Child and Adolescent Psychology / Psychotherapy in the Federation of Bosnia and Herzegovina at the Federal Ministry of Health.

## **Prof. Norman Sartorius, MD-PhD**

Norman Sartorius (born 1935) is a Croatian psychiatrist and university professor. Sartorius is a former director of the World Health Organization's (WHO) Division of Mental Health, and a former president of the World Psychiatric Association and of the European Psychiatric Association. He has been described as "one of the most prominent and influential psychiatrists of his generation". He obtained his M.D. from the School of Medicine, University of Zagreb in 1958, and his B.Sc. and M.A. in psychology from the Faculty of Humanities and Social Sciences, University of Zagreb in 1962. He finished his specialization in psychiatry and neurology in 1963 and defended his Ph.D. thesis in psychology at the University of Zagreb in 1965. In 1967, Sartorius left his job at the University Hospital Center in Zagreb to join the WHO as the Head of the WHO Interregional Advisory Team on Epidemiology of Mental Disorders. He served as the President of the World Psychiatric Association (1993–1999) and of the Association of European Psychiatrists (1997–2001). Major themes in his current work and public activity are rights of patients with mental disorders and struggle against stigma and prejudices associated with mental illness, co morbid-

ity of mental and physical illness and improvement of mental health services. Between 1961 and 2008, Sartorius published more than 400 scientific works. He has authored, co-authored or edited 66 books.

### **Primarius Goran Čerkez, MD**

Work as Deputy to the Federal Ministry of Health, over twenty years of experience in public health, policy development and strategy, and community service. He specializes in field of mental health development in BiH. Goran Čerkez has led the mental health reform in Bosnia and Herzegovina, as well as the establishing of Mental Health Services in the community as the director of the World Bank project in BiH. He participated in drafting the Action Plan for Mental Health of World Health Organization as the only expert in the region of Southeast Europe. He worked on the mental health strategy in BiH, development of standards and norms for mental health centers, development of accreditation standards, on the implementation of coordinated care and occupational therapy in mental health, on the development of psychosocial disaster support guides, the development of a matrix for the identification of the risk of violence school population, prevention of violence, as well as numerous other activities in the field of mental health. He worked with IOM and the Defense Ministry in BiH on the initiation of psychologists in the armed forces. For the past eight years he coordinated the mental health project in Bosnia and Herzegovina, implemented by XY, and supported by the Swiss government. Goran Čerkez is a invited lecturer on topics related to the development of mental health services at the Faculty of Medicine in Sarajevo, summer schools for health management organized by the United Nations Center for Peace, the Summer School for social workers in Dubrovnik, as well as the Faculty of Criminalistics, Criminology and Security Studies about juvenile violence. He also taught at Human Resources Development Week in the World Bank. As a mental health expert he worked with the World Bank, WHO, IOM and the Council of Europe, ITF, UNICEF, UNFP, Harward Refugee Trauma, the Southeast Europe Health Network and many NGOs. In the area of mental health in the region of Southeast Europe within the Stability Pact, he was a member of the Executive Board of the project “Strengthening Social Cohesion through Mental Health Development”. More than 15 years representing Bosnia and Herzegovina in the Southeastern Europe Network, where he has been chairman of the executive committee for three years. Honorary member of the Association of Psychologists of FBiH. For contribution to the development of quality in health care, the development of accreditation standards in mental health awarded by AKAZ, and recognition for the development of health care in the Republic of Moldova. The holder of awards for the development of regional cooperation in South East Europe.

### **Prof. Daniel J. Siegel, MD-PhD, psychotherapist**

He received his medical degree from Harvard University and completed his postgraduate medical education at UCLA with training in pediatrics and child, adolescent and adult psychiatry. He served as a National Institute of Mental Health Research Fellow at UCLA, studying family interactions with an emphasis on how attachment experiences influence emotions, behavior, autobiographical memory and narrative. Dr. Siegel is a clinical professor of psychiatry at the UCLA School of Medicine and the founding co-director of the Mindful Awareness Research Center at UCLA. An award-winning educator, he is a Distinguished Fellow of the American Psychiatric Association and recipient of several honorary fellowships. Dr. Siegel is also the Executive Director of the Mindsight Institute, an educational organization, which offers online learning and in-person seminars that focus on how the development of mindsight in individuals, families and communities can be enhanced by examining the interface of human relationships and basic biological processes. His psychotherapy practice includes children, adolescents, adults, couples, and families. He serves as the Medical Director of the LifeSpan Learning Institute and on the Advisory Board of the Blue School in New York City, which has built its curriculum around Dr. Siegel’s Mindsight approach.

**Prof. Afzal Javed, MD-PhD**

He is a Consultant Psychiatrist at Coventry & Warwickshire NHS Trust at Nuneaton. He is also an Honorary Clinical Associate Teacher at Warwick Medical School, University of Warwick UK. He graduated from King Edward Medical College Lahore, Pakistan and received higher specialised training in Psychiatry at Royal Edinburgh Hospital, University of Edinburgh and Institute of Psychiatry & Maudsley Hospital London. He has served the UK Royal College of Psychiatrists, UK as Deputy / Associate Registrar, member Board of International Affairs of the College, Chairman of West Midlands Division of the College & one of the lead College office bearers for SAS doctors & Pt & carers groups. He is currently elected as executive committee member of the College Faculty of Rehabilitation and Social Psychiatry. His role in international psychiatry is highlighted by his involvement with a number of professional organisations. His areas of special interest are Social and Transcultural Psychiatry, Psychosocial Rehabilitation and Psychiatric Research. His academic skills have been invaluable when publishing more than 95 scientific papers and being author of six books/monographs on different topics of psychiatry. He is currently involved in a number of projects on Schizophrenia and is completing audits in different clinical aspects of long term management of chronic mentally ill in the community.

**Prof. Vera Daneš Brozek, MD-PhD, psychotherapist**

Professor of psychiatry, recently retired. Core specialization in child and adolescent psychiatry. For the most part of employment history held the position as Head of Department of Child and Adolescent Psychiatry, Psychiatric Clinic of the University of Sarajevo. By educational background affiliated to the school of psychodynamic orientation. Participated in numerous scientific and professional meetings and worked on many projects, mainly in the field of child psycho-traumatology. Published around a hundred scientific papers, authored or co-authored a number of publications, textbooks and monographs in the field of developmental psychopathology. She is actual head of Association for Child and Adolescent Psychiatry in Bosnia and Hercegovina (UDAP in BiH).

**Prof. Mirjana Graovac, MD-PhD, psychotherapist**

Psychiatric Specialist, Child and Adolescent Psychiatry Specialist. Education - Child and Adolescent Psychotherapy, as well as group analysis. In 2003 she defended her doctoral dissertation at the Faculty of Medicine in Rijeka with the topic "Styles of coping with stress during the middle phase of adolescence in high school". The founder and head of the Department of Child and Adolescent Psychiatry at the Psychiatric Clinic, University Hospital Center Rijeka from 1998. Associate professor at Department of psychiatry and psychological medicine at the Faculty of Medicine in Rijeka and Faculty of Health Studies in Rijeka (undergraduate, graduate and postgraduate studies). Lecturer at the postgraduate study of Child and Adolescent Psychiatry at the Faculty of Medicine in Zagreb. Educator in European Programs for Child and Adolescents Integrative Psychotherapy in Zagreb (Croatia's Interdisciplinary Therapeutic Association for Children and Young People HITUDIM), Zadar (at Center for psychotherapy, education and counseling Psihika) and Sarajevo (Bosnian-Herzegovinian Integrative Child and Adolescent Psychotherapy Association - BHIDAPA). Areas of interest: children and adolescent psychiatry and psychotherapy; psychodrama as a therapeutic technique. Specific areas of interest: identity development and pathology of identity, depressive disorders of children and adolescents, feeding disorders, disorders related to stress and trauma in children and adolescents, family and child/adolescent with psychological/developmental difficulties.

**Prof. Milivoj Jovančević, MD, pediatrician**

Born in 1956 in Sarajevo. In 1980 he graduated from the Medical Faculty in Zagreb. From 1981 to 1986 worked in Trešnjevka Health Care Centre. Specialist exam in 1991. Since 1993 in Tresnjevka Health Care Centre. Master's degree in 1985 (oncology), doctorate in 2003 (pediatrics), 2004 has been granted title of

Primarius. He completed postgraduate studies in oncology, cytology and clinical pediatrics. Also educated in the field of mental health care (Balint Education, Family Center - Scandinavian Kempler Institute). From 1993 to 2002 participated in the programs of providing psychosocial help Croatian Psychiatric Association in the refugee camps of Croatia and Bosnia and Herzegovina in cooperation with UNHCR, Save the Children Sweden and the French humanitarian organization Partage. Head of specialized programs to assist mothers and infants. Doctorate in 2004 on the theme of the impact of war on the growth and development of infants. He gave invited lectures in Chicago, Stockholm, Salzburg, Frankfurt, Montreal, Kusidasi (Turkey), St Andrews (Scotland) and Nesebar (Bulgaria). Published eighty scientific and professional articles published in national and international professional journals (20 cited in SCI and CC). He published the book "First years: why are so important?"; author of the textbook "Child and Adolescent Psychiatry" (Nikolic - Marangunić) and co-author of the textbook (M. Jovančević M. Knezevic and Lj. Hotujac) "Providing assistance for families with children in crisis situations (2009). From 2004 -2008. he was president of the Croatian Society for Preventive and Social Pediatrics. Expresses special interest in the field of organization of pediatric primary care and prevention programs in infant mental health. Since 2005, a working group for pediatric practice within the International Society for Social Pediatrics and Child Health - ISSOP ([www.issop.org](http://www.issop.org)). Since 2006 is a partner in the UNICEF programs "The first three are important" and "Every child needs a family". That same year, begins work at the Department of Preschool Education Studies, Teacher's Faculty, University of Zagreb as a bearer of the course Health protection of pre-school children. He also teaches at the University of Zagreb (undergraduate and postgraduate) and the Faculty of Philosophy, University of Zagreb (undergraduate studies). Since 2011 Head of the course Physical trauma in children as part of the interdisciplinary specialist postgraduate study "Children's rights" at the Faculty of Law in Zagreb. President of the NGO "Center of child health" ([www.djecji-centar.com](http://www.djecji-centar.com)) which implements programs of health education and primary prevention of diseases in preschool children. Coauthor of the University Textbook Child rights, chapter Physical trauma in children. Editor of the Textbook of Social and Preventive Pediatrics (Grguric J, Jovancevic M) published by Medicinska Naklada, Zagreb.

### **Vesna Hercigonja Novković, PhD**

special educator, doctor of medical science, master of integrative psychotherapy and certified child and adolescent psychotherapist. Director of Polyclinic Kocijan/Hercigonja, vice president of Institute D.O.M. and general secretary of EIATSCYP. In her everyday job she conducts diagnostics and treatment to children and youth. She leads education in child and adolescent psychotherapy. She teaches at 3 universities in Zagreb, is author of numerous scientific papers, congress speeches and co-author of several books. Her main field of interest are children and youth, adhd and behavioural problems. She is mother of three daughters.

### **Prof. Tatjana Stefanović Stanojević, psychologist**

psychologist of development orientation and researcher in the field of the theory of attachment, was born in 1963 in Niš. In 2002, she obtained a PhD in Psychology Department of the Faculty of Philosophy in Belgrade, with the topic: Close partner relationships in light of affective attachment theory. Tatjana Stefanović Stanojević works at the Department of Psychology of the Faculty of Philosophy in Niš, and from 2002 to 2015 she also worked at the Faculty of Philosophy in Banja Luka. She was elected as a full professor in April 2014. She holds courses at the Department of Psychology in Nis: Theories of Cognitive Development, Theory of Emotional Development, Research in Developmental Psychology, Psychology of Partner Relations, Trauma from the perspective of Affective Attachment Theory. The author of the monograph: Emotional Personality Development (2005), Early Experience and Love Ties (2007), Affective attachment -Development, Modalities and Assessment (2010), When We Say Love, Do We Think of Love, (2012). Affective Attachment and family relations: the development and importance (co-author, 2012),

Fear is the worst place: a study of early trauma from the perspective of affective attachment theory (coauthor, 2018). She is the author of a large number of works in the area of the theory of attachment, printed in scientific journals and collections, as well as founder of the Association for Study, Evaluation and Applying the Theory of Affective Attachment: Safe Base.

#### **Univ.-Prof. Dr. med. Kanita Dervić**

Board Certification in Child and Adolescent Psychiatry as also as General Psychiatry. Over 20 years of work experience at universities (research, clinical work, teaching, administration). Research interests: Suicidal behavior and prevention, Affective disorders, Childhood and adolescence. She was the winner of the European Psychiatric Association (AEP) award for Best Achievement in 2004. The award-winning publication on the issue of suicide prevention was published in the American Journal of Psychiatry, the world's leading science psychiatric journal.

#### **Prof. Saida Fišeković, MD-PhD, psychotherapist**

Prof. Said Fišeković, PhD, has recently retired from the position of the Head of the Psychiatric Clinic in Clinical center of University Sarajevo. As subspecialists of clinical psychiatry largest part of working life spent at the position Head of the Department of Emergency Psychiatry. According to the educational orientation belongs to transactional analysis school. As TA therapist in psychotherapy sessions apply elements transactional analysis, comprising humanised and cognitive approach. She is the author of several books and university textbooks for students and postgraduates. She has published over one hundred scientific papers. She was a lecturer in the postgraduate studies at the Medical Faculty of the University of Sarajevo, Faculty of Political Science of the University of Sarajevo, as well as The international graduate school of child and adolescent psychiatry and psychology with the University of Sweden as holder of the course "Psychiatry and psychology in the community." She has performed as a guest lecturer in the university clinics abroad. She has participated in numerous scientific and professional conferences as an invited speaker. She has participated in a number of scientific research projects in the field of clinical psychiatry. She participated in numerous clinical studies at home and abroad. She was a lecturer and examiner at the Faculty of Medicine and Dentistry, University of Sarajevo, the examiner at the Faculty of Political Sciences in Sarajevo, and the Faculty of Law, University of Sarajevo. She is a member of the Committee for psychiatric and neurological research of the Academy of Sciences and Arts of Bosnia and Herzegovina. She is a member of the World Association for Biological Psychiatry, World Association of Transactional Analysis, World and European Psychiatric Association, a member of the Association of Psychiatrists of Bosnia and Herzegovina, a member of the Association for Biological Psychiatry/ psychopharmacology FBiH and a member of the Medical Chamber of Bosnia and Herzegovina. She has received awards for contribution to the development of the Psychiatric Clinic of the Clinical Center of Sarajevo University. The holder of the Chamber plaques of Medical Chamber of Sarajevo Canton for active and persistent contribution to maintaining the health of the nation and strengthening public and professional reputation of the Chamber of Bosnia and Herzegovina.

#### **Vlatka Boričević Maršanić, MD-PhD**

Vlatka Boričević Maršanić is the director of the Psychiatric Hospital for Children and Youth in Zagreb. Assistant Professor at the Faculty of Education and Rehabilitation Sciences University of Zagreb, an assistant professor in the Department of Psychiatry and Psychological Medicine at Faculty of Medicine University Josipa Jurja Strossmayera in Osijek and lecturer at the Child and Adolescent Psychiatry at School of Medicine, Faculty of Applied Health Sciences, as well as at Education and Rehabilitation Sciences University of Zagreb at the University of Zagreb. She teaches Child and Adolescent Psychiatry at undergraduate and postgraduate specialist training at the School of Medicine of the University of Zagreb.

**Prof. Michael Ungar, PhD, psychotherapist**

He is the founder and Director of the Resilience Research Centre and Canada Research Chair in Child, Family and Community Resilience at Dalhousie University in Halifax, Canada. He received his PhD in Social Work from Wilfrid Laurier University in 1995 and is the former Chair of the Nova Scotia Mental Health and Addictions Strategy, executive board member of the American Family Therapy Academy, and a family therapist who works with mental health services for individuals and families at risk. His international program of research spanning six continents has changed the way resilience is understood, shifting the focus from individual traits to the interactions between people and their families, schools, workplaces, and communities. He is the author of 14 books that have been translated into five languages, numerous manuals for parents, educators, and employers, as well as more than 150 scientific papers and book chapters. Dr. Ungar has adapted findings from his research and lessons learned from his clinical practice into best-selling works for professionals and researchers, including books for parents such as *Too Safe For Their Own Good: How Risk and Responsibility Help Teens Thrive* and *I Still Love You: Nine Things Troubled Kids Need from their Parents*. His blog *Nurturing Resilience* appears on Psychology Today's website.

**Prof. Albert John Sargent, MD-PhD, psychotherapist**

He is a national leader in developing systems of care for children with significant behavioral health issues. He is Chief of the Division of Child and Adolescent Psychiatry and Director of the Child Psychiatry Residency Program at Tufts Medical Center. He is Professor of Psychiatry and Pediatrics at Tufts School of Medicine. Dr. Sargent is a clinician in the Massachusetts Child Psychiatry Access Project, and is a member of the Massachusetts Children's Behavioral Health Advisory Council. He is also past president of the American Family Therapy Academy. Dr. Sargent is board certified in Pediatrics, Psychiatry, and Child and Adolescent Psychiatry.

**Prof. Vlasta Rudan, MD-PhD, psychotherapist**

Specialist of child and adolescent psychotherapy, Head of day hospital care for young people at the Department of Psychological Medicine, University Hospital Centre Zagreb. Full Professor at the School of Medicine in Zagreb, author of numerous works in the field of child and adolescent psychiatry and psychotherapy.

**Prof. Gordana Buljan Flander, PhD, psychologist, psychotherapist**

Director of the Child and Youth Protection Center of Zagreb has been working with children for thirty years of her career. As a child psychologist of Children's Hospital Zagreb, she often worked with abused and neglected children who had not had the necessary protection from adults. This is the reason why she was among the first professionals in Croatia to recognise the issue of child abuse and neglect and to devote her further work to that issue. She is the founder of the Brave Phone, help-line for abused and neglected children and of the Child and Youth Protection Center of Zagreb. The Center has been recognised as a model of good practice by the Council of Europe and was, as such, presented in the UN. She received several awards of recognition for her work. One of the outstanding achievements was the Child Protection Center Multidisciplinary team award received by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) in 2008. Besides her professional work she has been active in scientific work and published and presented at international conferences a number of scientific and professional papers. She has published books, handbooks and brochures for parents, children and professionals. She is especially devoted to disseminating her knowledge and experience to future professionals and works at the Faculty of Philosophy in Osijek and Croatian Studies in Zagreb. She is a permanent court expert for abused and neglected children.

**Prof. Susanne Schlüter-Müller, MD-PhD, psychotherapist**

She finished the study of Medicine at the University of Frankfurt in 1986 and after that ten years have professional training at the University Hospital in Frankfurt/Main, Germany. 1995 she defended her doctoral dissertation: "Psychiatric problems of Turkish adolescents in Germany – a longitudinal study". 1996 she becomes specialist for Child and Adolescent Psychiatry and Psychotherapy. Since 1997 she holds a lecture in Psychotherapy: Seminar of Psychotherapeutic Training Rhein-Main, Academy of Psychotherapy Wiesbaden (WIAP), Alfred Adler Institute Mainz and Institute of Psychotherapy for Children and Adolescents (IPKJ) Basel, Bern, Zurich. Since 1997 also practice for child and adolescent psychiatry, Frankfurt / Germany. In period 2003 - 2009 she works as scientific adviser of the German Medical Association (section Psychotherapy). In period 2007 - 2010 she works as a professor of Child and Adolescent Psychiatry in Social Work at Leuphana University Lüneburg, Germany. Since 2010 she lecturer at University of Applied Sciences FHNW, Basel / Switzerland, and also since 2013 she is senior doctor research at department Psychiatric University Hospitals Basel, Switzerland, leader of training and supervision in the Evaluation of Adolescent Identity Treatment Study(EAST) in Basel. Her scientific focus is on Personality research/development of personality disorders in adolescence, trans-cultural Psychiatry, and children of mentally ill parents.

**Prof. Sanja Radetić Lovrić, PhD, psychologist**

She was born in Banja Luka in 1977 and is a social psychologist, a professor at the Psychology Study Program, the Faculty of Philosophy, the University of Banja Luka and the responsible teacher for Social Pathology, Psychology of Crime, Forensic Psychology and Social-Psychological Studies of addiction. Her scientific and professional work is, to a great extent, devoted to studying the relationship between the process of socialization and behavior of children at risk, contact and conflict with law, the application of social psychology to the law and the development of legal psychology. Creator and author of the award-winning program for improving the quality of life for young people, and a initiator of significant educational programs for professional training of psychologists. Chairman of the Management Board of the Association of Psychologists of Republika Srpska since 2011. Author and co-author of a large number of scientific articles, monographs and professional publications.

**Lana Petö Kujundžić, PhD, iur.**

A juvenile judge with more than 30 years of working experience in the jurisprudence of the Municipal and County Court in Zagreb. Employed at the Zagreb County Court, the First-Instance and Second-Instance Youth Council, as the Chair of the Juvenile Department and the President of the Association of juvenile judges, family judges and experts on children and young people in Croatia. As president of the association organized more than 40 public meetings, professional conferences with aims to promote the rights of children and vulnerable groups. Runs the "Stop program" project in the period 2012-2017 and introducing restorative justice in Zagreb area for misdemeanour treatment of children. She participated in the drafting of laws: The Law on Juvenile Courts, the Law on execution of criminal sanctions of the juvenile and the Law on the Ombudsman for Children. Lecturer at the Faculty of Law in Zagreb, the Social Work Study, Faculty of Law in Osijek, the Judicial Academy, the Bar Academy and the Police Academy. She participates in numerous international conferences and congresses of criminologists, victimologists, criminal and juvenile law, and against child abuse and neglect. Expert consultant to the Council of Europe, TAIEX, the European Commission, UNICEF Montenegro, the Ministry of Justice of Montenegro, UNICEF Croatia and the Croatian Ministry of Justice for juvenile Justice. She is the author of a dozen professional articles and books on children's rights. An active member of the commissions, the Ministry of Justice and the Ministry of Social Policy and Youth, which are dealing with the rights of children. She is a member of Ethical Commissions: Child and Youth Protection Centre of Zagreb and Psychiatric Hospital for Children



Zagreb. The winner of the annual prize for the promotion of children's rights by the Ministry of Social Policy and Youth in 2014. She received her PhD in 2017, defended her doctoral thesis about child perpetrators and victims in criminal procedure.

**Prof. Gunilla Jarkman Björn, MD-PhD, psychotherapist**

- Licenced doctor, 1978
- Specialist in general medicine, 1987
- Specialist in child and adolescent psychiatry, 1988
- Licenced psychotherapist, 1992
- Head of Child and Adolescent Psychiatric Clinic in University Hospital, Linköping, Sweden 2000-2007

Participated in several EU projects and international conferences. PhD in Medicine with thesis: Refugee Children and Families; Psychological Health, Brief Family Intervention and Ethical Aspects, 2013. Clinical work with child and adolescent psychiatry in Sweden, Denmark and Norway

**Prof. Esmira Avdibegović, MD-PhD, psychotherapist**

Neuropsychiatrist, Ph.D., Associate Professor at the University of Tuzla was born in 1957. She graduated in 1981 at the Faculty of Medicine in Sarajevo. She ended her specialisation in neuropsychiatry in 1991 in Sarajevo. At the Faculty of Medicine University of Tuzla she took her post graduating studies and obtained her master's degree in the field of suicidology, as well as her Ph.D. which regarded a subject in the field of women's mental health. She is a subspecialist in social psychiatry. She completed a training for group analyst at the Institute for group analysis in Zagreb. Currently, she works as a psychiatrist and group analyst at the Clinic for Psychiatry at the University Clinical Centre in Tuzla. Moreover, she teaches at the Faculty of Medicine, Educational – rehabilitation faculty and the Department for social work at the Faculty of Philosophy at the University of Tuzla. She published several scientific and professional papers, as well as several book chapters in the field of psychiatry and neurology. She is a member of several psychiatric and psychotherapy associations. She is involved in the reform processes in Bosnia and Herzegovina that regards mental health services, engaged in strengthening user's organisations, and through non-governmental organisations she is also involved in providing support and help for victims and survivors of genocide, torture and war trauma in Bosnia and Herzegovina.

**MSc. Amra Delić, MD**

Specialist neuropsychiatry, psychotherapist and researcher in the field of psychotraumatology. The Faculty of Medicine and Postgraduate Studies completed at the Faculty of Medicine of the University of Tuzla. She graduated on "The quality of life and long-term psychological consequences in women with experience of war rape in Bosnia and Herzegovina". Actually, Amra is in the PhD final stage on "Long-term Experience and Psychosocial Benefits of Children born in War in Bosnia and Herzegovina" at the Clinic for Psychiatry and Psychotherapy at the Medical University of Greifswald (Germany), within the framework of the European Union's International Horizon Research Network EU Maria Skłodowska Curie ITN "Children Born of War: Past, Present and Future". She is a visiting researcher and research associate of the Department of Medical Psychology and Medical Sociology of the Medical School of the University of Leipzig (Germany), Group for Psychotraumatology.

**Prof. Nađa Marić Bojović, MD-PhD**

Psychiatrist, Head of Department for Scientific Research and Early Interventions in Psychiatry (since 2009) at Psychiatric Clinic of Clinical Center of Serbia, Scientific Advisor and Associate Professor at Faculty of Medicine, University of Belgrade (from 2016). She is a member of the Association of Psychiatrists of Serbia,

President of the Society for Biological Psychiatry and Member of the Board of the Serbian Brain Council. She received her PhD in 2003 on the subject of structural neuroimaging in the study of gender differences in schizophrenia. She is involved in improving diagnosis and treatment of psychosis and mood disorders. She is committed to introducing early intervention methods in psychiatry and the development of neurons. She is actively engaged in several international projects, among which: Implementation of an effective and cost-effective psychosocial intervention for patients with schizophrenia in five low and middle income countries in South-Eastern Europe (IMPULSE - H2020, 2018, leader for Serbia); The European Network of National Schizophrenia Networks Studying Gene-Environment Interactions (Head of Subproject for Serbia); Pre-Clinical and Patient Studies of Affective Disprage in Serbia. (National Institute of Health, USA; Funding Fogarty Program, Clinical Subproject Manager); mPIVASmHealth psychoeducational intervention versus antipsychotic-induced side effects (manager of subproject for Serbia); NEMESIS study (Section for Social Psychiatry and Psychiatric Epidemiology, University Maastricht Coordinator Jim van Os); Schizophrenia MRI Famili Study (University of Bonn, Laboratory for Psychiatric Brain Research Coordinator Peter Falkai); Cumulative Exposure to Estrogen as a Risk-Factor for Schizophrenia (a collaborative project between the Department for Social Psychiatry and Psychiatric Epidemiology, University Maastricht Coordinator Jim van Os, and the UKC Psychiatry Institute, Belgrade); Hypopituitarism following the traumatic brain injury (TBI) (member of The Athens TBI and Hypopituitarism Study Group). Taking and participating in national projects: Phosphorylation of the glucocorticoid receptor as biomarker of mood disorders (Ministry of Education and Science of the Republic of Serbia - project manager); Control of energy homeostasis in humans in various pathological conditions (Ministry of Education and Science of the Republic of Serbia - researcher); Depression in Schizophrenia, (Ministry of Science and Technology, Head of Prof. Dr. M. Jašović-Gašić). Laureates are several awards and acknowledgments: the Okasha Award for Developing Countries, the World Psychiatric Association (2005), the AEP Research Award for Best Paper published by Young Psychiatrist (2004), the Young Investigator Award, the International Congress on Schizophrenia Research Of the University of Belgrade for the Scientific Work of Students (1991). In 2016, she earned the title of Scientific Advisor. As an author or co-author, she published 70 papers with the SCI list, with about 1000 quotations (hindex 17).

### **Sabina Zijadić - Husić, psychologist, psychotherapist**

She was born 25th January 1977, married, mother of two children. Graduated psychologist, gestalt psychotherapist and integrative psychotherapist for children and adolescents. She finished primary and secondary school in Sarajevo, where she graduated from the Faculty of Philosophy, Department of Psychology in 2001. Since 1999, she has been working hard on volunteering in programs for psychosocial support and assistance to children affected by war crimes. Since 2000 she has been working on a project of experimental program with a group of gifted children working in a preschool institution. Since 2001, she has been engaged in a World Vision NGO project on children and adolescents traumatized during the war. Within the aforementioned project, she worked on providing support, counseling and psychotherapeutic treatments for parents and teachers. Since 2009, she has been engaged in the Sarajevo Hearing and Speech Rehabilitation Center, with hearing impaired children and dysfunctional speech development. Within private practice, psychotherapeutic treatment of young and adult children through individual therapy, paired therapy and workshops for personal growth and development. Since the establishment of the Interdisciplinary Therapy Center for the Protection of Children, Young People and Families, BHI-DAPA has been engaged in psychotherapist jobs and in the education program as an assistant in teaching.



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