

THIRD INTERNATIONAL CONGRESS OF CHILD AND ADOLESCENT PSYCHOTHERAPY

BOOK OF ABSTRACTS

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REFLECTION OF COMMUNICATION AND RELATIONSHIPS ON THE HEALTH OF CHILDREN, YOUTH, AND FAMILIES: THERAPEUTIC APPROACHES



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INTERNATIONAL
Congress of Child and Adolescent Psychotherapy

**„Reflection of
Communication
and Relationships
on the Health of
Children, Youth and
Families: Therapeutic
Approaches.“**

- Book of Abstracts-

INTERNATIONAL Congress of Child and Adolescent Psychotherapy

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Introduction

It is with great pleasure to present this book of abstracts featuring the presentations of participants to the Third International and Interdisciplinary Congress of Child and Adolescent Psychotherapy, under the slogan THINK ABOUT YOUTH.

The congress focuses on the reflections that communication and interpersonal relationships have on the health of children and adolescents.

The interdisciplinary nature of the Congress is reflected primarily in the topics presented, which focus on various problems within the developmental systems of children and adolescents, placing them in a relational context.

At the same time, the topics affirm various psychotherapeutic approaches in working with children, adolescents, and their caregivers as important factors in development.

The book of abstracts clearly shows that the authors-presenters come from a diverse professional milieu - psychologists, pedagogues, social workers, doctors, andragogues, pedagogues, teachers, and lawyers - all united in the profession of psychotherapy as a growing profession. The professional identity and affiliation of each author are recorded along with the names of the authors and presenters, thus enabling further networking of professionals.

In this way, both the Congress and the book of abstracts contribute to a learning society, whose basic characteristic is support for learning through transparency and communication.

The abstracts follow the phenomenology of the problem being presented, so the titles of the papers, rather than the authors, are highlighted in the Contents of the book of abstracts. In this way, we underline the thematization, not the personalization of the presentation topics.

The author index at the end of the book also helps with a targeted search for authorization (Note - we listed the authors using their first names, not last names, so it is a first-name catalogue), and with the biographies of the plenary speakers, we wanted to underline the quality of the expertise we have at the Third Psychotherapy Congress.

The book of abstracts contains 84 papers signed by authors from 21 countries around the world. The book includes abstracts of 30 plenary lectures, 31 symposium papers, seven poster presentations, 13 descriptions of practical workshops, and three abstracts of introductory presentations from three round tables.

Most papers focus on children and adolescents but always bring about the same concept of experiential and transformational learning; The idea is that every teacher must learn to teach.

Since only the plenary lectures are known to all participants, this book of abstracts (like the previous two) brings more information and insights about all the content other participants bring to the table and which can support future professional development in psychotherapy.

Finally, this event would not be possible without your trust, active engagement, and cooperation. Special gratitude to our general partner UNICEF, as well as to the World Health Organization (WHO), the Federal Ministry of Health, World Vision Bosnia and Herzegovina, EIATSCYP, EAIP and EAP, and to numerous Bosnian-Herzegovinian, regional, and international organizations, institutions, and friends of this project whose support is fundamental for the realization of the Congress.

Through joint work, we can create a better world for our children and young people, and contribute to

positive and lasting changes.

Share our joy of participation and through your reception of the content and contacts that the Congress brings, become ambassadors of the ideas of the international and interdisciplinary value of psychotherapy.
Sincerely,

The Organizing and Program Committee of the Congress



Greeting Speeches

Greeting speech

Dubravka Kocijan Hercigonja

President of the Congress, Poliklinika Kocijan-Hercigonja, Zagreb

Thanks to UNICEF, the World Health Organization, and especially the organization and BHIDAPA in cooperation with the Federal Ministry of Health, we were able to organize the 3rd International and Interdisciplinary Congress of Child and Adolescent Psychotherapy, with an emphasis on improving the quality of life of young people through the protection of mental health.

Your presence and the numerous topics you want to share your experience indicate the importance of relationships and the way of life of children and young people, especially the importance of family and social dynamics and the transgenerational reflection on the formation of the personality of children and young people.

The presence of negative functioning, from aggression to intolerance, is unfortunately present in society and is often intensified through the media and other means of information, which all negatively affect mental health and functioning.

Although aware of what young people need, it is not as easy as ABC to meet the needs without continuous help, sensitivity, and responsibility which are important for the child, and the whole society.

During this congress, it is important to emphasize multidisciplinary and intersectoral approaches to achieve security and protection. The congress will promote activities with positive reflection on the development of the mental health of children and young people and through that, of all of humanity.

Finally, I would like to emphasize that your presence, knowledge, and interests are a powerful tool with which we can jointly positively influence both changes in society and families and all other relationships, with one goal: to educate and ensure a quality life for young people, and through that, for all of humanity. Thank you once again for coming, and taking an active part in the congress activities. In this way, you confirm your awareness of the responsibility and determination to create an everlasting impact on our children, their mental health, and the future of all humanity.



Greeting speech

Mirela Badurina

President of the Organizing and Program Committee of the Congress, BHIDAPA, Sarajevo

Dear colleagues, and dear friends,

It is a great honour and pleasure to welcome you to the 3rd International and Interdisciplinary Congress of Child and Adolescent Psychotherapy, under the slogan THINK ABOUT YOUTH. This year's theme, "Reflection of communication and relationships on the mental health of children, young people, and families: Therapeutic approaches" represents a key aspect of our joint work and calling. Daily, we are faced with serious and complex challenges in preserving the mental health of children and young people. In this world of rapid change, our role as experts has never been more important. This congress comes in times of need for unity of efforts to ensure a better future for the new generations.

Our mission is clear: through empathy, expertise, and joint dedication, we are passionate about creating environments that can help the full potential of every child and young person.

Through multidisciplinary cooperation and a focus on building healthy relationships, we CAN provide support for children and young people, we CAN provide them with the "tools" so that THEY can overcome challenges and build resilience.

Special thanks to everyone who has dedicated themselves to organizing this congress, all colleagues from the organizing and program committee of the Congress. Your energy and dedication have enabled us to create this platform that can contribute to positive change. Also, thank you to our young people, whose perspective and enthusiasm are the key strengths of our work.

Last but not least, I am proud to announce the launch of the Sarajevo Declaration on the Mental Health of Children and Young People, which we have developed in cooperation with EIATSCYP, and which will set guidelines for future work in this area.

Hoping the following four days will bring inspiring encounters and new ideas that we will all apply together in our future work. I wish us all a successful congress, new knowledge, friendships, and good company. Only together can we make lasting changes.
Sincerely, welcome!

Greeting Speech

Goran Čerkez

Vice President of the Organizing and Program Committee of the Congress, Federal Ministry of Health, Sarajevo

Welcome to the 3rd International and Interdisciplinary Congress of Child and Adolescent Psychotherapy, entitled “Reflection of Communication and Relationships on the Mental Health of Children, Young People, and Families: Therapeutic Approaches”.

This year’s congress is a continuation of our joint journey towards improving understanding, support, and effective care for the mental health of children, adolescents, and their families.

At the same time, it provides an opportunity to exchange the latest knowledge, innovative therapeutic approaches, and sustainable strategies. In a world that is changing rapidly, we are facing growing challenges in preserving the mental health of children and young people.

This congress comes at a time when it is more important than ever before for experts from various fields - health, education, social care, justice, and beyond - to join forces to ensure a healthy future for new generations. Through multidisciplinary dialogue and intersectoral cooperation, this congress provides a platform for the exchange of experiences and good practices, but also for deeper reflection on how best to meet the needs of children and young people in a changing world.

We are particularly dedicated to the topic of communication and relationships as the foundation for healthy development, as they play a significant role in building resilience and well-being.

I wish the congress opens new doors for cooperation, innovation, and joint initiatives that will positively impact the mental health of our children and youth. May it be a source of inspiration for all of us and a continuation of creating a life of opportunities for every happy child and young man!

Opening remarks

Marc Lucet

UNICEF Representative Bosnia and Herzegovina

Welcome to you all!

It is a great honor to welcome you to the 3rd International & Interdisciplinary Congress of Child and Adolescent Psychotherapy. I extend my gratitude to our partner, the Bosnian Herzegovinian Association for Integrative Child and Adolescent Psychotherapy (BHIDAPA), and the Ministry of Health of Federation BiH for organizing this event. Today, we thank all mental health professionals and social service experts who work tirelessly to protect the rights of children and their families.

- Globally, almost one billion people live with a mental health condition, including more than one in seven adolescents.
- Around half of all mental health conditions manifest by age 18, yet many remain undetected and untreated.
- Poor mental health during childhood and adolescence is linked to factors such as violence, bullying, discrimination, conflict, displacement, and poverty.

Studies indicate that many children and adolescents in BiH face mental health challenges, including anxiety, depression, and complex emotional and behavioral issues. Surveys by UNICEF and partners suggest that 39% of adolescents see mental health issues as significant concerns. Focus groups highlight the need for more conversations about mental health and better resources, especially in rural areas. 67% of adolescents are unaware of available services, and almost 20% feel uncomfortable seeking help. Common symptoms include low self-esteem, attention problems, anxiety, withdrawal, and difficulties in social interactions.

BiH is navigating through a series of severe and interconnected crises ranging from long standing issues of poverty, displacement and conflict coupled with Covid pandemic leading to stress, uncertainty and intergenerational trauma with long term psychological implications especially for children and families. The world faces significant challenges beyond COVID-19, including global instability and conflicts, leading to unprecedented numbers of refugees and displaced persons. This crisis brings profound mental health challenges, especially for children exposed to trauma.

Promoting and protecting the mental health and well-being of children, adolescents, and their caregivers is crucial for achieving the Sustainable Development Goals, particularly SDG 3: ensuring healthy lives and well-being for all ages. Supporting children to reach their full potential is fundamental to UNICEF's mission. We are committed to this effort, working with partners across all sectors to meet the mental health needs of all children and youth.

We must create supportive environments in homes, schools, and communities to nurture and protect the mental well-being of children and adolescents. This involves recognizing and treating mental health conditions and fostering resilience in young people. Creating supporting environment, means building the multisectoral system of care, through:



- Implementing programs addressing risk factors for mental health challenges.
- Conducting community-wide awareness campaigns on mental health.
- Supporting the training of specialized professionals to address gaps in mental health centers.
- Fostering partnerships between families, schools, mental health centers, community organizations, and government agencies.
- Advocating for policy changes to prioritize adolescent mental health, enhance funding, incorporate mental health education into school curricula, and promote gender equality and social inclusion.
- Supporting comprehensive, holistic approaches and solutions that are grounded in science, compassion, and cultural sensitivity

We hope this conference will advocate for this multilayered approach, prioritizing mental health and improving the quality and accessibility of mental health and psychosocial services for children and youth in Bosnia and Herzegovina. We aim for this conference to be a platform for learning and exchange, supporting our common goal of creating a supportive environment where young people can thrive emotionally and mentally.

I wish you fruitful participation in this conference.

Thank you!

Message

*Erwin Cooreman, MD, MSc
Special Representative
WHO Country Office in Bosnia and Herzegovina*

I am delighted that the Integrative Child and Adolescent Psychotherapy Association of Bosnia and Herzegovina organizes the Third Congress on Child and Adolescent Psychotherapy.

I am sure that the congress will inform participants about the wealth of cutting-edge research, diverse perspectives, and innovative ideas that address the increasing challenges of mental health among young people. As we share knowledge and insights, let us remember the urgency of our collective mission, which is to provide essential therapeutic and preventive care that promotes the well-being of children and adolescents in our communities.

I hope this event sparks your curiosity and inspires meaningful dialogues.

Erwin Cooreman, MD, MSc

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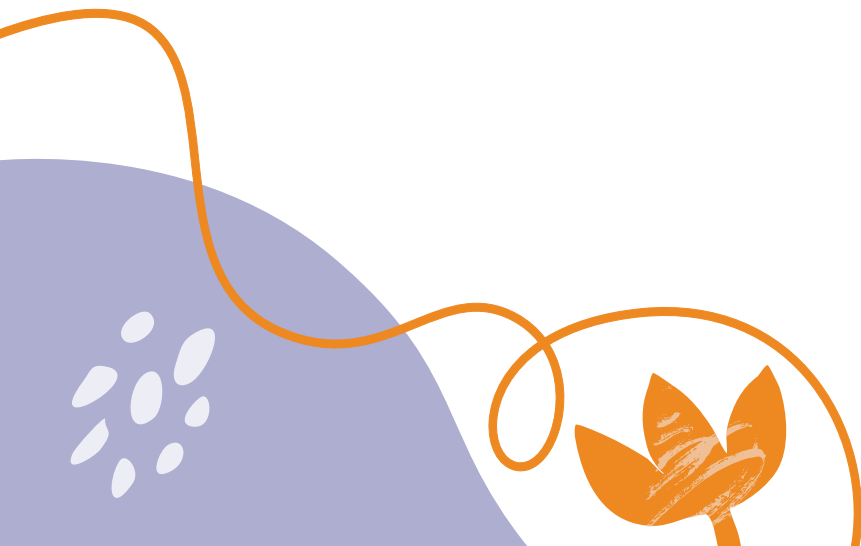
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Plenary Lectures

Summaries



Mental Health of Children and Young People: Key Strategies for Providing Psychosocial Support

Leah James, PhD, MSW

Regional Mental Health and Psychosocial Support (MHPSS) Specialist

Child Protection Section

UNICEF Europe and Central Asia Regional Office

Budapest, Hungary

Summary: In Europe and Central Asia, mental health needs of children and adolescents persist at alarming levels. In Europe, nine million adolescents aged 10-19 in Europe live with a mental disorder, and suicide is the second most common cause of death among adolescents aged 15-19. A strategic multisectoral and interagency approach is critical to ensure effective and sustainable support to youth mental health and wellbeing. In this presentation, UNICEF will provide an overview of its global framework on mental health and psychosocial support (MHPSS) for children and caregivers, highlighting key theoretical elements including the social ecological and life course models and multisectoral and multilayered approaches. In addition to treatment of mental health conditions, this presentation will emphasize the importance of 'prevention and promotion' approaches to prevent development of mental health conditions and promote wellbeing, including in school, health, and community settings.

The presentation will also highlight UNICEF's regional priorities regarding MHPSS, including system strengthening initiatives and programming for children and caregivers in emergency and non-emergency contexts across social service, health, education, and digital platforms.

Finally, we will describe key global tools to support workforce capacity strengthening and adoption of evidence-based intervention models. Throughout, examples will be presented drawing from programming in Bosnia and Herzegovina and the region more broadly.

Diversifying responses to child and adolescent mental health needs in Europe

Dr Ledia Lazeri

Regional Adviser for Mental Health

WHO Regional Office for Europe

Summary: The COVID-19 pandemic brought a heightened awareness about the vulnerabilities that children, adolescents and young persons were exposed to, resulting into an increase of depressive and anxiety disorders. In addition, the continued permacrisis – as the WHO Regional Director for Europe Dr Hans Kluge calls it – has further exposed our younger generations to mental health and wellbeing challenges, as evidenced by Health Behaviour in School Children survey.

This all happens while the treatment gap in Europe continues: one in four persons living with psychoses does not receive any kind of mental health care or treatment. At the same time, already before the COVID-19 pandemic Europe was confronted with a losing its mental health workforce, with, for example, a decrease of 13% of psychiatric nurses during 2014-2017. The responses to higher needs for mental health support cannot be exclusively found among specialized mental health care services and resources. Not only are those services scarce and poorly allocated; they often are designed in ways that do not appeal to younger generations who loop up to technology and digital solutions as the space where they operate and interrelate.

This presentation argues for diversifying the responses to child and adolescent mental health needs in Europe from a multi-disciplinary and multi-sectoral approach, applying a mental health in all policies lens.

Reflection of Communication and Relationships on the Health of Children, Young People and Families

Prof. Dubravka Kocijan-Hercigonja, MD, PhD

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Summary: The World Health Organization (WHO) defines mental health as “a state of well-being in which an individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community.”

We are aware that this starts from the very beginning of life and is built throughout life, and the factors that influence its construction depend on the stage of development, each of which has its specificities and needs.

Considering the above, and based on primary, secondary and tertiary prevention, the First and Second International Congress of Child and Adolescent Psychotherapy in Sarajevo drew conclusions that were summarized on changes in the conditions and relationships in which

children live and grow up. According to the conclusions based on the experience of professionals, the importance of parents, schools and the social environment in preserving mental health is emphasized, and it is particularly related to the new conditions of both the environment and relationships. It also requires a specific approach and adequate strategies for working with children. For this to be possible, continuous new knowledge and education of those who work with children are necessary. New knowledge points to the need for knowledge, the connection between psychological and biological development and relationships, which results in and requires a modification of approaches based on research and knowledge.

In connection with the above, the goal of the congress is to understand better the impact of interpersonal relationships on the health and bio-psycho-social well-being of children and adolescents. It is particularly important to assess how this is realized through the education, social, health and legal systems to develop a harmonized approach strategy. To do this, it is necessary to integrate the views of UNICEF and WHO into all activities of society.

Our goal, through the exchange of professional experience, scientific knowledge as a result of research and the connection of psychological, biological and social factors, is to build and ensure that children and young people have access to their rights, to encourage their development, and to create and build an environment in accordance with the very clearly stated and accepted rights of children set out in declarations by WHO and UNICEF.

As an introduction to the above, I want to mention some of the important factors that indicate the connection between communication and psychological and biological relationships for the health of children, young people and families. It is important to emphasize that the reflection of relationships does not begin with the child in the preschool, school or adolescent period because “the child does not understand and does not know what he needs”, but it arises from the moment of conception, acceptance or rejection of the conceived child through the mother’s mental state and the influence of the environment. The child creates the first relationship through and with the mother, which has been described and researched by numerous authors as the effect of attachment. Attachment can be secure, insecure, indifferent or rejecting, and is reflected in the child’s psychological development. In connection with attachment, research has shown that biological changes in brain function affect a child’s biological development and social and emotional functioning.

What does communication mean for a child, and how does the child experience it? What are the mechanisms through which the child receives stimuli from the environment and through which it creates a relationship with the environment and an image of itself? These are the questions that we will get an answer to at this congress.

What are these approaches at what age, and which are important for creating an image of oneself with which we enter all other relationships (from a position of, for example, "I am not important to anyone", "everyone is better than me", "I must satisfy others", "I have no right to ask for anything for me")?

Also, there is a question on what a relationship is. How does it arise? What are the important factors, depending on the age and needs of the child, that have created our image of ourselves and created our self from which we evaluate ourselves in relation to the environment? Do we see or block our needs?

I would conclude with a definition of a relationship:

A relationship is our way of functioning towards ourselves and the environment. It is the result of early experiences and the image that we have built throughout our development about ourselves and with which we enter all activities throughout our lives. The relationship is an important factor in our success, failure, self-image and mental functioning.

Key words: communication reflections, relationships, children and young people.

Integrating Family Upbringing into a Supportive Environment for the overall Development of the Child

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Summary: The family is the primary social milieu, the first environment in which a child gains his elementary experiences of the world around him and surrounding where he grows up. That primary environment, crucial and important for the care and growth of a child has been experiencing numerous accelerated changes and transformations in recent times. The increasingly noticeable acceleration brings with it numerous disagreements, difficulties and a multitude of unfulfilled but desirable goals, etc. The failure to achieve desirable goals in family upbringing, growing up and formation is not a characteristic of today only. In fact, the family could never alone, without the help/support of the immediate and wider environment, carry out all the tasks of successful parenting and raising a child. She can do it even less today. Never like today, in the time of numerous challenges and various turmoil, the family needed constant help, understanding, cooperation, partnership, real professional and advisory support in the environment, in its immediate eco-proximity. The employment of parents, the increase in single-parent families, the incredible variety of family structures, social isolation from the neighborhood, relatives, friends, insufficient and unsuccessful communication with school, etc., along with intrusive substitute media (internet) socializing, reduces the possibility of successfully solving family problems, as well as healthy upbringing of children and young people. Despite the evident needs, the verbally expressed and empirically and scientifically confirmed facts, the family and the child are still left without adequate support, and if there is, it is mostly occasional, partial, often superficial and therefore insufficient and ineffective.

Following the theoretical concepts of Urie Bronfenbrenner's presented in his book Ecology of Human Development and others texts, I will try in this paper to summarize the possibilities of our social community for organizing a family supportive environment for complete upbringing and education and smooth development of the child.

If the family is an ecocenter whose members are parents, guardians...and children, then the discussions at this conference must go in the direction of more clearly specifying who is doing the immediate supporting eco-proximity to the family and its children/youth.

Key words: Family, support for family upbringing of child, eco-center, eco-proximity.

The World in Change and Mental Health

Author, Prim Dr. Goran Čerkez

Co-author, Program Leader Fedža Mehmedović

Abstract: What is health in the 21st century, and how does it differ, if at all, from the concept of health in the not-so-distant past, the 20th century? Today, more than ever before, our understanding of health is based on the interplay between individuals and the ecosystem and the time in which they live. Supported by rigorous and complex scientific studies, health systems worldwide are working swiftly to build their capacities to respond more quickly, efficiently, and effectively to the numerous, frequent, yet expected changes that modern civilization is undergoing. Today, more than ever, we recognize the multidimensional nature of health, embracing mental, social, and physical well-being as key aspects of overall health. All these health aspects interact with the environment, including various social, cultural, economic, educational, environmental, and other factors (social determinants of health), implying that the promotion and protection of health require a multisectoral and strategically coordinated response from all institutions in society, including the media, religious communities, organizations, and individuals.

Approaches to the prevention, promotion, and care of health and mental health demand a multisectoral response and active engagement from all institutions, organizations, and citizens to achieve the maximum level of resilience and adaptability in a changing world that impacts our health and access to essential health services. Today, more than ever before, we understand the importance of mental health as a determinant of overall health. Mental health is a state of well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community¹. It is an inseparable part of health and well-being, underlying our individual and collective abilities to make decisions, build relationships, and shape the world in which we live². Mental health is a fundamental human right and is crucial for personal, collective, and socioeconomic development³.

¹WHO. (2022). Mental Health. Key facts. Available at: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

²ibid

³ibid

WHO. (2022). Mental Health. Key facts. Available at: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

Research and reforms in youth mental health

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Summary:

Background: There is growing global recognition that the number health and social challenge facing young people is mental ill-health and yet everywhere young people have the worst access to care and the care provided is not fit for purpose, culturally or developmentally appropriate or of acceptable quality. This has spawned a worldwide reform movement led by a blend of clinical research leaders and young people which is building new models of care which are versions of enhanced youth friendly primary care. This base camp is evolving and seeks to create a new space in the health system located between childhood and later adulthood, sensitive to the transitional needs and the force of morbidity that threatens the lives and futures of young people from puberty to independent adulthood.

Findings: This paradigm shift has become even more important with steadily rising rates of mental ill health in young people. Youth mental health is now a moving target. Over the very period that youth mental health services focused on the 12–25 year age transition to adulthood began to be assembled, there has been an alarming rise in the incidence and prevalence of mental ill-health in young people. The recent Australian National Study of Mental Health and Wellbeing revealed that the prevalence of operationally defined mental disorders in 16–24-year-olds rose by 50%, from 26% in 2007 to 39% in 2021. The rise in young women was more marked than in young men, with rates reaching 48%. The Australian HILDA survey of 17 000 households/people confirmed a long-term decline in the mental health of this age group. This survey also captured the additional impact of the coronavirus disease 2019 (COVID-19) pandemic and its mitigation strategies.

Similar alarming trends had been identified in many other high-income countries well before the COVID-19 pandemic. In 2021, in an advisory to the United States President and Congress, the US Surgeon General, responding to similar trends in the US, described the situation as a “youth mental health crisis.”

Conclusion: We need to focus on prevention and tackle the megatrends in society that are driving this crisis. In addition to new platforms of care there is an equally urgent need for new workforces and for existing disciplines to deepen and expand their expertise in youth mental health.

Conflicts of interest: Nil

Key words: youth mental health, research, reforms.

The roots of aggression and erosion of empathy

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Summary: Aggression refers to a range of behaviours that can result in both physical and psychological harm to oneself, to others, or to objects in the environment. There are two main types of aggression: Reactive aggression, which is exhibited in behaviour that is hostile, angry, defensive and impulsive. Proactive aggression is cold, planned, without provocation, offensive, premeditated, and mostly predatory and instrumental. The roots of aggression are related to biological factors (such as genes, a high

level of serotonin in the synapses, or a less developed pre-frontal cortex), environmental factors (such as in the family and/or in the society) influence how people are raised. People who grow up witnessing more forms of aggression in the family and society are more likely to believe that such violence and hostility are socially acceptable. A mother's rejection causes profound emotional deprivation and a sense of abandonment.

These feelings may cause serious personality problems in children with a high level of violence. A father's aggression towards the mother and children means the children have a high risk of developing future violent behaviour. Children raised in dysfunctional families are four times more at risk of being violent. Most young killers are emotionally damaged and exhibit a lack of emotional regulation, depression, rage, and they show no empathy. Family types that emphasize obedience, rigid and authoritarian codes of religion, and/or male dominance, are known to be risk factors for child abuse, causing a rise in the level of social violence. Families with overt dysfunctional narcissistic and authoritarian attitudes, are high risk areas for producing children with tendencies towards future youth/peer violence. The more rigid the gender roles set by the culture, the more violent and war-like the culture becomes.

Empathy is the ability to emotionally understand what other people feel, seeing things from their point of view, and imagining themselves in their place. Essentially, it is putting yourself in someone else's position and feeling what they are feeling. Human beings are primed for empathy by the strong attachment relationships in the first two years of life.

The process of developing empathy continues throughout the adolescence stage of life and even further. Research shows that parents who promote and model empathy, raise more empathic children. A lack of empathy leads towards violence and psychopathic behaviour.

Understanding the concept of aggression and empathy is important of prevention of youth and family violence.

Key words: aggression, empathy, bullying

Mental health in post war time

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Summary: The main objective : The establishment of the United Nations after World War II raised hopes of a new era of peace. Unfortunately, it was over-optimistic. In 2024, nearly 300 million people around the world will need humanitarian assistance and protection, due to conflicts, climate emergencies and other drivers. In the last few years wars are again global threatening, they are more entrenched, with devastating consequences for civilians. In 2023 alone, the eruption of widespread conflict in Sudan and hostilities between Israel and Gaza caused a dramatic spike in civilian deaths. Almost 1 child in every 5 around the world is living in or fleeing from conflict zones and 1 in 73 people are forcibly displaced. The number of refugees is at a record high, of 36.4 million, with over half coming from Afghanistan, Syria and Ukraine. Acute food insecurity is a reality for 258 million people in 58 countries. Wasting threatens the lives of 45 million children under 5 (about 7% of all children).

Topic review: Wars of the end of 20th and beginning of 21st century often have civilians, women and children as deliberately targeted. Research examining the effects of war and trauma on children, adolescents and adults showed significant levels of psychological difficulties and psychiatric problems after exposure to conflict. However, prevalence data are inconsistent and likely depend on the nature of the trauma, the duration of exposure, diagnostic criteria used and differences in methodological factors,

as well as cultural discrepancies. Mothers with small children are especially vulnerable group during the war time. Severe war experiences and losses could cause depressive symptoms in mothers, what reduce their emotional disposability and could lead in different form of the child's neglecting. Researchers from the Ex Yugoslavian wars at the nineties of 20 century showed that traumatization of parents caused by war was connected with different behavior problems in their children with the greater probability of transgenerational transmission, which implies long-lasting effects for all society.

Conclusion: Wars are continuing all over the world, there is a need for researches about their consequences and also to accentuate the importance of identifying and further studying of socio-cultural factors contributing to mental health of war affected children and parents. Effective programs that intend to mitigate the psychological effects of war trauma need to be adopted by a public health approach aimed at reaching many in need.

Key words: children, war trauma, mental health

Thirty years after: Reflections on the results of quantitative and qualitative research on the psychological consequences of war trauma in children and young people and their importance for the psychotherapeutic relational model of work

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Summary: I shall start with the results of the quantitative research. 30 years ago, more precisely, in 1994, with the support of the Unicef office in Serbia and the Faculty of Philosophy, more precisely the Department of Psychology in Novi Sad, where I worked at the time, research was conducted on a large sample of 2,000 children and young people aged 12 to 15. in elementary schools in Vojvodina with the aim of screening children and young people who indicate a high degree of reaction to trauma. The idea was not only to register the condition, but also psychological help or intervention for trauma for children with high scores on tests that measure traumatic reactions. For this purpose, 25 school psychologists were trained in child trauma intervention.

Method: From a large sample of 2000 children, 140 children were selected who needed urgent psychological treatment. Also, there was a first group of 30 children who were waiting for psychological treatment three months after the screening.

Results: Overall, pre- and post-trauma intervention scores showed large improvements in children. Children who waited three months for intervention showed a worsening of reactions to trauma. Questions that emerged are: How durable are the results of trauma intervention? What happens to children who did not receive psychological help and trauma intervention? Does refugee reduce or increase reactions to tauma in children and young people?

Qualitative surveys: Two qualitative surveys conducted in 2023 and 2024 offered some answers to the questions raised. Both researches were done as heuristic research in psychotherapy. Both studies were conducted with respondents who fled to Serbia thirty years ago because of the war. There are 4 respondents, aged from 33 to 45 years old. At the time of their exile, they were 3, 10, 12, and 15 years old,

respectively. The results of the research show that psychological help and psychotherapy after trauma in children and adolescents is really important or necessary help.

Key words: war trauma, children, adolescents, intervention for trauma, psychotherapy

A Silent Call for Help: Breaking the Stigma of Mental Health Problems in Children and Adolescents

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Summary: Growing mental health problems among children and young people represent a significant challenge for society, and the stigma associated with mental disorders further complicates access to the necessary support and treatment. We will look at the causes and consequences of the stigmatization of mental disorders among young people, and the analysis of strategies for breaking those stigmas. We will identify key factors that contribute to stigmatization, including lack of information, negative media portrayals, and social prejudice. We will also present examples of successful interventions, such as educational campaigns, school programs for the promotion of mental health, and support from peers and family. In conclusion, we will emphasize the importance of the joint efforts of experts, educational institutions, families and the wider community in creating an environment that supports mental health and reduces stigma. Promotion of open dialogue, education and provision of adequate support are key steps in ensuring better mental health for children and young people.

Key words: stigma, mental health of children and young people

Child Abuse and Neglect: Recognition and Intervention Strategies When Children Confide

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Summary: Child abuse and neglect constitute a significant public health concern with high rates of morbidity and mortality. Even when outcomes are not fatal, the research over the past five decades has demonstrated the long-term and even transgenerational consequences of child abuse and neglect, which have implications on overall societal functioning. Despite the significant efforts of child protection professionals, society's response to these issues remains inadequate. The basic education programs do not provide clear guidelines for prevention, early recognition, and ultimately, ways of responding and insights about child abuse and neglect. Many professionals who work with children report that they have never, or very rarely, had contact with an abused child, while the reality is significantly different. Considering that one in five children is sexually abused, everyone who works with children is also in contact with abused children.

In addition to the barriers related to the lack of knowledge and information, the topic of child abuse and neglect is emotionally upsetting, and this fact alone is yet another reason why it goes under the radar. Traditional societies tend to leave child-rearing, even when it involves violence, to families, which then results in silence about obvious disturbing signs. Finally, children often remain silent about abuse and neglect. They keep their silence because they do not understand the situation, feel fear, shame, guilt, love, and devotion to the perpetrator (usually and most often a close person), a sense of responsibility for other family members, worry that they will not be believed, but blamed, not helped. There are countless reasons, and unfortunately, these children's nightmares prove to be justified. Because of all this, the goal of this lecture is to remind ourselves of the signs of child abuse and neglect, appropriate ways to respond

in case of suspicion or knowledge, as well as all the emotions we associate with this topic, which can be a weight or wind in our backs on the path of child protection.

Keywords: abuse, neglect, children, signs, reactions, support

Family dynamics and development of children in the shadow of parents' posttraumatic stress disorder

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Summary: Introduction: Developmental theories emphasize the significance of early experiences in determining an individual's personality and behavior, as well as the value of attachment and the impact of parental figures on a child's growth. A child's growth and development can proceed unhindered in an adequate and supportive environment that meets their needs based on their developmental stage. Family dynamics, or how family members interact with one another, are crucial to a child's mental health and wellbeing.

The purpose of this paper was to provide a theoretical explanation of how unresolved parental trauma influences family dynamics and child development. Numerous factors, including age, support, illness, gender roles, traditions, grief, and psychological trauma, can influence the complexity of family dynamics. Trauma can have many negative effects, such as post-traumatic stress disorder (PTSD) and complex PTSD, as well as other co-occurring conditions (depression, anxiety, somatization, and alcohol and other substance abuse). The research findings reveal the enormous impact of trauma on the family system, including parenting, partner relationships, conflicts, aggression, and secondary traumatization. Unresolved parental trauma and PTSD symptoms can impair a parent's ability to provide consistent care for their child and lead to shadow parenting. Children who grow up with shadow parenting, in which their parents are emotionally unavailable, unpredictable, and inconsistent, often feel unseen, unheard, or unimportant. This can leave children feeling confused and insecure, and the parent-child relationship can become strained. The consequences for children can include a variety of emotional and behavioral issues such as anxiety, depression, aggression, and difficulties with school and social interactions. Furthermore, in such family relationships, children can take on more responsibilities than is typical for their age. All of the aforementioned factors can have an impact on the child's psychological well-being and deprive him of a carefree childhood. Difficulties growing up in the shadow of parental PTSD can be linked to attachment issues, low self-esteem, difficulty expressing emotions, self-affirmation, trusting one's own judgment, developing codependency, and repeating childhood relationship patterns.

Conclusion: The effects of post-traumatic stress disorder of parents can have a significant and long-lasting impact on their children's development, emotional health, and family dynamics. Parents with PTSD can start working toward family recovery and creating relationships that are healing and supportive by recognizing these influences and getting the help they need. It is critical that society and the community recognize the family dimensions of PTSD and provide support and treatment to the parent with PTSD and his or her family in order to prevent the transmission of psychological trauma across generations.

Key words: PTSD, family dynamics, parenting, child development

The Role of Education and Psychotherapy in the Era of Trauma

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Summary: Trauma is one of the most frequently used terms in contemporary society. Similar to many other concepts, we tend to “fill” this term with numerous and diverse meanings, risking its devaluation and thereby minimizing the chances for healing. Consequently, we often treat trauma as a pseudoconcept. This lecture will first attempt to systematize the broad field of traumatic events and differentiate approaches to various modalities of trauma.

Why is this particularly significant in our region?

The likelihood of being exposed to some modality of trauma in the Balkans is high. We will first mention major traumas with a capital T: war, bombing, crime, murder, and rebellions. Concurrently, we are also exposed to “small” traumas: developmental, complex, and educational. In the struggle to survive major traumas, we tend to sweep our “small” personal traumas (neglect, abuse, violence) under the rug. Everyone has such rugs. If we haven’t created them ourselves, previous generations have handed them down to us. In any case, we walk on “trauma rugs.” Sometimes they irritate us, sometimes they prick us, sometimes we fall through them. We can feel all this but are unaware of the reasons behind our emotions. No one has connected the dots for us. It is precisely these personal traumas that make us unfree, insensitive, irresponsible, angry, or aggressive in response to societal challenges. They cause the quality of our responses to fall far from adequate, ranging from learned helplessness to conditioned impulsive and aggressive reactions. They prevent us from having an appropriate stance and purposeful reaction. Our feet are rooted in the trauma rug. In an effort to raise awareness of the connection between personal and societal responses to trauma, and to thaw reactions in both situations, we have gathered around the project: “Trauma and the Psychotherapeutic Healing Model or Creating an Integrative Model of Psychological Healing for Individuals with Trauma.” It should be noted that the project operates under the auspices of the Branch of the Serbian Academy of Sciences and Arts (SANU) in Niš. Within the project, the modalities of trauma are illuminated, and possible healing strategies are particularly developed. The exceptional attendance and interest (from colleagues and students alike) in these lectures indicate the need to illuminate, raise awareness, and process the phenomenon.

The lecture will present a trauma work technique that has so far yielded significant results. The technique is a result of combining the theory of affective attachment with the expert psychotherapy of Janine Fisher (CCTP). Experience to date has shown that every trauma contains the potential for post-traumatic growth, but only if the experience is processed and integrated. A person with an aware, processed, and integrated trauma could actually offer us hope for a brighter future.

Keywords: psychological trauma, social crisis, healing

Attention-Deficit/Hyperactivity Disorder (ADHD) – Clinical features, Comorbidity and Treatment

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Summary: The prevalence of Attention-Deficit/Hyperactivity Disorder (ADHD) according to DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) is about 5% in school-age children. The boy-to-girl ratio is 3-5:1, and they often differ in clinical presentations. Furthermore, ADHD is present in 30-50% of child psychiatric outpatients and 40-70% of child psychiatric inpatients (often combined with other psychiatric disorders) (Dulcan et al., 2018). There is a substantial genetical contribution to the

etiology of ADHD, with high heritability. In DSM-5, ADHD was moved to the neurodevelopmental disorder section. In this context, the findings of pertinent neuroanatomic, neurochemical and neuroimaging research studies will be briefly reviewed in this presentation. ADHD is a clinical diagnosis made on the basis of interview and standardized parent and teacher behavior ratings scales. However, the identification and treatment of ADHD are also influenced by cultural factors. Between 1/3 and 1/2 of diagnosed children continue to have the ADHD diagnosis in adulthood, and others can have subthreshold ADHD symptoms. Comorbidity with other psychiatric disorders (e.g., conduct disorder, anxiety disorders, depression) or learning disabilities (e.g., dyslexia, dyscalculia) is common. As for the treatment, medication (stimulants as first-line medication) is primary treatment for ADHD, with parent psychoeducation and psychotherapy playing an important role.

Key words: hyperactivity, attention deficit disorder, comorbidity

Trauma, Transgenerational Transmission, and Experiential Models in the Rehabilitation Process

Prim. Dr. Branka Antić-Štauber

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Summary: Bosnia and Herzegovina, a country profoundly affected by war, is increasingly recognizing trauma-related issues. Transgenerational transmission of trauma is multifactorially conditioned, involving biological predisposition, family influences, social environment, and personal development. In the context of individuals who survived sexual violence during the war, this trauma is most intense. Adequate rehabilitation is essential for providing support that appropriately addresses their specific needs and challenges, helping them reintegrate into society and participate in peace processes and social cohesion. This people-centered approach aims to empower individuals and communities to actively contribute to building sustainable peace and development.

The approach to working with primarily traumatized individuals should be multidisciplinary, enabling the development of a treatment strategy that includes a broad understanding of trauma transmission, as well as societal responses that can facilitate healing and coping with traumatic experiences. Young people are often unaware that they carry the trauma of their parents, experiencing and reflecting it both inwardly and outwardly in their community.

In addition to the community and environment, recent research related to epigenetic mechanisms of transgenerational transmission suggests that trauma can be passed through our DNA. In some cases, symptoms of trauma are observed even in the sixth generation.

This work aims to shed light on the people living among us who still suffer due to the trauma they endured. It also seeks to highlight the children who grew up alongside them or were born afterward.

Keywords: gender equality, women survivors of sexual violence, women in peacebuilding

Borderline Developmental Disorder - Early Recognition and Therapeutic Options: Where Are We Now and Where Are We Going?

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Summary: The diagnosis of borderline personality disorder or “borderline” was until recently reserved only for people over the age of 18. The current classifications of psychiatric disorders “allow” this diagnosis to be made in younger age groups, and today, the diagnosis of borderline developmental disorder (BPD) can be prescribed to adolescents from 16 years of age.

If there are signs of this disorder at an earlier age, the use of the term “developmental borderline risks in childhood” is recommended.

The main features of BPD are pervasive patterns of instability in interpersonal relationships, self-image, and self-feelings. Adolescence is a “suitable” time for the development of BPD due to the very characteristics of adolescence, especially instability and impulsiveness. In recent times, there has been a trend towards an increase in adolescents whose mental disorders meet the diagnostic criteria for BPD.

Unstable object relations and affects, a tendency towards destruction and self-harm, expressed impulsivity, low problem-solving strategies, identity disorders, increased agitation, and difficulty tolerating anxiety are typical symptoms of developmental BPD. Therefore, the clinical presentations of this disorder in adolescence are also very diverse, and the symptoms are confusing and frustrating for parents, caregivers and teachers. Not infrequently, these are acute risk situations and injuries that imply urgent intervention. In addition, BPD shows great potential for long-term and serious consequences in terms of development, health, education and psychosocial functioning. Furthermore, BPD is characterized by numerous comorbidities. Therefore, the recognition of BPD in young people and their inclusion in treatment is an important task for professionals who deal with the diagnosis and treatment of adolescents.

Recognizing BPD in adolescents is not always successful, and in practice, such children and adolescents often “receive” very different psychiatric diagnoses. Therefore, the first step is a quality assessment based on professional algorithms.

The etiology of BPD is multifactorial. It is a combination of biological, psychological, developmental and social factors, with genetics explaining 42% of the variations in the characteristics of BPD. In comparison, other factors explain the remaining 58%.

In this area, the potential for therapeutic interventions can be sought. The greater neuroplasticity of the brain of children and adolescents compared to adults gives hope that timely and appropriate therapeutic interventions will confirm the results of research showing that the manifestation of BPD in the developmental period does not imply the necessary progression of BPD in adulthood. Therapeutic interventions are based on a valid diagnostic assessment and treatment plan, with an individually assessed ratio of the necessary psychotherapeutic and pharmacological procedures, including work with parents.

Keywords: borderline developmental disorder, children, adolescents, development, therapeutic interventions, psychotherapy.

The Life of a Child Within Systems

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Summary: Since Brofenbrenner’s ecological systems theory (1979) and its consideration of child’s

development as a process that happens in the field of relations within various contexts, we can consider children's participation in and adjustment to different social systems. These include family, school, local community, religion, culture, law or government, recreational groups, and medical or psychological care. Children are certainly meant to benefit from each system. But they are simultaneously subject to each system's expectations and restrictions. Given their particular vulnerability, the United Nations Convention on the Rights of the Child (1989) asserts that children must be guaranteed basic rights protecting them from potential risks such as violence, abuse, neglect, exploitation, inadequate education, and provided the right to self-expression.

This presentation aims to ascertain how young people perceive and portray systems' impacts upon their lives; to consider how they may maximize systems' beneficial and avoid harmful effects; and to allow audience members to experience a projective experience focusing on systems' consequences.

The method this presentation pursues these goals is threefold. First, it identifies the systems typically affecting children and adolescents. It then employs Oaklander's model to explore each system's benefits and risks. Finally, it examines children's and teenagers' drawings depicting the power of these systems in their lives. Like all Oaklander Model projective techniques, the drawings were elicited by an inviting prompt. As such, they are open-ended, client-led, uninterpreted expressions of the children's relationships to, and within, the systems.

Results include an array of drawings exhibiting responses to the hindrances and the advantages of the systems. Observation of the projective exercises, collected from Violet Oaklander's archives and my own therapeutic practice over decades, strongly suggests that young people can express the profound impacts of systems upon them. The observed material also suggests that children's and teens' ability to benefit from the systems and to handle their adverse effects depends on the assistance of adults in their lives, including therapists.

In conclusion, studying projective creations based upon experiences of children and adolescents within the family, school, culture, or other system, reveals their experiences and awareness of the influence of the systems. In addition, these observations appear to demonstrate for better or worse, the positive attributions and drawbacks each system holds for young people largely stem from the presence of or lack of support they receive from adults in their environment.

Keywords: Ecological Systems Theory, Children in Systems; Projective Interventions, Children's self-expression

Adolescent's life inside (virtual) systems

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Summary: Adolescence is transitional period in human life with dominant child transformation into adult person. While puberty is labeled by comprehensive and turbulent biological and physical changes of teen age, adolescence is overwhelmed by individual mental capacities growth. It seems like psychological development "race" for biological and physical maturity in aim to reach the full balance among different maturity types: biological, psychological, social, professional. Four decades ago, youngsters in age of twenty had a status of "young adults". Today however, due to global social and life changes what causes the change in maturitiesrelations, adolescents in same age are rather treated as "adult youngsters". Therefore, psychotherapy and education concepts of adolescents' treatment are exposed to change too, while resistance to change is visible both in groups of clients/students and among professionals – psychotherapists and educators. While ecology of human development as well-known theoretical concept still provides analysis of adolescence microsystem, exosystem and macrosystem, it becomes more important to focus on chronosystem and mesosystem: new understanding of human relations and time

as natural agent of change becomes inevitable in therapy, teaching and learning. Adolescent self-contact and contact with supportive others still remain therapeutic goals on developmental path while many paradigms have to be changed. Nowadays, due to global life digitalization, psychotherapeutic paradigms of here and now are not any more defined just by real place and time in which adolescents make contacts and phobias are pictured by new tools of communication. Existential systems of 21st century adolescents as well as those belonging to psychotherapists and educators are labeled by digitalization – distance-therapy and distance-learning has become necessity in professional research and learning in andragogical circles. Presentation on adolescents functioning in contemporary eco-systems has its focus on complexity of reflexive learning in algorithm-culture and resistance to transformation in both, adolescents and their adult “helpers” who remain two entities of the same, natural and virtual reality.

Key words: adolescence, ecology of human development, helping professions digitalization, distance learning, andragogical circle

Enhancing Well-being and Building Healthy Relationships: Working with the key competencies of a family in therapy

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Summary: Conceptual Interaction (an Integrative Psychotherapy approach) is a comprehensive approach within the field of psychotherapy that acknowledges the intricate nature of human experiences and emphasizes the significance of collaboration within families.

This lecture explores the fundamental competencies of families within the framework of Conceptual Interaction, shedding light on the pivotal roles of communication, empathy, resilience, and goal-setting. By understanding and cultivating these competencies, families can not only enhance their own well-being but also contribute to the effective treatment of mental disorders and the development of healthy relationships in the context of therapy.

In this lecture, we will delve into the importance of going in interaction within families. Effective interaction serves as the foundation for understanding and resolving conflicts, as well as for fostering emotional connection and support. By emphasizing open and empathic interaction, families can create a safe and nurturing environment for growth and healing.

Empathy, another key competency, plays a crucial role in building strong family relationships. By empathizing with each other's experiences and emotions, family members can develop a deeper understanding and connection, leading to increased trust and mutual support.

Resilience is an essential competency that enables families to navigate through challenges and adversity. By developing resilience, families can bounce back from setbacks, adapt to changes, and maintain a sense of hope and optimism.

Furthermore, the ability to collectively set and achieve goals is vital in the therapy context. By collaboratively identifying and working towards shared objectives, families can strengthen their bond and facilitate positive change. This process empowers family members to take ownership of their therapy journey and actively contribute to their own well-being.

By exploring the essential competencies of families within the framework of Conceptual Interaction, this lecture provides valuable insights and practical guidelines for therapists and families to collaborate

on healing and growth. By harnessing the power of interaction, empathy, resilience, and goal-setting, families can not only enhance their own well-being but also contribute to the effective treatment and the cultivation of healthy relationships.

Key words: Conceptual Interaction, collaboration, competency's of a familie, interaction, empathy, resilience, goal-setting, healthy relationships.

Interdisciplinary and Intersectoral Approaches to Building Resilience: Helping Families and Communities Cope with Early Childhood Trauma

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<https://www.psychologytoday.com/blog/nurturing-resilience>

Summary:

Introduction: In this presentation, Dr. Ungar will show that resilience is much more than our personal capacity to overcome adversity. It is instead a reflection of how well individuals, families, institutions and communities work together to create opportunities for people to navigate their way to the resources they need for well-being while making those resources available in ways that people experience as meaningful. Aim: Dr. Ungar's work around the world suggests the need for a culturally sensitive interpretation of what resilience means to people from diverse backgrounds living in diverse communities. This presentation will explore resilience as a consequence of how multiple systems interact to support positive development after childhood trauma and the trade-offs necessary to ensure that recovery and transformation occur.

Method: Drawing on Dr. Ungar's experience as one of the world's foremost thought leaders on resilience and his many studies of resilience around the world, this presentation examines interactions between psychological, social, economic and political systems and their role in supporting child and adult wellbeing.

Results: Ever the optimist, this witty review of the science of positive development reminds us that real resilience lies not in our ability to simply recover, but in our ability to self-disrupt and embrace occasional but much-needed change. It will also discuss the many interactions between the systems that support resilience, demonstrating the trade-offs between systems that occur when adaptation and transformation occurs.

Conclusion: Dr. Ungar will end with ideas for how individuals, communities and mental health professionals can make resilience-promoting resources more available and accessible to populations with childhood histories of adversity.

Key words: Resilience; multiple systems; child and adult development; social and physical ecologies

Parent infant psychotherapy

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Summary: Nowadays, there is no doubt that the relationship between infants and their parents (particularly mother) is of utmost significance for the future personality development. Nature and quality of that first relationships largely determine the nature and quality of all future relationships. Capacity for self-regulation of affective states, which is essential for the development of all other psychological functions, develops only within the context of the relationship with another mind, firstly that of the parent. Later experiences can modify, add, subtract and elaborate the early ones, but the basic path and developmental direction are established. The longer the person remains on certain path, the harder will be to change it. It is therefore clear how important early intervention can be for small children and babies who show signs of distress, anxiety and affective dysregulation. Surprisingly, there is widely held opinion or belief that events and experiences that happen very early in life will not affect children (later adult) that much because 'they will not remember' or 'they are too small to know or understand what is going on'. Furthermore, there is a kind of idealized view of childhood which does not easily permit the idea that very small children and babies can feel mental and emotional pain and suffer even from serious depression.

Parent-infant psychotherapy seeks to help both the baby and the parent (most often the mother) when their relationship is in any way unsatisfactory and/or disturbed. The reasons for the disturbance in this relationship are often found in parental (or family's) states of mind, but the baby can also contribute to that. Usually, this disturbance in the relationship between the baby and the parent is manifested in symptoms and problems that appear to belong to the baby, such as sleep or feeding difficulties and parents first seek help from pediatricians

Parent-infant psychotherapy seeks to help both the baby and the parent achieve that kind of relationship which will be beneficial for the baby's development. The needs of the baby are paramount and this model of psychotherapy also provides a structure which could help the baby to learn how to regulate its own affective states. The baby is considered as active participant in the psychotherapeutic process so that interventions and interpretations are directed to the baby and not only to the parent.

In this lecture I will present basic characteristics of parent-infant psychotherapy which integrate psychoanalytic way of thinking and knowledge and understanding gained through the developmental psychology and attachment research. Psychoanalytic framework is the basis for the use of specific therapeutic techniques as well as for the development of theoretical concepts.

Key words: psychoanalytic psychotherapy, infant, parent

The challenges in creating therapeutic alliance with adolescent clients – what do they really need from us

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Summary:Therapeutic alliance is fundamental and critical in increasing the success of psychotherapy. In working with adolescents, however, creating therapeutic alliance is often difficult.

Adolescence is a period in between childhood and adulthood and no therapy intervention was created for this population specifically, rather, interventions were modified to fit with their developmental and emotional state.

Often, in contact with therapist they present a resistance because they might have been forced to therapy, their specific developmental point and immaturity does not allow for interventions that are suitable for children or adults, neither play techniques nor exclusively talking therapy works for them. There might be a stigma in their minds about therapy or therapist to be “the long arm of parents”. Most often, adolescents are in a precontemplation state of change and the aim of therapeutic contact is to merely keep them interested and engaged.

Engaging adolescents in therapy and creating a strong therapeutic bond requires therapist to be genuine, interested and non-judgmental, to be utterly creative, authentic, open, to express empathy, support and use age-appropriate interventions.

This paper will explore the interventions and techniques that best fit in therapeutic work with adolescents aiming to create a firm therapeutic alliance taking into consideration the cognitive, emotional, behavioral and social aspects of adolescence.

Key words: therapeutic alliance, adolescence, resistance, interventions, techniques

Adolescents and their existential problems: The role of positive psychology in therapy

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Summary: According to Eric Erikson, the fifth stage of development is the adolescent phase with the most prominent issue being ‘identity vs. role diffusion’. This phase raises the adolescent’s questions of his/her/ their own existence, self-identity, the meaning of life, and the changing role of authority. An existential approach should be considered when adolescents are struggling to find their place in the world and find meaning and happiness in their lives. The number of conflicts that adolescents experience closely resembles their existential issues because of an increase in their questioning about: freedom of choice, their responsibility, their awareness of isolation, and the meaning of life. A search for meaning may result in increased anxiety and a sense of personal emptiness. All of these issues can represent a risk for the adolescent’s existential depression and suicidality. Gifted and talented children, from as early as first grade, are more likely to experience existential depression. They are bright, more intense, and idealistic. They can see the inconsistencies and absurdities in the values and behaviour of others. They recognise injustice and hypocrisies in their families and society. Their experience of puzzlement from trying to understand themselves and the world, generates feelings of aloneness, disappointment and frustration. Usually, they are estranged from their peers and exposed to hostility and bullying. They realise that they are different and they feel powerless to change authority, family, and their socio-cultural environment. The resulting feeling of alienation creates social and emotional issues with their family, their peers and their teachers, and this only adds to their depression and an increased risk of suicide.

Positive psychology is one of the approaches to help adolescents to overcome their existential crisis. A positive psychology movement emphasises what is going right for people. It maximizes adolescents' strengths and fosters future growth. It is very well known that 43% of all suicides have experienced a previous conflict in the family. High risk areas for adolescents facing an existential crisis include a chaotic, disengaged, enmeshed family (with a lack of empathy, warmth, and rules), pseudo-loyalty, and a passive-aggressive parent's attitude towards the adolescents.

Positive family therapy is also applicable in the treatment of an adolescent's existential issues. This approach increases positive emotions in the family members, and focuses on the here and now, and the future. It stimulates resilience in all family members.

Key words: existentialism, adolescence, depression and suicidality, positive psychology

Trends in the Psychotherapy of Children: Between Art and Science

Oana Maria Popescu

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Treasurer of the European Interdisciplinary Association for Therapeutic Services with Children and Young - <https://eiatscyp.com/>

People, president of the Association of Integrative Research, Counselling and Psychotherapy - <https://curs-psiho.com/>

Summary: Is child psychotherapy an art or a science? If it is an art, then it relies on the psychotherapist's affective and relational qualities. If it is a science, then it is based upon the skills that the psychotherapist has developed as a result of the training they have received in psychotherapy. But both science and art are complex phenomena to describe. An efficient psychotherapist relies on the balance of both, responding flexibly and creatively to each unique client. Still, being an adult psychotherapist and accessing the own inner child can be a challenge for many clinicians. Why is it sometimes difficult to crawl on the floor with the child or sing and make silly sounds? We will explore the difficulties of connecting the capacity to play and act like a child, with the switching to an adult, who is setting limits and considering research-informed interventions, and the neuroscience behind these components.

Keywords: child psychotherapy, art, science, neuroscience

Psychological Recovery After a Traumatic Event: Where Have We Failed as a Society?

Nataša Ljubomirović

Institute for Mental Health Belgrade

Academy for Human Development Belgrade

Summary: Psychosocial interventions following a traumatic event are essential in helping individuals recover and overcome the effects of trauma. These interventions provide emotional, social, and psychological support to reduce the risk of developing long-term issues. In Serbia, an unprecedented crime occurred in May 2023, which brought together all professionals working in child and youth mental health, as well as other fields involved in the multidisciplinary care of affected individuals. This event prompted us to ask the question: Where have we, as a society, failed? How important are the structures that influence the development and well-being of a young person? From family and school to community-based prevention efforts, through preventive psychosocial programs aimed at fostering healthy life skills and supporting mental health and optimal functioning in young individuals.

Through this presentation and discussion, I aim to contribute to the development of some general principles at the regional level, which could be structured as a framework for future prevention, as well as for organized rapid response in the event of negative incidents.

Keywords: children, youth, traumatic event, preventive measures, recovery support measures

Interpersonal biology in the age of artificial intelligence and ethics in therapy

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Summary: In the past fifty years, significant changes in communication technologies have transformed the way people interact. For 100,000 years, since the emergence of Homo sapiens on Earth, humans communicated directly through speech, either one-on-one, with larger groups, or internally with themselves. The advent of the telephone altered this dynamic, enabling remote communication without visual contact. With the emergence of smartphones and social media, communication has fundamentally changed. Individuals can now present themselves in ways that may or may not reflect their true physical and psychological personalities. On social media, we can create profiles (our representations to the external world) that may differ from our biological characteristics (e.g., presenting as a different gender, race, or using others' photos as our own). Similarly, our psychological presentation can differ from our in-person demeanor (e.g., individuals with social phobia may express their personality more freely from the safety of their home, which anxiety might prevent in live interactions). With the rise of social media, individuals can have multiple representations of themselves to show to the world, which can vary in proximity to their true self (various depths of self fractures), leading to both negative and positive outcomes.

The advent of ubiquitous and easily accessible artificial intelligence (AI) brings new possibilities. Today, it is possible to create even more vivid, realistic, and authentic images of oneself in the virtual space, endowing oneself (and others) with abilities, traits, and skills that one does not actually possess. New, enhanced representations of oneself are created.

This applies to therapists as well as patients, as therapists can also professionally represent themselves in the virtual world of social media and use AI for advertising purposes.

These new developments bring about object relations that were not possible in the past and which early object relations researchers of the 1960s could not have anticipated. The lecture will attempt to address the question of creating new object relations in the age of artificial intelligence.

Key words: interpersonal biology, artificial intelligence, ethics in therapeutic work

The Universality of Psychotherapy Ethics in the Time of Social Paradoxes

*Irena Bezić, PhD, gestalt psychotherapist, supervisor, trainer
President of the European Association of Psychotherapy
EAP - <https://www.europsyche.org/>*

Summary: The ethics of psychotherapy is mainly about the way of making decisions in the interactive field in which we live. On one side, this is ethics of the relationship between client and therapist, and, on the other side, these ethical relaxations are targeting all people asking for psychotherapy help in certain socio-cultural community. Psychotherapy exists and it is recognized in the certain society, complying

with the values of the society but also standing for the universal values like “commitment to act in the best interest of the client providing fair treatment regardless of age, religion, nationality, capabilities, socio-economic status. Further universal ethical principles are “commitment to avoid harm to clients”, “respect for the client’s and therapist’s right to be self-governing” and “commitment to maintain relationships of reciprocity and respect” as a base of psychotherapy. Sometimes these principles are not in line of traditional social values – if the society is in transition, these ethical principles could be an orientation in the new, unsecure circumstances.

Social paradox is an expression of the contradictions of our society, like “People buy weapons to feel free, but they raise insecurity in society”, or “people use technology to improve communication, but they lose life communication” “imposing the values of dominant culture, creates resistance and development of opposite values in subculture”. Psychotherapy doesn’t deal with these paradoxes directly, but universal values, and ethical guidelines for psychotherapists, give some orientation – primary obligation is to the welfare of clients, followed by therapist responsibility for self, colleagues, profession and the community. Ethics is not about complying with the Codes of ethics, but it challenges therapists to adapt his acts with subjective understanding of the universal values, in the constantly changing field. Basic tolls for ethical acting in psychotherapy is constant self-reflexion, and reflection about conflict forces in specific situations.

Typical for today’s world are quick changes and social insecurity. The worldview changes from generation to generation; there is big polarization of attitudes in the society, a pressure to comply with the dominant ideology. The value of authenticity as the main support for ethical judgements threatened by pressure to comply with the dominant ideologies.

Presence and authenticity are the ways of building a relationship of trust with the client. This relation of trust carries possibilities of change in psychotherapy and it is directly connected with the authentic ethical attitude of psychotherapist. The relationship between psychotherapist and client is a support for looking into the uncertainty of social paradoxes. Reflecting on ethical aspects of psychotherapy we are protecting the space between therapist and client and together with the client, therapist creates a secure environment for further growth.

Key words: psychotherapy, ethics, values, social aspects of ethics, authenticity of psychotherapist, ethical responsibility

Ethical Challenges in Communication and Therapeutic Relationships: Traditional Principles in Modern Work with Children and Adolescents

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

Summary: This paper explores the ethical challenges encountered in communication and therapeutic relationships within the context of modern work with children and adolescents. It begins by providing a brief overview of ethics as a discipline and the underlying postulates upon which it rests. The paper then establishes the connection between integrative psychotherapy and broader ethical principles, considering the involvement of professionals from diverse yet related and complementary backgrounds. The central section delves into practical experiences that have raised specific ethical questions. It examines observations regarding the nature of mental disorders and the significant increase in the number of psychologically traumatized individuals. It further elaborates on the extent to which current ethical criteria are applicable to individuals within the subpopulation of young people. The paper provides insights into the characteristics of interpersonal relationships within families and describes how the problems of individuals, particularly younger members, manifest themselves today. Several case studies offer a cross-section of ethical perspectives on individual problems from the standpoint of schools or other institutions. The influence of social media as a new challenge of modern times with a dual impact on

the mental health and personality development of the young population is also noted. At the heart of the overall problem lies the need for sufficiently high-quality interpersonal communication. The presented case studies demonstrate that, from an ethical standpoint, the most significant factors for successful therapy remain the same today as they have always been the sound training of the psychotherapist, their motivation for work, and the unquestionable importance and need for professional supervision.

The paper concludes by acknowledging that the ethical challenges of the new era are indeed present but only sometimes recognized. In some areas of social activity, standard ethical norms are not sufficiently effective, leading to frustration among the population, as a certain segment of the general population (including global power centers) does not adhere to them. It is also worth mentioning that the dangers of the potential for widespread misuse of artificial intelligence have yet to be explored. The process of globalization, in general terms of everyday life, manifests both positive and negative aspects. In the context of psychotherapeutic practice, these challenges can be overcome, among other things, through continuous, high-quality training of trainees, prioritizing their motivation to engage in psychotherapy, and strictly adhering to the norms set by supervision.

Keywords: ethics, psychotherapy, globalization

Children's Rights: Balancing Protection and the Best Interests of the Child

Prof. Larisa Velić, PhD

Dean of the Faculty of Law at the University of Zenica

Summary: Clear rules and setting boundaries are integral parts of proper child upbringing, yet we still cannot precisely determine when these rules should be established, how parents should introduce them to their children, or how to correctly assess the fine line between safety and risk. Rules and boundaries are meant to protect the child and enable unhindered development and freedom according to their age. A life without boundaries causes stress, which manifests through various dangers the child is exposed to and a lack of proper interaction with others. Potential dangers are everywhere: in digital media, on the street, at school, and it is essential to find the right balance between the need for child protection and the freedom that we must provide. A child has the right to demand respect for their personal rights, their personality, which is a broad concept encompassing appearance, level of culture, voice, honor, reputation, talent, intelligence, and other characteristics of their personality, as well as their property rights. The reason for this lies in the fact that personality rights, without being realized through property law sanctions, could turn into a category of merely moral-ethical character.

Property rights include almost all subjective civil rights (real, contractual, inheritance), except for those of a non-property nature. Typically, the child's property is managed by their parents, who act in the child's best interest. Parents act jointly and in agreement, except in cases where parental rights are exercised by only one parent. The child's property rights are safeguarded in such a way that the guardianship authority can at any time request that parents account for the management of the child's property and the income generated for the child's benefit. If the guardianship authority detects any irregularities, the parents can be placed under their supervision.

Keywords: personal and property rights of the child, the best interests of the child, guardianship authority.

Mental Health of Children and Adolescents in the Era of New Technologies

Mental Health of Children and Adolescents in the Era of New Technologies

Mirsada Hukić

Academy of Science and Arts of Bosnia and Herzegovina

Institute for Biomedical Diagnostic and Research NALAZ

Summary: New technologies, including quantum computing, artificial intelligence, synthetic biology, and various digital media, are driving rapid changes in our world. While these advancements provide immense opportunities for humanity, offering access to knowledge, fostering creativity, communication, and political participation, they also present significant challenges, particularly for children and adolescents who are increasingly influenced by these technologies.

Young people today face a heightened risk of mental health issues, such as anxiety and depression, often linked to their interactions with digital media and other technological tools. The pressure to seek validation through social media, feelings of exclusion, and unrealistic expectations contribute to declining mental health. Additionally, the use of gaming, online learning platforms, and other digital technologies can have both positive and negative impacts on their emotional well-being.

To effectively harness these technologies, it is crucial to address their negative effects while emphasizing their benefits. Families, educational institutions, industry, and policymakers must collaborate to establish ethical norms and responsible policies for technology use. Educating younger generations in critical thinking and the responsible use of all forms of technology is essential to ensure these powerful tools contribute to the advancement and well-being of humanity.

Through collaboration among stakeholders, the benefits of new technologies can be balanced while mitigating their negative impacts, especially on the mental health of children and adolescents.

Keywords: Mental Health, Children, Adolescents, New Technologies, Digital Media

Children's Wellbeing and Child Therapeutic Counselling

Jocelyne Quennell

Naomi Moore

<https://www.wellbeingeducation.org/our-team>

Summary: Engaging children and young people in a non-threatening way to enable early intervention, prevention and promotion of child mental health and emotional wellbeing can be essential. This presentation will share a proactive, rather than reactive therapeutic approach which supports their talents and interests in the contexts where they live learn and play. This is non-pathologizing, de-stigmatising and aims at enabling children and young people to feel welcomed and valued for who they are, rather than being medicalised or criminalised.

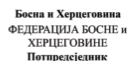
This approach is interdisciplinary drawing from youth work, social work, mental health, participatory arts and education providing therapeutic, trauma-informed support in a range of different ways. This can include sports, arts, leisure, communications technology, nature-allied and complementary health. Child therapeutic counselling can enable practitioners to work flexibly in complex situations and in a range of ways which enable the sharing of stories through play, the building of coherent narratives and in-depth relational experiences in practice.

This presentation will advocate for a diversity of approach, working flexibly in complex situations, to ensure accessibility, with awareness of cultural diversity.

The presentation will seek to inspire the imagination and awareness of the symbolic value of the images and creativity in integrating theory and practice. This will be an opportunity to promote reflexivity and reflective dialogue about the themes of the conference.

Key words: therapeutic counseling, children's well-being, recovery path

In cooperation with:



Round Tables

Summaries



Integration of interdisciplinary and intersectoral approaches in the protection and Early growth and development of Children: Key pillars of Effective Support in a Changing World – UNICEF’s Experiences

Global Trends in Early Childhood Development: UNICEF’s Experiences

*Jela Aćimović, MD, MSc., Epidemiologist
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Aldina Bukva-Mahmutović
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Summary: Early childhood represents the period of the most intense growth and development for a child and, as such, requires the utmost attention from the health sector as well as other child protection sectors at all levels. This period is characterized by the most rapid growth, which from a developmental perspective, provides a unique opportunity for development and intervention. Early detection of developmental milestones, especially from birth to the age of three, based on standardized Developmental-Behavioral Scales, should be a primary focus in primary healthcare. Through timely and effective multisectoral collaboration between professionals providing pediatric services and mental health services, comprehensive screening for various developmental delays in children can be achieved, creating opportunities for adequate early stimulation in Early Childhood Growth and Development Centers. This approach ensures the optimal development and potential of every child.
Keywords: early childhood, early growth and development, Developmental-Behavioral Scales, multisectoral collaboration

How Multidisciplinary Teams Can Optimize Child Mental Health Protection

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Summary: How Multidisciplinary Teams Can Optimize Child Mental Health Protection Multidisciplinary approaches in working with children, especially abused children, are the gold standard of quality care worldwide. A multi-disciplinary team within a healthcare system typically includes doctors - paediatrician/neuropaediatrician/gynaecologist and a child and adolescent psychiatrist, clinical psychologists, specialists in the educational-rehabilitation profile - speech therapist/social pedagogue/special educator and a social worker. It is also desirable that at least one of the professionals involved is a certified child and adolescent psychotherapist. All professionals who come into contact with the child and family should train in legal issues, forensic interviewing, forensically sensitive treatment, and crisis intervention, but also be familiar with the interferences and responsibilities of each team member. Given the risks of traumatization and contamination of the child’s statement, it is recommended that only one person talks to the child about the disputed events, once or more, depending on the needs and specific case. As additional members of the multidisciplinary team, therapy animals, such as assistance dogs, can be included, which, according to current scientific knowledge, significantly reduces the child’s stress during processing and treatment. Multidisciplinary teams systematically cooperate with all other institutions of the system. Although technically and administratively demanding, under the Convention on the Rights of the Child, such a comprehensive approach should be free and accessible to every child and family. Instead of asking ourselves what we as a system need from an (abused) child, we should ask ourselves and keep searching for answers to the question of what the (abused) child and his family need from us. In parallel, all professionals working with this vulnerable group need supervision sessions to minimize the risk of vicarious traumatization and burn-out and to encourage opportunities for secondary resilience.

Keywords: multidisciplinary team, intersectoral cooperation, accessibility, children

Mental health reform in the republic of srpska: Transforming youth mental health care

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Summary: The beginning of mental health reform in the Republic of Srpska and Bosnia and Herzegovina began in 1996, after the end of the national war conflicts, through various programs and projects with the main goal of creating multidisciplinary, comprehensive and more accessible mental health care for the population by establishing community mental health centers.

During the course of the reform a very significant need for a specific approach in working with children and young people as particularly vulnerable groups of the population (especially in the domain of promotional and preventive activities) was observed. More intensive focus on the needs of this population group was during the last phase of the Project of Mental Health in Bosnia and Herzegovina (2018 - 2023) implemented by the Association Institute for Population and Development in partnership with the Ministry of Health and Social Welfare of the Republic of Srpska and the Federal Ministry of Health and with the support of the Swiss Government.

Keywords: Reform, Mental Health, Community Mental Health Center.

Education as a shield: Innovative postgraduate educational programs for improving the mental health of children, adolescents and adults

Care about Adolescent Girls: Empowering Professionals and Supporting Adolescent Girls Through Specialized Training in Bosnia and Herzegovina

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Summary: The project “Care about Adolescent Girls” implemented by BHIDAPA in partnership with UNICEF and relevant ministries, was initiated in response to global reports by the World Health Organization (WHO) and UNICEF highlighting the high rates of violence against children, particularly sexual violence. The project’s objective was to empower professionals in the health, social, and education sectors in Bosnia and Herzegovina through specialized training in identifying and intervening in cases of

violence against adolescent girls. During six cycles of training, from February 15, 2023, to June 25, 2024, over 430 professionals participated in theoretical, experiential, and supervisory modules covering topics such as clinical interviews, basic interventions, and multidisciplinary collaboration in the treatment of various forms of violence. The focus was on reducing the negative impact of violence on the mental health and well-being of adolescent girls and adapting services to meet their needs. As part of the project, 60 adolescent girls participated in focus groups, providing valuable insights into the types of violence they experience and the need for improved services. Evaluations showed high effectiveness, with over 80% of participants significantly improving their knowledge and skills. The adolescent girls identified a need for greater support, education on violence, and safe spaces for discussion. The project aimed to contribute to the development of services tailored to adolescent girls, with the goal of long-term protection of their mental health. The project's results and recommendations for improving access to protective and supportive services will be presented at the round table titled "Education as a Shield."

Keywords: adolescent girls, professional empowerment, specialized training, intersectoral collaboration

The Importance of International Cooperation in Educating and Empowering Professionals Working with Children and Youth

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Summary: Our functioning, relationships, and communication are the result of a child's interaction with their environment and key individuals from the very beginning. The World Health Organization clearly defines what mental health is and how to develop prevention strategies at primary, secondary, and tertiary levels. The environment and generationally transmitted attitudes are influenced by beliefs and viewpoints that once met the needs of children and adolescents from a family perspective, but not necessarily the changes brought by various media that children and adolescents are exposed to today. Research has explored whether psychopathology in children is changing, with both parents and professionals asserting that it is; however, differing opinions exist regarding what influences these changes, impacting the approach to children and adolescents.

In light of this, and with the aim of understanding, providing adequate support, and positively influencing mental health in a world of constant change, cooperation among professionals working with children and adolescents is essential, along with continuous education and experience-sharing. Over the past period, important collaborations, particularly with UNICEF, have been established, leading to the publication of the book "Children's Souls Need to Be Heard", which outlines attitudes, suggestions, and approaches aimed at preserving mental health.

Keywords: international cooperation, education, professionals, children and youth

Child protection and gender based violence: Perception, attitudes and practices in Bosnia and Herzegovina

Author: Dragana Bulic, National Director, World Vision Bosnia and Herzegovina

Co-author: Nela Hukic, Child Protection Lead, World Vision Bosnia and Herzegovina

<https://worldvision.ba/>

Summery:

Introduction: The study was conducted as part of United in Faith project, implemented by World Vision Bosnia and Herzegovina and Interreligious Council of Bosnia and Herzegovina. The project aims to engage community youth and local faith leaders in combating gender-based violence and violence against children.

Goal: The study explored perceptions, attitudes, and practices regarding violence against children and gender-based violence among children and adults in Bosnia and Herzegovina.

Method: A mixed-method study involved surveying 1636 respondents, among which 27% were children (12-17), 45% were youth (18-24) and 28% were adults (25+), two focus group discussions (FGDs) with faith leaders and women, and three interviews with women. The data was analyzed using inferential and descriptive statistics for quantitative, as well as thematic analyses for qualitative data.

Results: The study found that the 40% of respondents think that psychological violence against women occurs often or daily in their communities, followed by physical (31%) and sexual violence (20%). Men are far less likely to experience psychological (18%), physical (10%) and sexual violence (3%). Men and women have different views on occurring violence against women, especially for the age group of 18-24, where 57% of women and only 23% of men agree that psychological violence happens often or daily. Home is considered as a risky place for physical (73%) and psychological (67%) violence for women, while sexual violence mostly occurring in public spaces (56%).

Conclusion: World Vision Bosnia and Herzegovina study shows that both, prevalence, as well as justification of violence, are widely present in communities in Bosnia and Herzegovina, with men being more influenced by harmful social norms and stereotypes than women. Findings call for local power holders to lead communities in addressing this harmful phenomenon in sustainable ways.

Key words: Gender-based violence, protection, social norms.

Specialized Education in Sexual Health, Psychotherapy, and Counseling

Prof. Goran Arbanas, MD, PhD, FECSM

psychiatrist, psychotherapist, forensic therapist, sexual therapist, group analyst

University Psychiatric Hospital Vrapče

School of Medicine, University of Rijeka

Summery: Sexual (psycho)therapy is a branch of psychotherapy that focuses on the prevention, counseling, and treatment of sexual health issues. Over the past 50 years, it has often been neglected within the field of psychotherapy due to the significant influence of cultural, political, and religious attitudes on perspectives related to sexuality. An interesting fact reveals that in Europe, northern and predominantly Protestant countries have a higher number of sexologists compared to southern and predominantly Catholic countries. People experiencing sexual problems typically seek help months (sometimes even years) after the onset of symptoms because they feel shame, discomfort, or simply don't know whom to turn to (in our region, currently only Croatia offers education for sexual therapists, while other countries in the region do not provide such education, and thus have no sexual therapists). Sexual disorders are still heavily stigmatized, even more so than mental health issues.

Among sexual disorders, sexual abuse and its consequences are the most stigmatized, and it is well known that the vast majority of individuals who experience sexual abuse do not report it or seek help. Sexual (psycho)therapy plays a crucial role in the prevention of sexual abuse, as well as in the prevention and treatment of its consequences, working both with victims and perpetrators.

The goal of sexual (psycho)therapy is to enable an individual to have a sexual life free of dysfunction, in

harmony with their personal beliefs, and with which they are satisfied.

Key words: sexual health, prevention, counseling, therapy

Education as a Shield: Innovative Postgraduate Educational Programs for Advancing the Mental Health of Children, Adolescents, and Adults

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Summary: The Bosnian-Herzegovinian Integrative Child and Adolescent Psychotherapy Association (BHIDAPA) was founded in 2014 in response to research findings on mental health challenges in children and early adolescents, considering the World Health Organization (WHO) indicators and the shortage of professionals in early detection and effective interventions aimed at preserving and promoting the mental health and well-being of children and adolescents. With the support of Prof. Dr. Dubravka Kocijan Hercigonja, we specialized in educating professionals in the field of integrative psychotherapy for children, adolescents, and adults, with a focus on empowering those who work with children, adolescents, and their parents.

Today, BHIDAPA, as the only European-accredited psychotherapy training institute in Bosnia and Herzegovina in the field of integrative psychotherapy for children, adolescents, and adults, provides interdisciplinary postgraduate education programs. These programs include specialized training and supervision, covering the latest therapeutic practices in line with European standards. Our programs emphasize the integration of various therapeutic approaches, incorporating elements of humanistic and developmental psychology, systemic and contextual approaches, relational psychoanalysis, family and gestalt therapy, transactional analysis, and neuroscience. This holistic approach allows for comprehensive and tailored treatment for children, adolescents, as well as adults who have experienced trauma in early life.

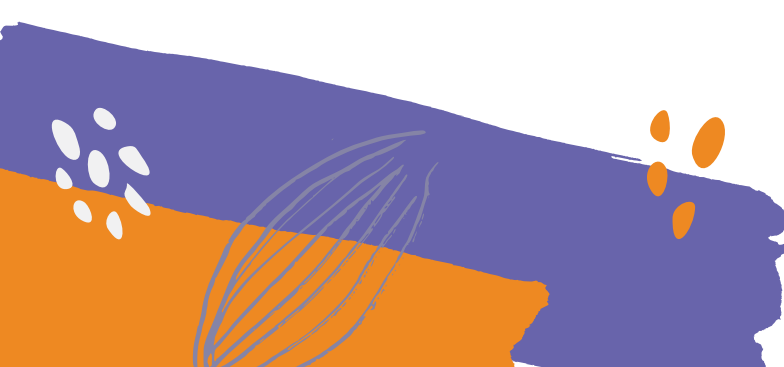
At the symposium titled "Education as a Shield," we will present six postgraduate educational programs for the 2024/2025 academic year. The programs include: Integrative Psychotherapy for Children and Adolescents, Integrative Counseling for Children and Adolescents, Integrative Psychotherapy for Adults, Therapeutic Techniques and Skills in Working with Children, Specialized Education in Sexual and Reproductive Health, Therapy and Counseling, and Supervision. These programs are designed to meet the specific needs of professionals in recognizing and effectively treating (sexual) abuse and neglect, with a special focus on children, adolescents, and adolescent girls.

Keywords: education, integrative psychotherapy, children and adolescents, mental health

With support:

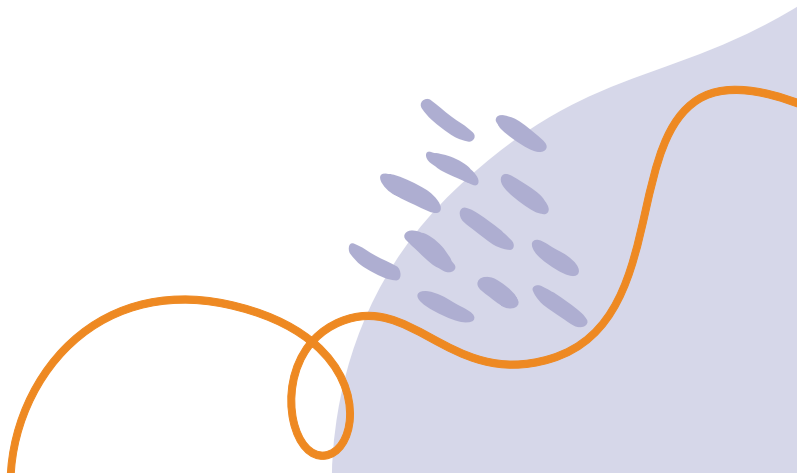


MD plus d.0.0



Symposia

Summaries



About trauma: Transgenerational trauma and psychosocial support: Challenges and innovations in practice – Oral presentations

Perinatal Post-Traumatic Stress Disorder - A Modification of the Mother-Baby Relationship

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<http://www.gestaltinstitut.edu.mk/>

Summary: Post-traumatic stress disorder in the perinatal period (P-PTSD) remains an understudied phenomenon. It can be understood as the subjective view of a traumatic experience by the mother, spanning from any time before conception to six months postpartum, contributing to poor maternal-infant relations. Research indicates that approximately 30% of women perceive their childbirth experience as traumatic. P-PTSD has a systemic impact, affecting not only the affected women but also healthcare professionals, the entire family, and notably, the most crucial dyad in the perinatal period: the mother-baby dyad.

The health of the mother during the perinatal period is especially embedded in the quality of contact and relationship with her baby. Reflecting on the uniqueness of this bond, we refer to Nils Bergman, who stated that the mother's body is the baby's natural habitat, a sentiment further emphasized by Ramirez, who noted that the puerperal mother's habitat is wherever her newborn is. This bond serves as the foundation of health in the perinatal period.

The perinatal period is a vulnerable time for maternal health, presenting an open window in which (re)-traumatization could occur. However, it also represents an opportunity for improving maternal and infant well-being. Therefore, psychotherapy during the perinatal period is of crucial importance. Therapeutically, we work to provide a safe space for women to explore, narrate, and find meaning in their experiences before, during, and after childbirth.

To support and facilitate healing throughout this process, we utilize the salutogenesis model embedded in gestalt therapy. Gestalt psychotherapy during the perinatal period plays a crucial role in improving the well-being of women, babies, families, and society at large.

Key Words: Perinatal Post-Traumatic Stress Disorder, Mother -Baby relation, Salutogenesis, Gestalt Psychotherapy

Children's psychodrama as a modality of working with a child with selective mutism

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Summary:

Introduction: Selective mutism (SM) is a childhood condition characterized by a child's persistent failure to speak in certain social situations, despite speaking fluently in other. Children with SM communicate mostly using non-verbal strategies. SM usually occurs before the age of five and is more common in girls. High correlations are established between SM and anxiety, and DSM 5 places SM among anxiety disorders. Aim: Our aim is to demonstrate possibilities, ways, challenges and benefits of children's psychodrama group work with a child with SM. We want to show how the healing power of psychodrama - the use of

play, dramatization and therapeutic relationship, can help a child overcome verbal expression anxiety. Method: We show the dynamics of working with a girl previously diagnosed with SM, aged 6 years and 11 months at the beginning of the treatment. The children's psychodrama group lasted for 15 meetings, and it consisted of 3 boys and 4 girls (average age 7 years and 2 months). Counseling work was also done with the parents. We conducted a qualitative analysis of the key segments of individual sessions and the global effects of group participation for a child with SM. Special emphasis was placed on the dramatic projection and the roles that the child chose.

Results: During the first sessions the girl with SM was inhibited and did not establish contact with other children, but participated actively in non-verbal activities (drawing, choosing costumes). A gradual change can be observed from the sixth session, with the use of "aggressive-release" toys, initiation of joint play with the boys, and also the beginning of scarce verbal expression. Non-verbal communication also became significantly better and clearer.

Conclusion: Children's psychodrama group, along with counseling work with parents, has significant therapeutic potential for children with anxiety-related disorders, such as SM.

Keywords: selective mutism; psychodrama; group psychotherapy; children

Presentation of workshops with "Acting School" participants on the topic of emotions - Theatrical play "Scars"

Author: Esmir Brodlija, B.Sc. psychologist, gestalt psychotherapist and psychotherapeutic counselor for children and adolescents

Co-author: Mirza Bajramović, Master of Arts - academic actor

Summary: Emotions have always been with us and they will be a part of our lives forever. Sometimes they represent comfort and color our day with pleasant colors, sometimes they are unpleasant and color our day with heavy colors. They are an indispensable topic in the work of every psychologist and psychotherapist, and innovative techniques are used to summarize emotions. In my work with individuals and groups, I have often seen that children and young people are not skilled at recognizing, naming and regulating emotions. The starting point in mastering emotions and regulating emotions is to learn to recognize them, name them, and thus we will admit them, opening the door for adequate regulation of them. The aim of this work is to present an example from the practice of a multidisciplinary approach to the topic of emotions, from which the theatrical play "Scars" was created, a collective author's work of participants of the "Acting School" of the Drama Studio at JU KSC Kakanj. The play developed from workshops with a psychologist and Gestalt psychotherapist, where emotions were questioned and discussed: worry, anger, fear and sadness. Through the presentation I will briefly present the workshops through which participants of the "Acting School" met their emotions, and gained the experience that: "emotions are okay".

We achieved that 7 young people explore and get to know their emotions and their regulation, which was translated into a script for a multi-award winning theater performance through which the message: "emotions are ok and it is necessary to deal with your emotions" was sent to the audience in several cities in BiH. This collaboration has confirmed that we all have a responsibility to change introjects and narratives that put emotions aside, that all members of society are important, and that through a multidisciplinary approach to this topic we can reach a wider audience. We believe that the cooperation of various actors from the fields of psychology, psychotherapy, culture, art, sports, education and other fields could contribute to building better capacities of emotional regulation in children and young people...

Keywords: Emotions, multidisciplinary, regulation, theatrical performance.

Case study: When drugs appear among minors: what then?

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Summary: The modern age brings numerous challenges, including juvenile delinquency, peer violence, and domestic violence. Although there are prevention programs in educational institutions, little is discussed about what happens when a minor uses drugs and exhibits violent behavior. This paper explores the role of the Institute for the Treatment of Addictions in treating and preventing relapse among minors who have already entered the world of drugs.

The case study presents the example of T.T. (17), an only child in the family, who was referred to the Institute for addiction treatment by the Court due to drug use and violent behavior. The parents, feeling powerless, sued their child to help him. Previously, he had been hospitalized in the children's and adolescent psychiatry department. Through the Institute's multidisciplinary approach, which includes a psychiatrist, psychologist/psychotherapist, and social worker, an individual treatment plan was developed. The Psychotherapeutic Triangular Contract emphasizes the importance of the parents, T.T., and our role in the treatment.

The paper analyzes changes in T.T.'s behavior, as well as the lack of parental care and support. T.T. stopped using drugs for half a year during treatment at the Institute, gaining insight into inadequate parenting as a key factor in his problem. To gain any attention, while his parents were preoccupied with work and marital issues, he began to exhibit antisocial behavior. The parents' marriage ended in divorce, which was seen as a relief for all, but the parents remained focused on themselves rather than resolving the child's crisis phase. T.T. voluntarily left the treatment upon reaching adulthood. He remained reserved in communication with his parents. Contact with his father (without the mother) and the Institute ended with a phone conversation and further recommendations.

We emphasize the special importance of parents education about parenting, child development, early detection of Abuse of Psychoactive Substance problems, as well as the responsibility of society in providing support to young people facing these challenges.

The conclusion emphasizes the need for a comprehensive approach and cooperation among all parties involved in the treatment and prevention of relapse.

Keywords: challenges, addiction, minor, treatment, psychotherapy, educational measure of mandatory treatment

From pain to well-being – where is the edge to illness

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Summary: Due to the world's expansive definition, pain is an unpleasant sensory and emotional experience. It is one way the body tells us we are not in balance. Pain tells us that something is wrong and needs adequate treatment. Therefore, we might name pain as the communication tool that needs to be listening. If we can hear the pain, we will realize that pain is not our problem but a cause of pain.

Pain is among the most misunderstood, underdiagnosed, and under-treated/untreated medical problems, particularly in children (Mathews, 2011). Children's psychopathology does not appear suddenly; out of nowhere, it always has early signs. Retrospectively, during psychotherapy, it is easy to identify those visible signals that went unnoticed or were not coded correctly. Pain is not the only one that health care professionals misunderstand. Plenty of psychological and somatic symptoms slip under the radar of health professionals. The consequences are long-term. The lecturer concentrated the motive for her dissertation and research work on examining the psychophysical, emotional, and mental states of children and adolescents and the ways in which they report and treat them. Children also often cannot recognize and express their psychological suffering when the relationships they are a part of are suffering. The researcher concludes that Gestalt psychotherapy can achieve a good effect of integrative therapy for children and adolescents with pain. Gestalt work with children and adolescents is creative. It allows children and adolescents (and their parents) to feel the importance of meaning "to be present" within the therapeutic environment. Therefore, they can work through their emotions and encourage them to communicate more freely about detected and named emotions.

The lecture aims to make closer and more acceptable how Gestalt psychotherapy may be used to treat children and adolescents in pain (physical or emotional) as well as their parents. The purpose is to bring together the results of the work so far and raise new questions and dilemmas that we can solve together as a team, on time and qualitatively, at a much higher level. All we need to do is create preventive measures to ensure our children and adolescents grow up healthy and psychophysically healthy people.

Keywords: pain, mental and emotional health, psychosomatic signs, gestalt psychotherapy, children, adolescents

Supporting Survivors of Wartime Sexual Violence: Challenges and Opportunities

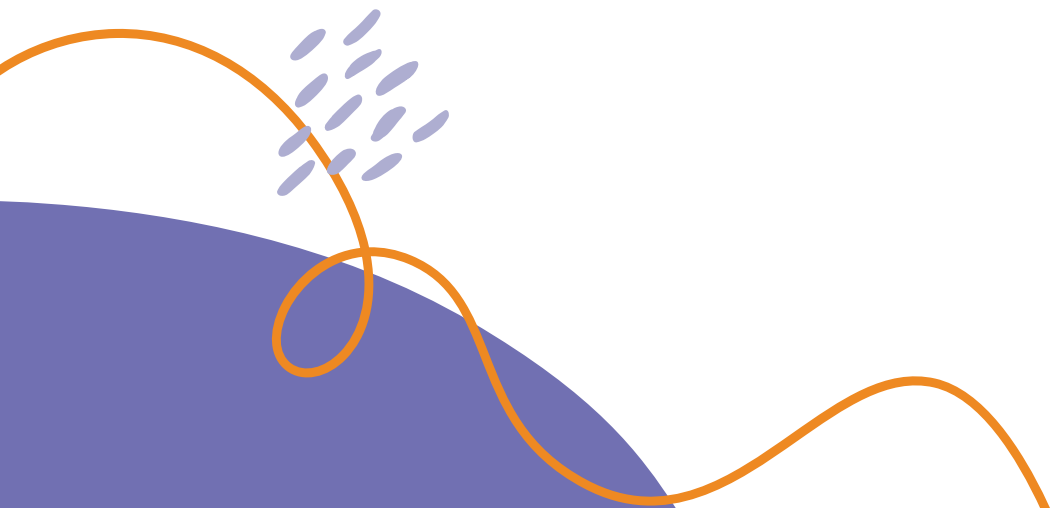
Authors: *Tanja Tankosić Girt, Diploma in Psychology, EAP Family Systems Therapist and Supervisor, Schema Therapist under Supervision*

Prim. Mr. sc. Azra Arnautović, MD, Pediatrician, Integrative psychotherapist for children, adolescents, and adults, supervisor and trainer EMPATIJA Tuzla, Bosnia and Herzegovina

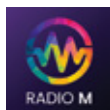
Summary: During the war in Bosnia and Herzegovina (1992-1995), brutal rapes and sexual assaults spread like wildfire. Survivors of this form of torture continue to suffer severe physical, mental, and social health consequences, making daily life extremely challenging. Supporting survivors of wartime sexual violence is one of the most sensitive and complex issues we face today. Decades after the war ended, a significant number of survivors still grapple with deep-rooted trauma and numerous challenges, including stigma, discrimination, poverty, and limited access to adequate psychosocial, medical, and legal support. Several non-governmental organizations formed during and after the war have focused on providing psychosocial support to this segment of society. However, in some communities, the response to this issue has been delayed, and a "conspiracy of silence" has persisted for too long a time. Although progress has

been made in providing support and assistance, a considerable number of survivors of wartime sexual violence still face fragmented and slow responses to their needs. Families and communities often lack the capacity and resources to meet the needs of these survivors, leaving many to fend for themselves or rely on local organizations that are struggling to coordinate support and assistance. Another significant challenge is access to justice, as adequate punishment for perpetrators is a prerequisite for recovery. Many survivors feel discouraged from reporting crimes due to complex legal procedures, lack of trust in the justice system, stigma, shame during legal proceedings, and fear of traumatization. Despite progress in prosecuting perpetrators of war crimes, many cases remain unresolved, leaving survivors without a sense of justice or satisfaction. Despite these challenges, there are numerous opportunities to improve support for survivors of wartime sexual violence in Bosnia and Herzegovina. One of the critical points of progress has been in the integration of services that include medical, psychological, legal, economic, and social support in one location. This approach would enable a quicker and more efficient response to the needs of survivors and a reduction of fragmentation of services. Additionally, it is essential to educate professionals in all sectors who work with survivors of sexual violence, as well as raise awareness within communities to reduce stigma and prejudice against survivors. Awareness-raising and educational activities can help create a supportive social environment that encourages survivors to seek help without fear of judgment or discrimination. Currently, reparations, rehabilitation, and all forms of protection for survivors represent a challenge but also open opportunities to improve the quality of life for the survivors and their families.

Keywords: wartime sexual violence, integrated support and assistance, justice for survivors



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Glavni medijski partner:



RADIOTELEVIZIJA BOSNE I HERCEGOVINE
РАДИО-ТЕЛЕВИЗИЈА БОСНЕ И ХЕРЦЕГОВИНЕ
RADIO AND TELEVISION OF BOSNIA AND HERZEGOVINA

Therapeutic Approaches

Oral presentations



Separation anxiety among children in orphanage

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Summary: Separation anxiety is a normative developmental experience in early childhood and usually passes without major difficulties if the environmental conditions are adapted to the child's needs. However, if there are changes in family relationships, illness of the mother or father, or early losses, separation anxiety can appear in a more complex form later on.

The aim of the paper is to present the psychological difficulties of adolescents from the child care institution (orphanage) "Mala škola", which actually refer to a specific form of separation anxiety. Using qualitative methodology, we will analyze and present the therapeutic work with five adolescents who are in the therapeutic process. It is important to note that therapeutic work with these children brings special challenges for the therapist as well, which will also be discussed in the paper.

The results of the analysis show that all adolescents (five of them) who are in the process now or have been in the previous year have noticeable signs of separation anxiety, which is rooted in a renewed fear of separation. The experiences that such children carry with them and the separation from their parents that they experienced were not positive, so that now the fear of separation is further intensified and accompanied by a series of psychological difficulties.

Key words: adolescents, orphan children, separation anxiety

The link between violence to animals and people

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Udruga za pet therapy Ineficijentier

Summary: Animal abuse and domestic violence are usually perceived and treated as separate cases, which competent authorities deal with independently of each other and which, on the face of it, do not show a significant incentive for cooperation. Where people previously trivialized animal abuse by saying, "it's just a dog" or "kids are always experimenting and searching for themselves", research recognizes that cruelty, abuse or neglect in any form should be taken seriously. Animal abuse is often the "tip of the iceberg" and the first warning sign that a family member or the entire family is in danger. The results of the research established that these forms of violence are related and, it is important that the competent services understand their role in mutual communication, cooperation and treatment. Abuse is often a cyclical act and the only way to stop the cycle is to intervene; the earlier the intervention in the form of prevention, the higher the success rate. Pets are part of childhood. Animal abuse is part of an intergenerational cycle of violence. Children who live in homes with domestic violence and animal abuse absorb unhealthy attitudes and family norms and pass these values on to their own children when they grow up. Children are often exposed to this toxic environment, which further desensitizes them to violence and distracts them from the healing power of empathy. The emotional impact on children who witness or commit animal cruelty can be lifelong and devastating. Animal abuse is part of a complex constellation of antisocial behavior. It is often – but not always – an indicator or predictor of the crime of other violent acts. All situations of animal abuse, without exception, must be taken seriously, they must be recognized in time. Understanding why children may abuse animals is key to appropriate intervention strategies. Violence is violence. The only difference is the victim.

Keywords: Abandonment. Prediction. Animals. People

Multifamily group therapy - a safe place for adolescents

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Summary: Involving adolescents in family psychotherapy during psychiatric treatment is a big challenge for everyone involved in the process. Families, almost without exception, strive to find answers as to why something like this is happening to them, what they did wrong and when. Thereby they are unconsciously developing feelings of guilt and shame within the family. Behaviors in the family are then suddenly under a magnifying glass and emotional expression increases. That consequently intensifies the already existing crisis in the family and often leads to mutual misunderstanding, accusations, closing of communication channels and poor relationships. When we offer families a systemic perspective we offer adolescents the opportunity to be heard and seen in a different (depathologizing) way by their family as systemic perspective understands psychological difficulties in families as a call to change the previous family functioning. We provide families with the opportunity to improve communication, develop emotional awareness, more trusting relationships and mutual cooperation. We strengthen families for future challenging times.

Multi-family group therapy is a unique method of treatment, which originated in a psychiatric hospital environment and involves the involvement of two or more families and an educated psychotherapist or therapeutic work in pairs with the aim of changing existing patterns of family interactions. It is an integral part of the treatment program at the UHC Sestre milosrdnice, Department od Psychiatry and includes work with patients with mental difficulties in late adolescence.

In this paper, we will show: 1) how we, as a co-therapy couple in a group hospital context, used directed, planned psychotherapeutic interventions of a systemic family approach, 2) how group dynamics influenced the change of attitudes and beliefs of adolescents and individual members of the group, 3) how we used ourselves, as a tool in psychotherapy, and offered a different experience of presence and relationships, and 4) how the combination of all of the above changed communication patterns in families and influenced the improvement of relationships between family members.

Key words: communication, adolescence, psychiatry, multi-family group therapy, systemic family psychotherapy

Needs of students, parents, and teachers within the educational process

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Summary: The objective of this qualitative research was to examine the needs of students, parents, and teachers who participated in the primary prevention project 'Together for You'. The total number of participants in the educational workshops was 420, including 197 students in 10 educational workshops, 92 parents in 8 educational workshops, and 131 teachers in 7 educational workshops. The topics for children and adolescents, in addition to directly strengthening their protective factors for mental health and providing direct instructions on when and how to seek help if needed, included a

workshop component where they had the opportunity to anonymously and openly write down what they need from teachers, parents, and friends. Teachers and parents also had the opportunity to express their needs.

The students who participated in the project were from the 8th and 9th grades of primary school education and the 3rd and 4th grades of secondary school education. Within the various groups, at the beginning of expressing needs - desires and expectations from other groups, we found quite consistent needs, which were very clear and had a general dimension related to universal values such as understanding, respect, fairness, or love. Following this, there were more individual expectations and needs related to the personal experiences and attitudes of the participants.

Responding to the needs of children and adolescents will be an important protective factor for their mental health, and protecting their mental health is our obligation. The only way to move in this direction is to start by asking children and adolescents what they need.

Keywords: needs, students, teachers, parents

The influence of age, gender, and grade point average on emotional and behavioral problems in bosnian adolescents and young adults

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Summary:

Background: Emotional and behavioral problems in adolescents and young adults can significantly impact their overall mental health and academic performance. This study aimed to explore the relationships between age, gender, grade point average, and emotional and behavioral problems among Bosnian middle adolescents, late adolescents, and young adults.

Methods: The study included a sample of 144 participants. Data were gathered using the Strengths and Difficulties Questionnaire (SDQ), which measures emotional and behavioral problems, and a sociodemographic questionnaire. Pearson correlation and multiple linear regression analyses were used to examine the associations between the variables. Independent samples t-test and One-way ANOVA analyses were used to investigate the group differences among SDQ subscales.

Results: Multiple linear regression analyses indicated that gender and age were significant predictors of emotional problems and conduct problems subscales, respectively. However, the grade point average was not found to be a significant predictor. Independent samples t-test revealed that females had higher scores in the emotional problems subscale. One-way ANOVA showed that late adolescents and young adults had higher scores in emotional problems, conduct problems, and hyperactivity subscales compared to middle adolescents.

Conclusions: The study suggests that age and gender significantly influence emotional and behavioral problems among Bosnian adolescents and young adults. Further research is recommended to validate these findings and to explore targeted interventions for these demographic groups.

Keywords: Emotional Problems, Behavioral Problems, Adolescents, Young Adults, Age, Gender, Grade Point Average

Diagnosis of the parent-child relationship

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Summary: Children feel safe and loved when they have strong and positive family relationships. Positive family relationships help family members solve problems, work as a team, and enjoy each other’s company. Positive family relationships are built on spending quality time together, communication, teamwork and respect.

When parents turn to us for help and we conduct an onboarding interview, we get a handful of information. This information is very important to us as a starting point for our work. However, as it comes from the subjective perspective of the parents, often parents do not have an insight into dysfunctional patterns in relationships within the family. For example, we often see in practice closeness between family members, but the absence of a clear structure that affects child’s inadequate behavior or identical parental approach in raising children with completely different sensibilities, etc.

A structured assessment of the relationship provides information that already at the start of therapeutic / counseling work helps parents to change negative patterns, while giving experts clarity when planning the therapeutic process.

Diagnostics of the parent-child relationship is based on the concepts of assessing family play according to the Child Centered Play Therapy method and the Marschak Interaction Method and is adjusted for our climate and needs.

The presentation includes a case study of one family, in which the differences in the hypotheses set with the initial information obtained from the parents are precisely discerned, the change of perspective after the assessment of the relationship between one parent (mother) and the child, and finally the overall picture obtained by observing family play (with all its members).

An eclectic therapeutic approach in the treatment of children with selective mutism – a case study

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Summary: Selective mutism is a psychological condition most commonly found in children, characterized by the child’s inability to speak in certain social situations, while communicating normally in other contexts. Recent studies indicate that biological components of temperament and anxiety play a crucial role in the development of this disorder. This psychological condition is generally considered resistant to change, but certain psychotherapeutic methods have proven to be effective. This paper presents a case study of an eclectic therapeutic approach with a child with selective mutism, focusing on the use of cognitive-behavioral therapy, play therapy, and the EXPRESS program, along with monitoring the effects of improvement in the domain of social communication. This case study contributes to understanding how different therapeutic methods can synergistically work towards overcoming the symptoms of selective mutism in children, emphasizing the need for an individualized approach tailored to the specific needs of each child.

Keywords: selective mutism, eclectic approach, play therapy, cognitive-behavioral therapy, EXPRESS program, child psychotherapy

Psychosocial interventions with victims of domestic violence at the institute for psychosocial protection, univeristy clinical center tuzla

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Nera Kravić Prelić, MD, psychologist
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Summary: Based on the modern approach, domestic violence is a global issue and a public health problem that threatens basic human rights, family, and society as a whole. Domestic violence is present when there are reasonable grounds to suspect that actions have been taken by a family member to inflict physical, psychological, or sexual pain or suffering and/or economic harm, as well as threats that cause fear of physical, psychological, or sexual violence and/or economic damage to another family member. Globally, there are many strategic documents aimed at preventing, intervening, and stopping domestic violence.

For Bosnia and Herzegovina, some of the key documents include the Strategy for the Prevention and Fight against Domestic Violence 2021-2027 and the Action Plan for the Prevention and Fight against Domestic Violence in the Tuzla Canton 2024-2025, in accordance with which the Institute for Psychological and Social Protection operates, adhering to the provisions set out in the Protocol for Handling Cases of Domestic Violence for the Tuzla Canton.

The Institute for Psychological and Social Protection is actively involved in contemporary trends. This is reflected in (1) reporting and recording every suspicion and/or act of domestic violence (2) developing and implementing psychosocial interventions for victims of domestic violence through outpatient or inpatient care (3) and drafting action plans in the Tuzla Canton region, which form the foundation of the fight against domestic violence.

The purpose of this paper is to (1) present the number of individuals suspected of or affected by domestic violence who have received healthcare services at JZU UKC Tuzla (2) outline the psychosocial interventions with victims of domestic violence (3) present the results of psychosocial interventions with victims of domestic violence (4) provide recommendations for implementing psychosocial interventions with victims of domestic violence in the healthcare system of Bosnia and Herzegovina.

Keywords: psychosocial interventions, domestic violence, victims of violence

Pedagogical aspects of mental health promotion in children and adolescents*

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Summary: The operationalisation of mental health depends on the field of science and the perspective of professionals. Mental health promotion is the responsibility of all stakeholders, including education,

parents, and the importance of promotion is recognised in the context of human rights and a holistic approach. Educational institutions are key to nurturing mental health and developing resilience in children and adolescents. Despite research highlighting the importance of supporting teachers and practitioners as agents for the prevention of behavioural problems, the pedagogical aspects of this phenomenon are not clearly defined. The role and focus of training for future teaching assistants in the context of mental health prevention and protection is not clearly defined. Through an interdisciplinary approach, we aim to present the resulting research with guidelines for early identification of mental health risk factors and for a more active involvement of educational professionals in the process of identifying risk factors for mental health problems, and to promote partnership with parents. The presentation contributes to scientific, developmental and practical knowledge in the field of pedagogy in the promotion of children and adolescents' mental health as an important strategic objective of the Council of Europe and national development strategies.

Keywords: mental health, promotion, educators, partnership, integrated approach

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Strengthening nursing in Bosnia and Herzegovina project: Strengthening nursing profession and supporting nurses in provision of high-quality services to everyone, especially vulnerable and socially excluded population groups

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Summary: Strengthening Nursing in Bosnia and Herzegovina project (ProSes) is supported by the Swiss Government and has been implemented since 2012 by the Consortium of Fami Foundation and University Hospitals Geneva (HUG), with the institutional support of the Federal Ministry of Health and the Ministry of Health and Social Welfare of Republika Srpska. In the last, consolidation phase, ProSes project continues to strengthen nursing profession by supporting the improvement of the professional environment and strengthening nurses' leadership/managerial capacities, as well as the expansion community nursing services throughout BiH. The project activities' emphasis is on primary health care and the development of quality and comprehensive nursing services (health promotion, disease prevention, treatment and rehabilitation), available to everyone, especially vulnerable and socially excluded population groups (pregnant women, puerperas, newborns, persons with chronic non-communicable diseases, people with disabilities, people in need for palliative care, etc.). A special project goal is to achieve sustainability of the accomplished results through their integration into the healthcare system of Bosnia and Herzegovina. Thanks to already implemented project interventions, some of the results are: created nomenclatures of nursing services, aligned undergraduate and postgraduate study programs at public faculties with EU directives, standardized curricula for nursing study programs at eight public health studies' faculties, developed Book of Professional Nursing Competencies, more than 450 nurses acquired competencies in community nursing, more than 50 educators, mentors and supervisors for community nursing and palliative care received additional training, five educational centers for community nursing in FBiH were approved, while more than 1,100,000 citizens gained access to comprehensive nursing services in more than 60 municipalities in BiH. Also, various curricula for nurses' continuous professional education as well as andragogic manuals for training of their trainers, mentors and supervisors were developed. In this regard, as part of the project presentation, the recently published Andragogic Handbook for Community Nursing Professionals was promoted. The Handbook will support the creation of a proactive and sustainable community of educators in the field of community nursing, who will be ready to educate nurses on topics important for health preservation."

Keywords: nursing, nursing services, vulnerable and socially excluded population groups

Shame and transformation of shame

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Summary: Shame develops in relationships and is a creative way of adapting (surviving) to a threatening environment. According to Bowlby (1973), the quality of early relationships between a child and their caregiver forms the basis for later relationships with others. If the primary attachment is insecure, it will hurt social life during childhood, adolescence, and even adulthood (Sroufe, 2005, as cited in Muris et al., 2013). Due to a fundamental sense of rejection, insecurely attached youth are more prone to experiencing rejection and shame. Research in adulthood has confirmed that individuals with insecure attachment styles more frequently experience shame. There are various definitions of shame and methods of treatment. According to Gestalt terms, shame regulates the boundary between the self and the social field. It regulates excitement, helping the organism withdraw from activities perceived as inappropriate or dangerous. Shame is a variable of the field, a basic state that governs the boundary of contact, a natural process of retroreflection used when a person perceives insufficient support (Lee, 1995). Shame is a highly negative and painful state in which an individual perceives the entire self as incapable (Lewis, 2000, as cited in Bennett et al., 2010).

Shame is typically characterized by feelings of inferiority and worthlessness, leading to a desire to escape or disappear (Tracy and Robins, 2004, as cited in Muris et al., 2013). It is marked by a desire to hide the damaged part of oneself and for the person to disappear, which is associated with social isolation and withdrawal—risk factors for depression (Rubin et al., 2009). Shame can be defined as a moral emotion that regulates social behaviour. When experiencing shame, a person may attempt to repress this feeling. Repressing shame can lead to sadness and depression. Many studies have found that shame is associated with various psychological symptoms, including anger and aggression, PTSD, anxiety disorders, eating disorders, personality pathology, suicidal behaviours, and substance misuse.

In psychotherapeutic work, shame is a topic that we often touch upon slowly, with difficulty, and in some cases, never at all. It is the therapist's responsibility first to understand their shame and attempt to resolve it or, if recognized as countertransference, to keep it under control. The treatment of shame can be achieved through an emotionally corrective relationship. The essence is recognizing, understanding, and accepting the emotion of shame.

The work will present an exercise for the transformation of shame—aimed at reducing or eliminating the symptoms of shame and improving the individual's functioning.

Keywords: shame, transformation of shame, psychotherapy

Relationship-focused transactional analysis in working with youth without parental care: from “the ugly duckling to the swan”

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Summary: “Man is a being of relationships; he is born in relationships, develops in relationships, is hurt in relationships, and heals in relationships.” These words succinctly capture how relationship-focused transactional analysis views the emergence of individual dysfunctions as well as their resolution process. The focus is on the relationship, the relationship the individual establishes with themselves, based on the relationships they have with significant others and the surrounding world. These relationships are the primary driving force of healthy development but also a source of trauma. Relational traumas arise from insecure emotional bonds with a parent/caregiver/significant adult, with (un)predictable, frequent interruptions in contact (cumulative effect), when the child’s relational needs are unmet. Precisely through the repair of this relationship via the relationship with a therapist who appropriately responds to the young person’s relational needs, this relationship over time becomes a secure zone and lever for further development. Generally speaking, permanent damage from trauma does not arise from the trauma itself but from the lack of a healing relationship during and after recovery, and the relationship with the therapist is an opportunity to mitigate or overcome this damage.

In working with youth without parental care, who often develop dysfunctional behavior patterns, it is significant that in relational TA, all behaviors are viewed in the context of their personal history (the context gives them meaning) and are considered maladaptive attempts to compensate for the disruption of contact with others. There is no pathologization of behavior, which relaxes contact with them. The intervention of normalization serves to link certain behaviors with the context in which they originated, integrating cognitive, visceral, emotional experiences that are fragmented due to the intensity of the pain they carry. This enables further connection between the youth and the therapist. Distrust often accompanies initial contacts with them because relational wounds are deep, but patient synchronization with the young person’s pace and rhythm over time yields results. The emphasis is on the process, not the content, or as the fairy tale says, for the “ugly duckling to recognize that it is a swan.”

Keywords: relational transactional analysis, relationship, trauma, process

Animal-assisted psychotherapy in working with children and adolescents

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Summary: Animal-assisted psychotherapy is a growing field of psychotherapy that has received a lot of attention in the countries of the Western world in recent years. The presence of animals in the therapeutic process encourages the restoration of balance in life development in the context and continuum of each individual. Almost all psychotherapy approaches rely on the relationship between client and therapist. In animal-assisted therapy (AAT), the animal is a medium and an active participant in the therapeutic process. With animal-assisted therapy, we improve social interactions, reduce emotional dysfunction,

strengthen cognitive functions and enable indirect learning about self-regulation and self-control, applying socio-emotional competences for the purpose of strengthening protective factors. At the same time, we reinforce educational goals in a non-directive way. The benefits of pet-centered child psychotherapy are commonly attributed to animals as relationship facilitators, a source of connection, relaxation, comfort, and empowerment. These attributions are present in most therapeutic processes, which involve the therapist-client-animal relationship. The literature on human-pet relationships shows that they often meet the four prerequisites for an attachment bond: proximity-seeking, safe haven, secure base, and separation pain. The presence of the animal during the process represents a broad, rich and powerful medium. The need for a third factor in therapy is often mentioned during therapy with children, and there are many solutions for this need in different forms of therapy. In the therapy sessions in which they participate animals, the animal is an intermediary between the client and the therapist, enabling the creation of a safe environment in which the interaction between the client and the therapist takes place, while preserving the child's sense of security. Animals add much richness, variety and choice to the practice of psychotherapy. Therapists of psychotherapy with the help of animals can choose a certain theoretical approach and stay within the limits of that approach or add more non-directive approaches such as Play Therapy. Clients remain at the center of the therapeutic process regardless of the theoretical approaches that are appropriate to the client's needs at different stages. The animals will be there, and therapists can allow clients to interact with the animals in whatever way they need to at any point in the therapy. Animal-assisted psychotherapy is a targeted and structured intervention that involves and integrates an animal into health, educational, social or community settings for the purpose of therapeutic benefit. Children are especially attached to animals in all cultures around the world and express the same positive emotional reactions when interacting with animals. During the psychotherapeutic process, the desired changes in behavior are indicated through a model of positive and acceptable behavior, which children accept through psychoeducation and play therapy. While working with a therapy dog, we encourage empathy, reduce anxiety and depression, and can directly influence behavioral difficulties. Contact with an animal is usually similar to human touch, which is a significant contribution to the therapy process. Touch is a natural part of communication with animals. Touching (caressing) an animal greatly contributes to relaxation, stress reduction, improvement of physical, emotional and functional state, stimulation of emotional expression, reduction of feelings of isolation and loneliness and other emotional renunciations, and integration in general. Positive affective states of interest/excitement, joy/enjoyment are transformed into a game. They help the child to learn how to share and increase and modulate positive experiences so that they are not overwhelmed by mostly negative emotions from previous experiences/relationships.

Key words: Animal Assisted Therapy (AAT), therapeutic process, medium, children, intervention

The Work of the Justice Initiative: Addressing and Preventing Child Abuse Across Europe

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Summary: The “Justice Initiative”, launched by the Swiss Guido Fluri Foundation, addresses child abuse across Europe. Switzerland's reappraisal process, following the success of the Foundation's “Reparation Initiative,” has led to a state law in Switzerland. Many Europeans face similar human rights violations, and the Justice Initiative supports other nations in confronting past abuses.

On October 4, 2021, the motion “Child abuse in Europe: addressing, compensation and prevention” was presented to the Council of Europe. On January 26, 2024, the Parliamentary Assembly voted in favor of addressing past abuse cases similar to Switzerland's model. Member states are urged to acknowledge survivors' suffering, provide reparation irrespective of statutes of limitations, conduct investigations, and

evaluate violence in institutions to facilitate victim testimony. These recommendations correspond to the demands of the European “Justice Initiative”.

The photo exhibition “SHAME – European Stories” shown during the conference highlights the scale of injustice and suffering, featuring witnesses’ stories from across Europe. The exhibition and book reveal accounts of abuse, with survivors sharing life stories marked by suffering, psychological burdens, and societal neglect. Their testimonies emphasize the persistent silence in society and politics and the ongoing struggles into adulthood.

In 2023, the Justice Initiative launched a Europe-wide petition, supported by many organisations, with over 540,000 signatures, calling for a safer internet for kids and an end to child sexual abuse in the EU. The petition signals public demand for enhanced child protection.

Furthering its mission, the Justice Initiative introduced the “Our Voice” survey with Protect Children Finland and the Brave Movement, targeting individuals over 18 who experienced childhood sexual violence, gathering data to reinforce child protection measures and victims’ rights. Findings from this survey are being presented at this conference.

Through these efforts, the Justice Initiative strives to acknowledge past injustices, provide reparations, and foster a safer future for children across Europe.

Our Voice - Survey for Survivors of Sexual Violence in Childhood

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Summary: The Global Our Voice Survivor Survey is directed at individuals over the age of 18 who have been subjected to sexual violence in childhood. Our primary aim is to collect valuable information to strengthen child protection measures and rights of victims, as well as raise the voice and wisdom of those who have been subjected to sexual violence in their childhood.

The survey is divided into six key themes of questions, collecting information about the characteristics of the sexual violence experienced by the respondent, characteristics of offenders, questions related to barriers and/or enablers to disclosure, consequences of disclosure, long-term consequences caused by childhood sexual violence as well as factors which support or do not support healing and recovery.

The survey was developed with support of a multidisciplinary team of specialists and researchers and was first piloted in Finland with a smaller sample and adapted based on feedback from participants.

The survey is currently available in 29 languages: Albanian, Arabic, Croatian, Czech, Danish, Dutch, English, Estonian, Finnish, French, German, Greek, Hindi, Italian, Japanese, Latvian, Nepali, Norwegian, Polish, Portuguese, Romanian, Russian, Serbian, Slovak, Slovenian, Somali, Spanish, Swedish and Ukrainian. More translations are underway.

The survey is conducted by Suojellaan Lapsia, Protect Children ry. with support from the Justice Initiative. The preliminary results of the survey will be presented at the symposium “Why Survivors Remain Silent and Suffer in Silence.”

Key words: Our Voice, Childhood Sexual Violence, Protect the Children

*Suojellaan Lapsia, Protect Children ry.

Protect Children is a non-governmental organisation based in Helsinki, Finland, working internationally with a dedicated team to end all forms of sexual violence against children. Protect Children adopts a

holistic, research-based approach to prevent harm before it occurs, as well as providing support to victims and families affected by child sexual abuse and exploitation.

Mental health of children on the move: do we know enough?

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Summary:

Introduction: Since 2015, the Western Balkans region has witnessed unprecedented migrations to EU countries and increased influx of refugees and migrants, in transit or residing in Bosnia and Herzegovina. Since the beginning of 2018, BiH has faced increasing influx of people on the move, which in the last months of 2023, recorded exceptional increase. According to the latest data from the International Organization for Migration, from January 2018 to July 2024, 163,171 people arrived to BiH reception centers. Among refugees and migrants, the most vulnerable and at special risk are unaccompanied and separated children, who are exposed to inappropriately difficult living conditions for children, whose rights to health, adequate housing and protection, education, play, but also life are jeopardised. Uncertainty, experienced trauma, language and cultural barriers, risks and harmful practices to which they are exposed impair their mental and physical health, and anger, depression, despondency, but also violent behavior, substance abuse, self-harm are increasingly noticeable and in need of quick recognition and adequate support. Unfortunately, due to large influx and rapid flow through the camps, the problem of mental health of children on the move, consistency and effectiveness of available support services remain insufficiently researched.

Goal: in a form of thematic panel discussion, the symposium will focus on the issue of mental health of children on the move and initiate discussion through presentation of support services and interventions used by WV to contribute to improving the mental health and overall well-being of children on the move through BiH. Challenges, good practices and lessons learned will be discussed with experts and collaborators and recommendations for improvement defined.

Methodology: Through a comprehensive response program to the migrant crisis, the WV multidisciplinary team places a strong focus on children who, in addition to guardianship services, provide safe corners for children, corners for mothers and babies, educational programs of formal and informal education, and mental and psychosocial support services.

Conclusion: In the context of Bosnia and Herzegovina, the Western Balkans and the EU, mixed migration remains a topic and domain of strategic importance. Within programming to support children on the move, the field of mental health with its long-term implications for the individual and the community must be explored in more detail, and gain importance and support from experts, practitioners and decision-makers.

Key words: migration, children on the move, mental health

The Universal Child: Vision and Strategy of EIATSCYP -

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Summary: Within EIATSCYP (European Interdisciplinary Therapeutic Service for Children and Youth), the concept of “Universal Child” represents the central vision and strategy of the organization, emphasizing an interdisciplinary therapeutic approach focused on the well-being of the child. Through this approach,

EIATSCYP establishes educational and ethical standards, empowers its membership, and promotes the importance of belonging to the organization.

At this symposium, a historical overview of the development of this approach within EIATSCYP will be presented, including the Sarajevo Declaration for the Mental Health of Children and Youth, which defines EIATSCYP's vision and strategy. Additionally, the categories of membership and the benefits of belonging to EIATSCYP, as well as the connection with the European Association for Psychotherapy (EAP), will be discussed. Participants will be introduced to the ethical and educational standards within EIATSCYP, with a focus on the importance of keeping the child at the center of every therapeutic approach. This promotes a holistic model of child protection and support across all aspects of EIATSCYP's work.

Keywords: Universal Child, EIATSCYP, interdisciplinary approach, ethical standards, educational standards

Symposium of Youth: WITH and FOR Youth: Youth Ideas for a Healthier Future: What Kind of World Do We Need?

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Alexandra Mile - Germany and Hungary

Tania Robert - Belgium

Najda Hajdarević - Bosnia and Herzegovina

Dea Badurina - Bosnia and Herzegovina

Lara Janjić - Croatia

Erna Mulagić - Netherlands

Ema Čuhara - Bosnia and Herzegovina

Lan Žvelc - Slovenia

Eldar Čerim - Bosnia and Herzegovina

Adna Kepeš - Bosnia and Herzegovina

Fatima Mujezinović - Bosnia and Herzegovina

Summary: We, the young participants of the symposium “WITH and FOR Youth: Youth Ideas for a Healthier Future: What Kind of World Do We Need?”, come from Bosnia and Herzegovina, Croatia, Belgium, the Netherlands, Germany, and Slovenia. We have gathered to jointly explore and propose solutions for the challenges that shape our future, with key topics of our discussion focusing on mental health, education, and support systems for youth.

Our experience shows that the mental health of young people is neither adequately recognized nor supported. We witness the increasing pressure facing our generation, particularly after the COVID-19 pandemic, which has further exacerbated the situation. We believe it is high time to establish youth-tailored mental health services that adequately address the specific needs of young people. Our goal is to advocate for reforms that will ensure more accessible, higher-quality, and inclusive mental health support.

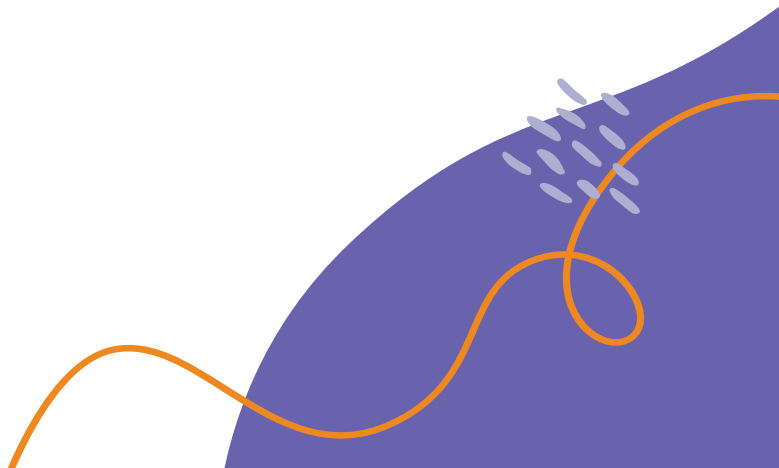
Moreover, education is a topic in dire need of modernization. Current educational systems often fail to keep pace with the dynamics of contemporary society or meet our needs. We want an education system that not only prepares us for the labor market but also empowers us to be conscious, engaged, and mentally resilient members of our community. Education should become a tool that nurtures our mental, emotional, and social well-being.

This symposium is an opportunity for us to voice the changes we want to see. Together, we advocate for reforms in the health and education systems as key steps toward a healthier and more sustainable future. The Sarajevo Declaration on the Mental Health of Children and Youth is also our voice – a voice for better mental health, better education, and systems that support us.

Key Words: Mental health of children and youth, education, future

Practical Examples - Workshops

Summaries



Invisible victims

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Summary: The murder of one parent by another is an extremely traumatic experience for the child, accompanied by horror and irreparable loss as well as by other losses in the child's living environment. When it comes to the murder of an intimate partner, women are more likely to be the victims: almost half of all murders of women are committed by an intimate partner or family member, compared to about 6% of murders of men in partner relationships. The murders of a partner are often followed by the suicide of the perpetrator. Such violence is usually the culmination of a history of domestic abuse involving children. There is little literature on the mental health and recovery of children after the murder of their parents, so that an important question is whether their trauma is visible enough. Existing studies show different outcomes for children as well as risk and protective factors involving the characteristics of the child's life before and after the murder. After such trauma children need long-term mental health care, but also a broader social care. They show difficulties from the area of PTSD and traumatic loss, including intrusive memories, anxiety, sleep disturbance, aggressive and self-destructive behaviour, attachment problems, hyperactivity and arousal, but also stigma and identity issues.

In the introductory part, in addition to the theoretical framework related to the trauma of the child after the murder of a parent in a partner relationship, the workshop will present data about the prevalence of such traumatic experiences in children and the examples of cases from clinical practice. Special consideration will be given to the factors that intensify trauma: direct witnessing of a murder, earlier exposure to violence in the family and reactions from the child's environment.

In the central part, the workshop will, through group work, consider the implications for working with children with regard to the various aspects of traumatization: the child's experience in the family before the murder, the level of exposure, the specificity of the traumatic loss, changes in the child's life, intergenerational trauma, the competencies of mental health experts, etc.

This workshop aims to raise awareness of the importance of the topic through the presented knowledge, experiences and discussion, in order for the visibility of this group of traumatized children to be increased for their own well-being.

Key words: trauma, traumatic loss, murder of parent, children

Using cards as a therapeutic tool for identifying negative automatic thoughts with clients according to the cbt model

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Summary: This workshop is designed for mental health professionals who want to enhance their skills in recognizing and working with negative automatic thoughts (NAT) using cards designed as a therapeutic tool according to cognitive-behavioural therapy (CBT).

The workshop is divided into three parts: introduction, main activity, and final discussion. In the introductory part (20 minutes), workshop participants will be introduced to the basic principles of CBT and the concept of NAT. The facilitator will present the cards for identifying NAT and the cards used

as a tool in therapeutic work.

The main activity (50 minutes) includes a demonstration of using the cards, working in pairs or groups to identify NAT in different scenarios, and an individual exercise where participants identify their own negative automatic thoughts. This part of the workshop allows participants to practically apply the learned techniques and share experiences through group discussion.

The final discussion (20 minutes) provides an opportunity to review experiences, share impressions and conclusions, and receive further guidelines and resources for using the cards in everyday work.

The goal of the workshop is to empower participants to recognize and work with negative automatic thoughts so they can provide better support to their clients in the therapeutic process. The duration of the workshop is 90 minutes.

Parallel psychotherapy work with the child and the parent in integrative child psychology

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Summary: Integrative child psychotherapy confirms the importance of a supportive environment in which growth, development and positive changes take place in an interpersonal - intersubjective place that is co-created by family members. The main emphasis here is engaging with the child or teenager, with the aim of achieving positive changes and modifications. However, the interpersonal patterns that take place in the background of difficulties or disorders, especially in parent-child or parent-adolescent relationships, can represent a complex and dynamic system of a complicated network that contains unclear and inadequate actions and relationships. This psychodynamic field burdened with many unconscious elements, requires precise navigation and extremely fine adjustments in professional work. In this context, the professional work besides having individual and group modalities in working with the child's intrapsychic difficulties, also implies the importance of recognizing and finding out, clarifying the parent's projections, fantasies, fears or unresolved conflicts. If untreated, this can all lead the child's development to suffering, adaptational difficulties and psychopathological state. The goal in working on the relationship parent-child/adolescent is to create positive changes. The strategies and indications of working with children are defined by theoretical basis of individual modality. Parallel work with parents is based on the use of the therapeutic setting "Counselling with elements of individual psychodrama". Applying this method helps in strengthening motivational base of parenthood, through recognizing the path for better, more successful parenting, for feeling positive emotions towards the child. Releasing parental apprehension and fear from one's own bad feelings and painful fantasies. This method is focused on those personal segments and patterns that are deeply connected to performing parental functions.

Participants of the experiential workshop will have the opportunity to gain insight to the dynamic method of child psychotherapy in working with parents. Through the presentation of cases they will be able to get to know the diagnostic guidelines and therapeutic possibilities of child psychotherapy and also to recognize the basic psychodrama interventions which strengthen the capacity of parental mentalization.

Key words: Integrative child psychotherapy, individual psychodrama, parallel psychotherapeutic process, mentalization

Play therapy as a framework for assessing transference between a psychotherapist and a client

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Sažetak: The use of play in child's psychotherapy came from the fact that children's verbal expression related to abstract thinking develops relatively late, around the age of six, and continues to develop until the end of early school age. The stated reason, or the characteristics of emotions and affects, meaning they hardly or not at all change conceptually, make children more difficult to work with using verbal psychotherapy methods.

Relationships and life events from children's environment can be extremely complex and can also be quite overwhelming. Kids are able to work on their inner issues with the presence of adults, using reduced objects and through imitation of reality. To release tension, a child not only imitates and repeats specific events, but also during play, it evokes its own emotions, moods and fears of conscious and unconscious tendencies, thus transferring them with the help of playing, to the manageable field of the specific, reduced world.

Choosing from a vast number of different category small items that represent elements of its possible surroundings, a child builds a world of its own experiences and beliefs. It is possible to get to know the child by animating or playing with it. Creative activity or playing, becomes a true therapeutic possibility. The experience during playing evolves into equivalent of reality, with the possibility of changing basic motivation and behaviour. There is an opportunity to break down wrong forms of behaviour and to build new ones.

During the therapeutic play and within the therapeutic relationship, even the therapist is sometimes touched by the contents that come up. Recognizing relationships and emotions during play therapy, created by the projected intrapsychic contents of children, represent a great challenge for the child psychotherapist.

Participants of the experiential workshop will have the opportunity to learn about the diagnostic guidelines and therapeutic possibilities of play therapy through the presentation of cases (post-traumatic stress disorder, psychosomatic disorder, selective mutism) with the help of the "My World" method.

Key words: Integrative child psychotherapy, play therapy with "My World" method

Exploring Dreams and Nightmares: Integrating Art Psychotherapy Techniques

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Summary: This workshop delves into the profound realm of dreams and nightmares, offering a unique perspective on how art psychotherapy can be effectively employed to navigate these intricate landscapes of the subconscious mind. Dreams and nightmares serve as powerful gateways to the unconscious, harboring deep-seated emotions, unresolved conflicts, and untapped creativity. Through the synthesis of

art and psychology, participants will embark on a transformative journey of exploration, understanding, and healing.

The workshop begins with an overview of the theoretical underpinnings of dream analysis and the therapeutic potential of art expression. Drawing from Jungian psychology, participants will learn to decode the symbolic language of dreams and engage in reflective practices to unravel their personal narratives. Through guided exercises, participants will explore various artistic modalities, such as drawing, painting, and collage, as vehicles for self-expression and insight generation.

Central to the workshop is the presentation of a key study that illustrates the efficacy of art psychotherapy in working with dreams and nightmares. This study showcases how individuals experiencing recurrent nightmares were able to gain insight into their underlying psychological processes and develop coping strategies through the creative exploration of their dreams. Drawing upon the study's findings, participants will learn practical techniques for facilitating similar therapeutic outcomes in their own practice.

Furthermore, the workshop will emphasize the importance of establishing a safe and supportive therapeutic environment conducive to exploring the often vulnerable terrain of dreams and nightmares. Through case vignettes and experiential exercises, participants will cultivate skills in building rapport, fostering trust, and effectively managing emotional responses during the therapeutic process. In conclusion, this workshop offers a holistic approach to working with dreams and nightmares, integrating the transformative power of art psychotherapy with insights from depth psychology. Participants will leave equipped with practical tools, theoretical knowledge, and a deeper understanding of how to harness the healing potential of dreams within the therapeutic context.

Keywords: dreams, nightmares, art psychotherapy, subconscious, emotions, creativity, art

Transgenerational and intergenerational trauma: impact and risk of suicidality in children and young people

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Transgenerational and intergenerational trauma is a process of transferring traumas from previous generations forward from two to four - even five generations ahead. It is also known as 'secondarytraumatisation'. Transgenerational trauma means that parents who have been traumatised transfer their unresolved traumas to their children. Even if the mother has been traumatised during her perinatal period, her children can be seriously affected. The process of traumatization is through the genes, and behavioural influence can occur mainly through insecure attachments and also through dysfunctional relationships between parent and child, when the parents are suffering from PTSD, depression, anxiety, or unresolved grief.

Intergenerational trauma is a process of relieving the traumas of ancestors. These traumas are complex and related to traumatic experiences on the levels of individual, family, sociocultural traumas such as migration, colonisation, racism, wars, genocides, etc. Young generations that are affected by this kind of trauma usually have problems with self-differentiation, symptoms of traumatic stress, substance abuse, and psychosomatic symptoms. They are more at risk of developing psychiatric problems such as depression and anxiety. The current problem is that sometimes unexplained symptoms in young people

can be understood only when transgenerational or intergenerational trauma is revealed. On another level, usually traumatic experiences two or more generations back are kept as a family secret. That is very important to know in the case of youth suicides. Sometimes young people are driven to die and it is in the context of family or socio-cultural trauma when someone in the past committed a crime and was never punished for it, or that someone was killed and that family couldn't grieve. In some cultures that have been seriously traumatised by colonization or wars, the current generation of young people is more at risk of suicide. They usually don't see any purpose in their lives. Also, unconsciously, they are grieving for the losses of their ancestors and their cultural identity.

The assessment of transgenerational and intergenerational trauma should be a part of every psychiatric assessment. Therapeutic interventions that are very specific for these types of traumas can be applied only when the trauma of the past generations becomes conscious and is accepted.

Key words: transgenerational, intergenerational trauma, youth suicide

The importance of baby observation in (for) the education of psychotherapists

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Summary: There is no more doubt that early childhood experiences exert decisive influence on personality development. Patterns in which individuals will form relationships with their environment, learn, solve problems, and tolerate frustration, pain and anxiety are set up during this period.

Physical and mental development of every human being is taking place within the context of human relationships. Currently the research is focusing on the nature of these early relationships, particularly on the early baby-mother interactions. Perennial debate 'nurture vs nature' is now replaced by exploration of the ways in which nature affects nurture and vice versa. This is not only of academic interest but influences development of new methods in which children and their parents can be helped and supported, as well as it instigates changes in social norms, in child rearing practices and legislations.

Baby observation in their natural environment is a long-established research method as well as important part of training of all the professions who work with children. It is mandatory part in training of psychoanalysts and psychoanalytic psychotherapist. Alongside theoretical lectures and seminars, clinical work, supervision and personal psychoanalysis, baby observation is unique way of learning in terms of understanding nonverbal communication and development of the capacity to bear and contain intensive emotions and understand primitive states of mind. The accent is on experiential learning so that theory becomes 'alive' and comprehensive on both cognitive and emotional level. The experience of observing a baby provides an opportunity for gaining observational stance, increasing ability to notice and remember minute details. It provides an opportunity to increase self awareness and recognize one's own prejudices and assumptions which often lead us to see what we expect to see, and not what is really there to see. This kind of learning demands certain personal, internal, emotional work. Baby observation is the initial part of the training and serves as a kind of selection and auto-selection process, because of the above-mentioned need for inner emotional work. It serves as a basis of the evaluation and assessment of the suitability for the training.

During this workshop we will talk about different methods of baby observation with the accent

on naturalistic method which is essential in learning and gaining all the capacities necessary for psychotherapeutic work. Short films will be used as a material for discussion.

Key words: infants, observation, psychoanalytic training

Creativity and Play in Therapeutic Practice

Naomi Moore

Jocelyne Quennell

<https://www.wellbeingeducation.org/>

Summary: This workshop will enable participants to explore the themes of the conference through creativity and play with awareness of adverse childhood experiences. There will be opportunities to engage with the imagination, narrative and relational enquiry and communication, promoting reflection and analysis.

There will be exploration of capacities for wellbeing including self-awareness, self-esteem, self-confidence, emotional regulation, social and communication skills, identity and self-concept, meaning, belonging, agency, motivation resilience, recovery and human potential. Participants will be invited to explore the impact of the conference on their thoughts and feelings including the diverse influences on their own approach to practice with children and young people. This will promote awareness of guiding ethical principles and values.

Keywords: creativity, play, psychotherapy

Using Projective Techniques in Treating Children and Adolescents: Indications and Contraindications

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Sammary: The Oaklander Model of Gestalt play therapy uses projective techniques to invite clients to express and (re)experience difficult moments, in a safe and creative manner. Oaklander's projective process guides the clients to "imagine" an event and/or a scene in their lives, then to "make" it and "be" it (act or speak as their creation), and ultimately "own" it as applicable to their lives. Each of these steps strengthens the clients' sense of self and contact functions; the main therapeutic goals.

This workshop presents projective interventions, their indications, and contraindications; it allows participants to experience and reflect upon their use.

Indications for projective interventions require that the therapist has training and experience, so they can:

1. understand the indications for projective processes: client's weak sense of self and/or contact functions – the senses, emotions, intellect and body.
2. establish an I-Thou relationship with a client
3. encourage the client's emotional expression
4. honor the client's resistance
5. set a fun, playful, imaginative tone

Without these prerequisites, children might withdraw and/or demonstrate resistance. In Oaklander's

(2006) words, “Resistance is the child’s ally..., the way she takes care of herself. I expect ... [and] respect that resistance... [which] helps her... risk... something new... When she has experienced or divulged as much as she has inside support for, the resistance... surfaces ... and each time it must be honored. We cannot force the child to go beyond her capabilities... and I have learned to trust this process.”

Therefore, contraindications include the therapist’s lack of training and experience which may result in:

1. misinterpreting indications for projective interventions
2. difficulty or lack of skills needed for establishing an I-Thou relationship
3. inability to encourage the client’s emotional expression
4. opposing, rather than honoring, the client’s resistance
5. inability to set a fun, playful, imaginative tone to support projective interventions.

Gestalt play therapy is an engaging and powerful mode of healing. As reported by therapists, parents, and clients, the “magic” happens when parts of the client’s self are experienced and shared. These reports span over time - 45 years since the publication of Violet Oaklander’s *Windows to Our Children*, globally; therapists from 55 countries have attended training and implemented this model with clients throughout the life span.

Additionally, these results indicate the prerequisites for projective techniques must be met for the projective process to be a respectful and effective intervention for clients of all ages.

Key words: Oaklander Model; Gestalt play therapy, Projective Interventions, Indications and Contraindications

Workshop group children’s psychodrama “magic island”

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Summary: Children’s psychodrama according to H. Kende is a group psychotherapeutic method the goal of which is to create a fantastic reality through which children will try out different and new roles and process experiences from the real world without interpretation and conclusions through authentic, spontaneous play in which they use symbolism. The participants of the group come up with a story together, which they then stage and perform. This allows all of them to become the part of the creative process. The outcomes of this process are the release of children’s creativity and an intense sense of satisfaction, both of which ultimately have a positive effect on the process of developing the child’s personality. A child is placed in the world of fantasy, which is the source of creativity, as well as the method and the medium which triggers the change.

Therapists participate in the game with children on equal terms, accept the roles assigned to them by children or those roles that no one else wants and which are important for the therapeutic process, and they allow and encourage events occurring on the stage during the play.

In a shared experience with a group, children create a sense of social community and reciprocity, and through such experiences they develop self-esteem, learn how to have faith in themselves and their abilities, and change their self-image.

The dynamics of the group have a therapeutic effect: a child is given the opportunity to try out different roles, and expanding the opus of roles expands and enriches their personality. The goal of group activities

is to enable a child to play different roles so that they can express their hidden abilities and dimensions of their personality. Through the group experience, a sense of belonging and understanding is developed and helps a child to become independent and develop self-reliance. Children's psychodrama is also a successful method to be used in the social maturation of children because children get closer to each other and cooperate through creating and performing stories on stage.

Workshop participants will be given the opportunity to get experientially acquainted with the therapeutic method of group children's psychodrama according to Hanna Kende, by creating and performing a common story, through the activity "Magic Island".

Keywords: children, play, group, psychodrama, psychotherapy

Sandplay therapy for children and adolescents with behavioural problems

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Summary: Children and adolescents' problems are the symptoms that bring them to therapy. They are linked to emotions resulting from various stressful events and unmet needs in interpersonal relationships. Sandplay therapy, developed in the 1950s by Dora Kalff, which focused on unconscious processes, is now an effective therapeutic method that combines many creative elements that therapists incorporate into their therapeutic practice. Through a safe therapeutic relationship, children and adolescents have a sensory experience using sand and small figurines to identify and express emotions and gain control over different situations. It is a creative process that allows stress and anxiety to be released and a sense of self-worth to be gained. Through respecting the child's autonomy and encouraging the expression of emotions, the therapist adapts his/her approach according to the child's developmental stage. Parents and siblings can also be involved in the therapy, which contributes to a holistic understanding of the child's experience and to improving relationships. As there is an increase in the number of problems in children and adolescents, it is necessary to combine talk therapy with bottom-up approaches that allow for creative interventions (especially with younger children) in order to address and remedy them effectively. The workshop will present different psychotherapeutic methods (Brainspotting, IFS, etc.) which the author combines with sand therapy. Participants will be able to try them out for themselves and gain insight into their inner experience. The different ways of parental involvement will also be presented, helping children to integrate the experience into their daily lives.

Keywords: sandplay therapy, Brainspotting, Internal family system, children, adolescents

Psychodrama

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Summary: Play is an inseparable part of a child's physical and psychological development. Every child knows how to play. Through play, a child discovers their emotions, whether positive or negative. Play allows children to understand that they can express their feelings in a familiar environment. While playing, children release unpleasant emotions like hatred, aggression, and tension. Through play, a child explores

and learns about themselves and the world around them, gaining new experiences that help develop and enrich their personality. Just like dreams, play is considered a royal road to the unconscious. Psychodrama is a therapeutic technique that uses dramatic enactment as a way of expressing internal conflicts, with the goal of alleviating symptoms and creating healthier patterns of behavior and communication.

Adults sometimes engage in play as well—occasionally, habitually, or professionally, especially in therapy. Psychodrama can be beneficial for psychotherapeutic trainees, who, alongside individual work on themselves, can also utilize the advantages this therapeutic technique offers.

Key Words: psychodrama, psychotherapy, children, adolescents, psychotherapeutic education

Mom, why do you cut off the fish's head and tail?

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Sammary: Navigating parenthood has never been easy, and it is no different in the times we live in. In everyday psychotherapeutic work with children, the focus increasingly shifts to working with parents and parenting themes.

When we open the topic of parenting with parents, we repeatedly return to the introjects that come “from a role,” rather than “from a person.” The introjects that parents become aware of are most often the product of their own upbringing and attitudes adopted “through personal experience” or from reading and consuming the many resources available on this topic in our modern 21st-century world.

Through this workshop, using the method of personal experience, we will address the introjects in parenting; all those phrases underlying parental actions for which we have no explanation other than “that’s how it should be.” These are phrases like: “the bed must be made in the morning after getting up,” “homework first, then play,” “one must not fight but must know how to defend oneself,” “one must participate in extracurricular activities,” “we must always be physically close to be emotionally close,” etc. We hope that through our joint work, participants will become aware of some of their own phrases, gain new insights but also skills for working with parents aimed at empowering them to establish personal “I and you” relationships with their children. Relationships in which household and parenting rules come from personal values (whatever they may be), integrity, and an understanding of each individual child’s needs, rather than from roles assumed through various automatism.

Phases of Treatment in Working with Children: An Approach Based on Transactional Analysis and Play Therapy

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Summery: In this workshop, we will offer our theoretical knowledge, skills, and experience on how we can think about and work with children and their parents, taking into account the phases of treatment. Participants will be introduced to two therapeutic modalities: play therapy and transactional analysis, and the integration of their theoretical and methodological approaches for different phases of treatment. It will be demonstrated how we can work with both parents and children by following each phase in the therapeutic process.

The workshop will be based on the article by Gjurković & Tudor (2018) published in the International Journal of Transactional Analysis. The article presents clinical work with a child using play therapy and transactional analysis. It outlines a comparative model of treatment phases and describes therapeutic work that illustrates these phases.

Workshop participants will have the opportunity to become acquainted with this model through theory, example presentations, brief experiential activities, and discussion. Experiential activities will follow different phases of therapy and offer corresponding interventions in working with the child and the parent.

Workshop: Card Game „Shake the Bully Off“

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Summary: The objective of this workshop is to present an interactive learning experience focused on peer bullying and defense mechanisms through the innovative card game „Shake the Bully Off“ allowing participants to engage directly either in the role of a child or as an adult.

Peer bullying is an increasingly pervasive and distressing phenomenon both within school settings and beyond, underscoring the necessity for the development of preventive programs aimed at the timely identification and prevention of such behavior. Growing up in the digital era, within a significantly altered social context, and under the influence of numerous and diverse stimuli, presents unique challenges in creating effective and engaging educational methods to truly reach children.

The card game „Shake the Bully Off“ comprises a set of 65 cards, including bully cards, behavior cards, social support cards, self-support cards, and self-sabotage or „blank“ cards. The game accommodates up to four players. Its purpose is to facilitate interactive learning about the timely identification of peer bullying behaviors, differentiation and naming of all types of bullying behaviors, recognition of dysfunctional behaviors, adoption of adaptive and functional behaviors, seeking social support, and fostering the development of self-support resources with a special emphasis on empowering the reporting of peer bullying and adopting concrete steps to realize this. The game is intended for children aged 8 and above. For the purposes of primary and secondary prevention and empowerment of children and adolescents, it can be utilized in schools, particularly during homeroom classes and extracurricular activities (especially with parents), as well as in direct individual and group sessions with psychologists, psychotherapists, educators, and other professionals.

Considering that these are originally illustrated color cards designed to capture attention and promote visual memory, as well as facilitate interactive learning with elements of situational frustration, the anticipated practical contribution of this card game is enhanced motivation and thus more active participation of children in preventive programs. It also aims to foster interactions between children, peers, parents, schools, and professionals in a creative and enjoyable manner, with the ultimate goal of building mutual connections and trust.

Key words: bully, peer bullying, interactive learning, antibullying card game

Sound therapy: a holistic approach to the health of children, youth, adults, and families

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Summary: Sound therapy is a therapeutic method that uses the vibration of sound to uncover and remove energetic, physical, and psychological blockages. It can take various forms depending on the techniques and instruments used, such as Tibetan singing bowls, crystal bowls, planetary gongs, shamanic drums, tuning forks and more.

Sound therapy is recommended for everyone, whether or not they have health issues. It is an excellent therapy for stress, depression, fatigue, negative emotions, and other consequences of disrupted body balance. Its application shows significant benefits for children, youth, adults, and families.

For healthy individuals, sound therapy supports the development of inner harmony, providing energy and strength for daily tasks. It can give new impulses to creativity and productive energy. For those with compromised health, whether physical, mental, or psychological, sound therapy offers relief from pain and issues caused by everyday stress, worries, and anxieties.

For children, sound therapy is applied through the KliK® program, a well-designed pedagogical approach using singing bowls in work with children. The program develops sensory, cognitive, and emotional abilities in children. The overall goal of the KliK® program is to sensitize, raise awareness, and strengthen the basic skills needed for perception, learning, and problem-solving. Singing bowls stimulate all senses, through which children learn about the world around them. It is particularly beneficial for children with developmental challenges, such as autism or attention disorders, as well as for the general population. Sound therapy reduces anxiety and improves mood, creating a positive environment for learning and play. Today's youth face significant challenges during their development, impacting their families, society, and their psychophysical growth. Therefore, sound therapy has a special application for young people, helping them manage stress and anxiety, which is crucial during adolescence. The sounds and vibrations provide a sense of security and calm, making it easier to cope with academic pressures and social challenges. Sound therapy also improves sleep quality and the overall well-being of young people.

In families, sound therapy can be a means of bonding and relaxation. Shared activities such as sound baths, sound massages, or participating in sound meditations strengthen emotional connections among family members. This can improve communication, understanding, and reduce stress and conflicts within the family.

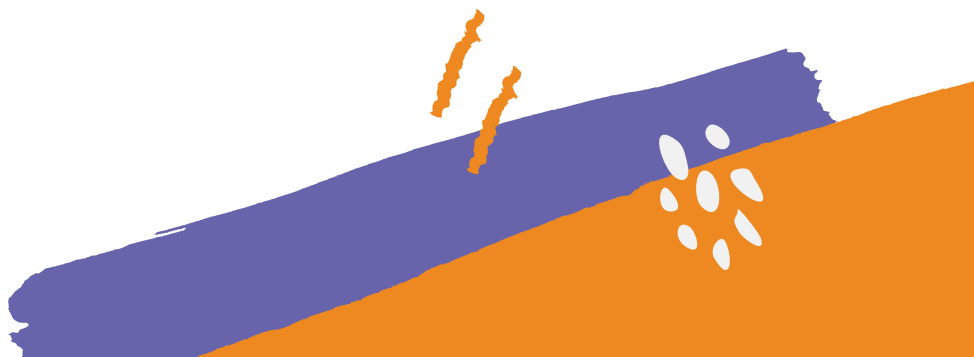
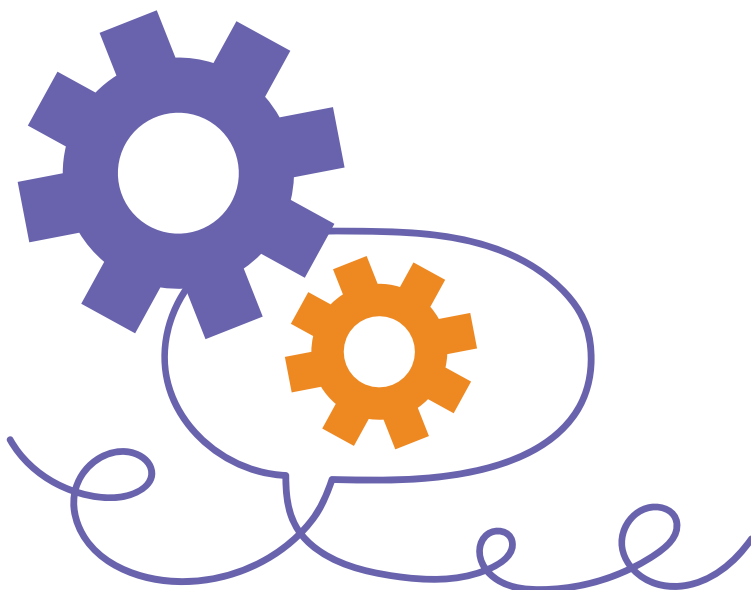
Adults can also greatly benefit from sound therapy. In today's fast-paced world, sound therapy offers significant relief from stress and anxiety. It helps reduce pain, improve sleep quality, and alleviate symptoms of depression. Sound therapy can enhance focus and productivity at work, and generally increase quality of life. Through the practice of meditation, deep listening, and experiences, adults can find inner peace and balance.

Sound therapy has proven to be an effective method for improving health and well-being across all age groups. By harmonizing the body and mind through sounds and vibrations, sound therapy stimulates natural healing processes. Integrating sound therapy into everyday life can provide a holistic approach to health, bringing numerous benefits to children, youth, adults, and entire families.



Poster Presentations

Summaries



Gambling among elementary school students in an urban area

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Summery:

Introduction: Gambling can lead to big problems with the gambler's personality, family breakup, financial ruin, and sometimes it can force a person to engage in criminal activity or suicide. Generally, gambling disorder develops over the years, and may begin during adolescence. Domestic practice and research results indicate an increasing prevalence of underage gambling in Bosnia and Herzegovina as well.

The aim of the work: Examining gambling habits and attitudes about gambling among students of the seventh and eighth grades of the Žepče Elementary School.

Method: Quantitative prospective study conducted in the elementary school with seventh and eighth grade students (226 students) in March 2019.

Results: The average age of respondents in the seventh grade is 12.1 years, in the eighth grade 13.11 years. Representation by gender is in favor of girls, 50.9%. When it comes to differences between seventh and eighth graders, the results show that seventh graders gambled more than eighth graders. A statistically significant difference, however, was only found in slot games, "in favor" of 7th grade students.

Generally, it was shown that male respondents played all the mentioned gambling games in the questionnaire more than female respondents, which is in accordance with the results conducted in Croatia, in the cities of Mostar and Tuzla. The types of games of chance that are most often represented are disposable scratch cards 25.2%, lotto games 22.1%. As many as 21% of parents did not give permission for their child to participate in the research.

Conclusion: This study included a small sample of respondents. Games of chance and gambling are easily accessible even to minors, and a large number of children come into contact with this risky behavior already at the age of 12. A significant percentage of children have wrong attitudes about gambling, and continuous preventive programs are lacking. The results provide significant guidelines for future research, planning interventions for children and young people, and creating social policies and improving legislation.

Key words: gambling, games of chance, elementary school students

Rose-colored glasses – activities for working with children on the topic of cognitive distortions

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Summary: In modern society, the fast pace of life and increasing challenges we face present us with unpredictable relationships with others and ourselves. In this context, emotional intelligence and the ability to understand oneself and others become crucial skills for satisfaction and success in life. One important step in understanding a person's emotional reactions is undoubtedly identifying the thoughts associated with a particular situation. A key premise of Beck's cognitive theory is that an individual's behavior and emotions are strongly influenced by their perception of events. Therefore, the situation itself does not determine how a person will feel; rather, it is the way the situation is interpreted. These interpretations can be accurate and helpful, but they can also be inaccurate or distorted, negatively affecting the person. Cognitive distortions, or thinking errors, are habits through which we interpret reality illogically and unrealistically (Miljković and Rijavec, 2004). Based on the available literature and conducted research, it is possible to conclude that automatic thoughts and reasoning styles significantly shape children's daily lives and, consequently, their future. Thus, it is extremely important to educate children to distinguish opinions and interpretations from facts and objective information. This poster will present an example of a workshop and various activities aimed at encouraging children to identify their thoughts, recognize some of the thinking errors they make, formulate more adaptive, positive thoughts, and thereby realize the importance of thoughts and their impact on behavior and emotions.

Keywords: cognitive distortions, thoughts, interpretations, thinking errors

Misophonia – symptom or disorder and susceptibility to psychotherapeutic treatment

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Summary: Misophonia, or "hatred of sound," is defined as a complex neurophysiological and behavioral syndrome that involves intense physiological and emotional reactions to specific auditory stimuli. Specific triggers include everyday environmental sounds that may or may not be repetitive – chewing, coughing, slurping, typing, clicking pens... Common emotional responses include anger and rage, anxiety and panic, disgust. Physiological reactions often include muscle tension and elevated heart rate.

The phenomenon was first described in 2001. Bibliometric analysis shows a growth in publications within neuroscience, psychiatry, psychology and related disciplines. Despite the increase in research, the etiology and mechanisms of the disorder are still unknown, and research is aimed at discovering both genetic and environmental factors. The initial line of research focused on distinguishing misophonia from related auditory disorders. Potential underlying mechanisms include connections to attention problems, anxiety, obsessive-compulsive tendencies, and emotional regulation problems.

Misophonia is not included in the latest diagnostic categories and we lack systematic studies and standardized instruments to aid in the diagnostic process. Additionally, there are no guidelines or empirically supported treatments.

Case Study – A client in late adolescence started therapy primarily due to issues with impulsivity and difficulties in emotional regulation. As a secondary concern, not the primary reason for seeking help, she reports extremely aversive reactions to certain sounds – chewing, loud breathing, coughing. As part of the treatment focused on recognizing emotions and strengthening emotional control, a portion of the process also targeted misophonia symptoms. The paper will present techniques that have been successful in reducing aversive reactions to misophonia triggers – techniques aimed at enhancing emotional literacy, with an emphasis on the emotion of anger and socially acceptable forms of expression, behavior control, and delayed response. The effects could be understood as supporting the hypothesis of emotional regulation as a factor of the disorder.

Sexual Interest of Young People in Prepubescent Children: Results of a Literature Review

Author: Ph.D. Srdjan Vujovic⁴

Summary: The goal of the poster presentation is to present findings from a review of relevant research on the challenges faced by young people (aged 15 to 25) who have thoughts about sexual activities with prepubescent children, with a focus on identifying key dimensions of this phenomenon and the basic assumptions for an adequate professional approach. Adolescence, as a period of intense development, including sexual maturation, does not always align with social norms. Specifically, young people may develop sexual inclinations and interests towards children for various reasons. The analysis of research results identified the following eight key dimensions of this phenomenon: (1) neuropsychiatric disorders, (2) hormonal changes, (3) negative childhood experiences, (4) reduced intellectual abilities, (5) behavioral disorders, (6) paraphilia, (7) obsessive-compulsive disorder, and (8) poor social skills. Additionally, it is important to consider the possibility of sexual thoughts towards children as an isolated case, not associated with any form of disorder or impairment.

The results show that the intensity and number of the above-mentioned dimensions most often answer questions about the causes of young people's sexual thoughts towards children, which should form the basis for any response and support provided to the young person. Furthermore, these dimensions are also the most common predictors that may indicate whether a young person will act on their thoughts in a real or virtual environment or not.

An additional goal of the poster presentation is to gather the opinions of congress participants on the importance of the topic, any assessments of the prevalence of this issue among young people, as well as on the professional readiness to work on similar cases.

⁴Srdjan Vujovic present this work as part of the CSAPE project, which is being implemented in Bosnia and Herzegovina by Save the Children North West Balkans.



Plenary Speakers

Biographies

Prof. Dubravka Kocijan Hercigonja, MD, PhD

Prof. D. Kocijan Hercigonja, PhD-MD, neuropsychiatrist, subspecialist in child and adolescent psychiatry. After 45 years of service, she retired, but continues to work especially with children at the Kocijan/Hercigonja Polyclinic, which she founded, as well as at faculties, various associations, and today as the honorary president of the European Association for Integrative Therapy of Children and Youth-EIATSCYP, founded on March 5, 2010. by 11 European countries, and in Croatia on February 11, 2012. began education with the participation of experts from the UK and France. During her work at Jankomir Psychiatric Hospital, today Sveti Ivan, where she worked until 1983, she founded the department for autism, the first in this part of Europe, together with the parents of the Center for Autism. During that period, she founded the school in the child psychiatric department. During the war, she was an advisor to the Government of the Republic of Croatia and the holder and organizer of a psychosocial program to help victims of war. She organized, together with prof. Knezović, a network of assistance throughout Croatia, especially assistance to families and children, and such a program was accepted in Europe as a unique assistance program. In the period from 1991-1995, she worked at the "Klaićeva" Children's Hospital, where she founded the Center for Mental Health, which is still functioning today. In KB Dubrava, after 1995, she was the organizer and head of the national Center for Psychotrauma and the referral Center for disorders caused by stress until her retirement. She completed the education of a mental health specialist in integrative psychotherapy in the UK and, after completing her education, began to conduct education in integrative psychotherapy in Croatia, for which she received the title of laureate at the First Croatian Psychotherapy Congress. She is the president of the first and second International Congress of Child and Adolescent Psychotherapy, under the slogan THINK ABOUT YOUth, organized by BHIDAPA in Sarajevo. As an expert, she was invited to numerous meetings in the country and abroad.

Mirela Badurina, PhD

Doctor of health sciences, gestalt and integrative psychotherapist specializing in child and adolescent integrative psychotherapy, was born in 1968 in Sarajevo. For the past thirty years, she has focused her professional and academic development on the areas of health and well-being of children and young people. She is an exhibitor at numerous national and international congresses and conferences on the topics of health, rights and interests of children. She is the author and co-author of many scientific and professional papers. She is a World certified psychotherapist and a European certified psychotherapist, supervisor and trainer. It is a registry of the European interdisciplinary therapeutic service for children and young people – EIATSCYP. She is the founder and director of the BHIDAPA Association within which there are three centers: European accredited Trainer Institute for in the field of integrative psychotherapy, Interdisciplinary Therapeutic Child, Youth and Family Health Protection Center and a Scientific research center. She is the Chair of the organizing and program committee International Congress of Child and Adolescent Psychotherapy "THINK ABOUT YOUth" and editor of the Interdisciplinary Journal of Psychotherapy in Achieving Health and Well-being for Children and Young People. She is happily married and a mother of two.

Prim. dr. 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 25 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 and Association BHIDAPA. He is the vice president of organization and program committee the First and Second International Congress of Child and Adolescent Psychotherapy, under the slogan "THINK ABOUT YOUTH", and is a member of the editorial board of the Interdisciplinary Journal of Psychotherapy ISSN 2637-2487. 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.

Marc Lucet, MSc., UNICEF Representative in Bosnia and Herzegovina

Marc Lucet joined UNICEF Bosnia and Herzegovina, coming from Mauritania where he was UNICEF Representative for four years. He also served as Representative in Algeria, as well as Deputy Representative in Indonesia and Syria. Prior to joining UNICEF, he worked for different organisations in research, evaluation, data generation, and management. Marc brings experience from different countries and regions, working in both middle- and low-income countries, in development as well as humanitarian and emergency settings. He holds a master's degree in political sciences and Middle East studies from Paris Institute of Political Sciences and a master in business management and a BA in economics from Paris Dauphine University. National of France, Marc was born in the US and grew up in Italy, Egypt, France and England. Besides English and French, he speaks fluently Arabic and Italian. He is married and a father of two sons, both university students

Erwin Cooreman, MD, MSc., WHO Special Representative to Bosnia and Hercegovina

Erwin Cooreman graduated as medical doctor from the University of Ghent, Belgium. He obtained an additional degree in tropical medicine from the University of Liverpool and a Master's degree in Global Health Policy from the University of London. His career spans thirty years including a short stint as a junior doctor for the Belgian Red Cross in a refugee camp in Burundi and six years leading a tuberculosis and leprosy control project in three districts in Bangladesh. In 2000 he joined the World Health Organization where he served for 15 years as adviser for national tuberculosis control programmes in Papua New Guinea, Bangladesh and Myanmar as well as the Regional Office for South-East Asia. From 2015 till 2021, he headed WHO's global leprosy programme. In September 2021, in the midst of the COVID-19 pandemic, he took up his current position as head of the WHO Country Office in Bosnia and Herzegovina. He published multiple articles on public health in peer-reviewed journals and authored chapters in several reference books on tuberculosis and leprosy. He is a national of Belgium, married and father of two children. Prof. Patrick McGorry, MD, PhD

Patrick D. McGorry is Professor of Youth Mental Health at the University of Melbourne and Director of Orygen Youth Health and Orygen Youth Health Research Centre in Victoria, Australia. Prof McGorry received his medical degree from the University of Sydney and his doctorates from Monash University and the University of Melbourne in Victoria, Australia. He is a world-leading clinician, researcher, and reformer in the areas of early psychosis, early intervention and youth mental health. Prof McGorry's work has played an integral role in the development of safe, effective treatments and innovative research involving the needs of young people with emerging mental disorders, notably psychotic and severe mood disorders. The result has been the creation, evaluation and upscaling of stigma-free, holistic and recovery oriented models of care for young people and their families. The work of Prof McGorry and key research colleagues at EPPIC and Orygen has influenced health policy in Australia and many other countries and he has advised governments and health systems in many jurisdictions. Prof. McGorry has published over 400 peer-reviewed papers and reviews, over 50 book chapters, and has edited 6 books. He is a Fellow of the Academy of the Social Sciences in Australia and has been the recipient of numerous awards, including the Australian Government Centenary Medal in 2003, the Founders' Medal of the Australian Society for Psychiatric Research in 2001 and he was the 2010 Australian of the Year. Prof McGorry serves as Editor-in-Chief of Early Intervention in Psychiatry and is a founding board member of the Australian National Youth Mental Health Foundation: headspace, of Headstrong; the National Youth Mental Health Foundation of Ireland, and past-president and treasurer of the International Early Psychosis Association. He has been a member of the National Advisory Group on Mental Health Reform for the Federal Government and of the Victorian Mental Health Reform Council. As well as his contributions to the field of early psychosis and youth mental health, Professor McGorry has interests in refugee mental health, youth suicide, youth substance use and the treatment of emerging personality disorder.

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 morbidity 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.

Prof. Gordana Buljan Flander, PhD

Professor Gordana Buljan Flander, PhD, is a full-time professor with a permanent position, she is a clinical psychologist, an integrative psychotherapist for children, adolescents and adults, a permanent court expert for abused and traumatized children. Throughout her rich career, she has been involved in the protection of children, their mental health and their rights. As a child psychologist at the Zagreb Children's Clinic, she often met abused and neglected children who did not have the necessary protection from adults. She was among the first to recognize this problem in Croatia in the early 1990s, and dedicated herself to these children throughout her entire career. She is the founder of the counseling line for abused and neglected children "Hrabri Telefon" in 1997. and the initiator of the establishment of the Zagreb Child and Youth Protection Center in Zagreb in 2002. During her mandate as director, the Center was recognized by the Council of Europe as a model of good practice in the protection of sexually abused children. Professor Buljan Flander presented the Council of Europe Campaign to stop sexual violence

against children in Europe, “One in Five,” at the United Nations in New York in 2010. In 2008, under her leadership, the Center received the Multidisciplinary Team Award from the International Association for the Prevention of Child Abuse and Neglect (ISPCAN) among more than 180 countries of the world. She has received numerous awards for her work, including the Lifetime Achievement Award in the field of child rights protection in 2018, as well as the National Science Award in 2019. Through her scientific, clinical and public activities, she stood out as a person who promotes the protection of children. She is a respected university teacher at several faculties and a scientist who has been awarded a number of professional and scientific awards, and with her involvement in the extremely difficult period of the pandemic and earthquake in 2020 and 2021, she also stood out for her special contribution to the protection of the mental health of children and families in the city of Zagreb. Author and editor of 12 scientific and professional books, dozens of chapters in books and university textbooks, almost a hundred scientific and professional papers, manuals and brochures, all on the topic of child protection, their mental health and their rights. She has conducted a series of national scientific research related to children’s experiences in the field of stress, trauma and negative experiences in childhood. Professor Buljan Flander regularly holds educations and invited lectures in the countries of the region, as well as in other European countries. As an expert in the field of child protection, she is engaged in European projects, a consultant for UNICEF Croatia, Serbia, Montenegro and Slovenia, and she also cooperates with UNICEF BiH. As an expert, she cooperates with OSCE and IOM. After leaving the post of director of the Zagreb Child and Youth Protection Center in 2022, after 20 years of fruitful work in the best interest of children, she continues to provide treatments, education, counseling and supervision through her private practice GBF Educa d.o.o. As a full-time professor, she teaches students at Croatian Studies, at the Faculty of Law and the Edward Bernays College in Zagreb, and at the Faculty of Law and the Study of Social Work in Osijek. As a licensed integrative psychotherapist for children, adolescents and adults, she educates future psychotherapists in this field of psychotherapy in Zagreb and Sarajevo.

Karen Hillman Fried, Psy.D., M.F.T.

Karen Fried, Psy.D., M.F.T. is a licensed Marriage and Family Therapist and an Educational Therapist and consultant in Santa Monica, California. She has a private practice in Psychotherapy. Karen uses the Oaklander Model of Child Therapy in her practice and is the President of the Violet Solomon Oaklander Foundation. She trains child and adolescent therapists and educators in the US and internationally. Training, online tools, and many resources can be found at oaklandertraining.org. Karen can be reached at karen@karenfried.com. Trainings and Presentations: In response to COVID-19, Karen presented an article series to an international audience of child and adolescent therapists: “Just for Now, Using the Oaklander Model in a Time of Crisis” on a zoom call. Therapists and counselors from over 30 countries participate on this monthly call. Since March of 2020, Karen has presented to global audiences, trainings, presentations, and consultation on the use of Gestalt Therapy with children. Her in-person training program for therapists and counselors is now virtual and has expanded to participants worldwide. Online Play Therapy Tools Karen and her tech team have developed play therapy tools to help professionals during this time, including; Projective Cards – <https://www.oaklandertraining.org/projective-cards>; Online Sand Tray – <https://onlinesandtray.com/>; Online Puppets – <https://onlinepuppets.org/>; Online Dollhouse – <https://onlinedollhouses.com/>; Mindful Draw – <https://mindfuldraw.com> and more are in development and coming soon Just for Now: Virtual Use of the Oaklander Model in a Time of Crisis.

Leah James, PhD, MSW

Leah James, PhD, MSW is the Regional Mental Health and Psychosocial Support (MHPSS) Specialist in the Child Protection section at the UNICEF Europe and Central Asia Regional Office, based in Budapest. She has a PhD in social psychology and social work from the University of Michigan and is a licensed clinical social worker. Leah has more than 15 years of experience providing MHPSS technical support in INGO and UN agency roles in both humanitarian and development settings, including Ukraine, Iraq, Lebanon, Jordan, Colombia, Nepal, and Haiti. Leah also holds a research associate appointment at the Institute of Behavioral Science at the University of Colorado and has extensive experience conducting intervention research focused on MHPSS in emergency settings.

Prof. Mila Goldner-Vukov, MD, PhD

Prof. Mila Goldner-Vukov, MD-PhD, consultant psychiatrist, member of the Royal Australian and New Zealand College of Psychiatrists, individual, internationally certified systemic family and group psychotherapist. Dr Mila Goldner Vukov was educated in Belgrade, USA, UK, Australia and New Zealand. She created a school of systemic family therapy in Belgrade. She was a lecturer at the University of Belgrade, New Zealand and James Cook University in Australia. He is a professor at ECPD, Belgrade. Dr Mila Goldner Vukov has extensive experience in the field of general psychiatry, perinatal psychiatry, child and adolescent psychiatry and transcultural psychiatry. She is recognized as an outstanding expert and lecturer. She leads the Seminar on Family Dynamics and Psychotherapy at ECPD, as well as many workshops in the field of family relations, positive psychology, perinatal psychiatry, transgenerational and intergenerational trauma, the roots of aggression and erosion of empathy, different faces of love and women's well-being, as well as in the field of transcultural psychiatry and causes of suicidality. Her special interest is the prevention of family problems through the education of young people who are preparing for the role of parents, as well as the prevention of suicide among young people. She published a large number of scientific and professional works as well as books: "Family in crisis", "Emotional life of modern man and drugs", "Paths and detours of the family", "And then the cinderellas laid money on the account", "Look at me", "Arrivals and Departures" – co-authored with Dr. Snezana Mijalkovic and "Snevanje" – "Dreaming", a book published in the USA. The last book she wrote "Parents, good morning" refers to family relationships and positive parenting, while introducing the reader to anthropology, mythologies, the development of parenting through various cultures, relationships at the family level, problems of abuse (physical, psychological and sexual) and how to achieve positive parenting. She participated in numerous congresses and presented papers related to women's mental health and transcultural aspects of suicidality.

Prof. Michael Ungar, PhD

Michael Ungar, Ph.D., is a Family Therapist and Professor of Social Work at Dalhousie University where he holds the Canada Research Chair in Child, Family and Community Resilience. His research on resilience around the world and across cultures has made him the number one ranked Social Work scholar in the world, with numerous educational institutions, government agencies, not-for-profits and businesses relying on his research and clinical work to guide their approaches to nurturing child, family, organizational and community wellbeing under stress. He the author of 18 books for mental health professionals, educators, caregivers and employers, including his most recent works *The Limits of Resilience: When to Persevere, When to Change, and When to Quit*, a book for individuals and organizations under stress, *Multisystemic Resilience*, an edited volume (open access) of papers from more than a dozen disciplines focused on resilient systems, and *Working with Children and Youth with Complex Needs: 20 Skills to Build Resilience*, a book for mental health professionals. As well as having received numerous awards for his work, including the Canadian Association of Social Workers National Distinguished Service Award and being named a Fellow of the Royal Society of Canada, Dr. Ungar also maintains a blog, *Nurturing Resilience*, which can be read on Psychology Today's website. To view a sample of Dr. Ungar's work, please go to his website www.michaelungar.com.

Dr. Ledia Lazeri

Dr Ledia Lazeri is the Regional Adviser for Mental Health at the WHO Regional Office for Europe. A native of Albania, she trained and worked as a psychiatrist in her home country, having contributed to education of medical students and later to the national reform of mental health policy and services. Having joined WHO in 2000, Dr Lazeri expanded her scope of work larger in the Balkans region through the Mental Health Project of the Stability Pact in South-Eastern Europe and later in Türkiye where she led a large EU-funded WHO project on Improving Services for People with Disabilities. She held few assignments as WHO Representative to various European countries, where she led the WHO technical cooperation with the country. Dr Lazeri was the WHO Representative to Hungary during 2017-2021 and collaborated with a good number of Hungarian institutions under the umbrella of the Ministry of Human Capacities and beyond. In

her function as Regional Adviser for Mental Health since 2021, Dr Lazeri leads a team that brings together expertise in various areas: policy and services, rights and advocacy, communication and promotion in mental health, tasked, among others, with implementing the WHO European Framework for Action in Mental Health 2021-2025, supporting the pan-European Mental Health Coalition and contributing to the implementation of the EU Comprehensive Approach to Mental Health.

Prof. Esmina Avdibegović, MD, PhD

Esmina Avdibegović, professor emeritus, specialist in neuropsychiatry, subspecialist in social psychiatry, retired from 2022. Born on 1957, graduated from the Faculty of Medicine of the University of Sarajevo in 1981, and received her master's degree in 1997 and doctorate in 2004 from the Faculty of Medicine of the University of Tuzla. She worked at the Faculty of Medicine of the University of Tuzla and at the Department of Psychiatry of the University Clinical Center Tuzla. She completed education in group analysis with IGA Zagreb and has educator degree. She is the president of the Association of Group Analysts in Bosnia and Herzegovina. She was a leader and collaborator in several scientific and professional projects, mentored three master's theses and three doctoral theses, published several scientific and professional papers, several chapters in books, published two textbooks and was the editor of several proceedings of scientific and professional conferences. The main areas of research are mental health and human rights, social psychiatry, suicidology, psychotraumatology and psychotherapy.

Prof. Vera Daneš Brozek, MD, PhD

VERA DANEŠ-BROZEK is a subspecialist child psychiatrist and associate professor of psychiatry. In her clinical work, she applies the principles of individual psychoanalytically oriented psychotherapy. She is a certified psychotherapist for group psychotherapy. Her research work is focused on the study of the mental health of children and adolescents. She has participated in numerous international scientific research projects in the field of child and adolescent psychiatry. Until her retirement, she was the head of the Department of Child Psychiatry at the University Clinical Center in Sarajevo. She has published a number of professional and scientific papers and is also the author of monographs and a co-author of textbooks for medical students. She is a permanent court expert in the field of psychiatry. She is the honorary president of the Association of Child Psychiatrists in Bosnia and Herzegovina (UDAP).

Univ.-Prof. Kanita Dervić, MD, PhD

Univ.-Professor Kanita Dervic, MD, is a professor of child and adolescent psychiatry at the Medical University of Vienna. She graduated from the Medical Faculty in Sarajevo and concurrently from the Music Academy of the University of Sarajevo. Following that, she pursued specialisation in general and child/adolescent psychiatry at the Medical University of Vienna, with further training at Columbia University, New York, USA. She has received numerous national and international awards for her scientific research and clinical work, including recognition from the President of Austria for her contributions to science. Prof. Dervic is the first woman in Austria to achieve the highest academic qualification in the German-speaking region of Europe, Habilitation, in the field of child and adolescent psychiatry in 2007. In the same year, she was appointed as an associate professor of child and adolescent psychiatry at the Medical University of Vienna. She is the author of award-winning scientific papers published in leading international journals (e.g., awarded the best scientific paper in 2004 by the European Psychiatric Association [EAP]), serves as an Editorial Board Member for reputable psychiatric journals, and is an invited speaker at numerous international congresses.

Academician Dr. Adila Kreso-Pašalić

Academician Dr. Adila Kreso is a professor emeritus at the Department of Pedagogy of the Faculty of Philosophy. Over 45 years of research and teaching at the University of Sarajevo. Published four books, conducted dozens of research projects and published over ninety papers. She has a tremendous international pedagogical experience in cooperation with a large number of universities in foreign

countries where she has lectured, participated in conferences or engaged in mutual research. She is member of ANUBiH since 2008, and vice-president from 2014. Her scientific interest is predominantly focused on the family, early upbringing and encouraging child development, to build up a successful young person by strengthening the parenting role. Similarly, she is active in international pedagogical bodies and organizations what derives from her interest in international and comparative pedagogical research. She is particularly focused on educational policy in multicultural societies so that each young person has equal chances for participation and success in high quality education. She is a member of several domestic and international associations and professional bodies. She was chairman of the XCIII World Congress WCCES (World Congress of Comparative Education Societies) in Sarajevo (2007).

Prim. dr. Ranka Kalinić, MD

Prim. Dr. Ranka Kalinić was born in Banja Luka in 1965, where she completed elementary school, high school and the Faculty of Medicine. She completed specialization in child and adolescent psychiatry in Belgrade, as well as education in psychodynamic psychotherapy of children and youth. Since 2004, she has been employed at the Center for the Protection of Mental Health in Banja Luka. At the Center, she formed the first complete team for children and young people that provides services for prevention, diagnosis, treatment and medical treatment of disorders in the mental health of children and young people. She held over 250 educational lectures and workshops. She participated in a large number of projects, and is co-author of 4 manuals intended for parents and children.

Prof. Bruno Van den Bosch

Bruno Van den Bosch is the founder, director, and general manager of Educatieve Academie vzw. He is also the founder, professor, and staff lecturer within the four-year therapy program *Interactieele Vormgeving*, an integrative form of psychotherapy. Serving as the president of the EAIP (European Association for Integrative Psychotherapy), Bruno is the chair of the Membership Committee and co-chair of the European Wide Organisations Committee at the EAP (European Association of Psychotherapy). Additionally, he is a co-founder of *Touw vzw*, an organization providing psychotherapy to the underprivileged. Bruno actively contributes to the Yearly Training in *Metapositie* for supervisors. With over thirty-five years of experience in individual, relationship, family and group therapy, Bruno, originally pedagogically trained, pursued studies in Gestalt, Psychosynthesis, Bio-Energetics, Brief-Therapy, Systemic Approach, and Hypnotherapy, and delved into Jungian Analytical Psychology. Recognized as an integrative therapist by the EAIP, Bruno Van den Bosch is also a co-author of *'Veranderende Denkbeelden in de Psychotherapie'* (2008), a book about integrative psychotherapy. Bruno Van den Bosch is Chair EAP Membership Committee and Co-chair EAP-EWOC.

Prof. Mirjana Mavrak, PhD

Mirjana Mavrak, professor of pedagogy and psychology, has Ph. D in educational sciences (*The Quality of Communication among Socialization Factors in Educational work with Healthy and Chronically Ill Children*) and works as full professor at University of Sarajevo, Faculty of Philosophy, Department of Education. She is the author and co-author of many publications, three handbooks for professionals in education and adult education (adult education professionals, hospital teachers, medical workers and nurses), monography on personal biography as story about human creativity in science and book on andragogical reception of literature in professional work with humans. She was creator, program-coordinator and educator in many education circles for different professional groups. Since 2014. she started more comprehensive engagement in psychotherapeutic education and psychotherapy with adults. Oriented to children's well-being, she devoted her professional development to andragogy and work with adults respecting the fact that there is no education without an educated educator.

Irena Bezić, PhD

Irena Bezić, gestalt therapist and supervisor, has been working in private practice since 1994. Since 1996, she has been working as an organizer and leader of Gestalt therapy education, previously in collaboration with the German Institute IGW, and since 2013 we have the Croatian EAPTI Center IGW Zagreb. She is currently leading 19th generation of gestalt therapy educators. She made a couple of them generation of gestalt education for SFU Ljubljana as well. I have a doctorate in clinical psychology – in the field of psycho-oncology (LMU, University of Munich) and a doctorate in social sciences of labor/social policy – from the field of disability (University of Zagreb). During the war and after (1991-2001) she worked with traumatized people throughout the region Croatia, Bosnia and Herzegovina, Kosovo. In 1993, she led psychosocial projects for UNICEF Croatia, later for a number of NGOs in the region. In addition to Gestalt therapy, Irena completed training in Imago couple therapy and Biodynamics and couples education degrees from a number of other therapeutic directions. She has been working for over 30 years as a supervisor and meta-supervisor and teach team supervision at the postgraduate study of Psychosocial Supervision (Study for Social Work, Zagreb). Since 2005, Irena has been a representative of Croatian psychotherapists in EAP, Croatia. She has been leading since 2018 committee of psychotherapy national organizations in EAP, and Irena has a position from 2023., President of the EAP.

Goran Arbanas, MD, PhD, FECSM, Associate Professor

Goran Arbanas is a psychiatrist, forensic psychiatrist, psychotherapist, group analyst, and sexual therapist. Professor Arbanas has three subspecialties: in psychotherapy, forensic psychiatry, and sexual medicine. He works at the University Psychiatric Hospital Vrapče in Zagreb, in the Department for Forensic Psychiatry. His primary areas of expertise include forensic psychiatry, sexual medicine, psychotherapy, treatment of sex offenders, court assessments and use of artificial intelligence in psychiatry. He actively translates major psychiatric books into Croatian and was the Editor of the Croatian version of DSM-5. He is the author of the first textbook on sexual medicine and sexual therapy (Introduction to sexual medicine) in Croatian. Professor Arbanas teaches forensic psychiatry, human sexuality, clinical sexology and communication skills at the University of Rijeka and University of Zagreb. He held the position of president of the Croatian Association for Sexual Therapy from 2007 to 2021 and currently serves as the treasurer of the European Federation of Sexology. He is a vice-president of the Institute of Group Analysis in Zagreb.

Prof. Mirjana Graovac, MD, PhD

Psychiatrist, subspecialist in child and adolescent psychiatry, subspecialist of psychotherapy. Education – Child and Adolescent Psychotherapy, group analysis and psychodrama. 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). A member of editorial board of the scientific and professional journal Psychotherapy in Achieving Health and Well-being for Children and Young People. A member of several professional associations in the country and abroad. The author of numerous scientific and professional articles, co-author of textbooks for students in the field of psychiatry and child and adolescent psychiatry. Currently employed in Special Hospital MEDICO in Rijeka. 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. Tatjana Stefanović Stanojević, PhD

Tatjana Stefanović Stanojević, developmental psychologist and researcher in the field of attachment theory, was born in 1963 in Niš. She obtained her doctorate in psychological sciences in 2002 at the Department of Psychology of the Faculty of Philosophy in Belgrade, with the topic: Close partner relationships in the light of affective attachment theory. Tatjana Stefanović Stanojević works at the Department of Psychology at 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 full professor in April 2014. At the Department of Psychology in Niš, she teaches courses: Theories of cognitive development, Theories of emotional development, Research in developmental psychology, Psychology of partner relationships, Trauma from the perspective of affective attachment theory. She is the author of monographs: Emotional development of personality, (2005), Early experience and love relationships, (2007), Affective attachment, development, modalities and evaluation (2010), When we say love, do we mean love, (2012). Affective attachment and family relationships: development and significance, (co-author, 2012), Fear is the worst place: a study of early trauma from the perspective of affective attachment theory (co-author, 2018). Love or TriP (2020). He is the author of a large number of papers in the field of attachment theory, published in scientific journals and anthologies Since 2013, Tatjana Stefanović Stanojević has been on the project of the Ministry of Education, Science and Technological Development: Relationships at work and in the family (149002), project manager: Prof. Dr. Vladimir Hedrih, and until 2016 she was also on the project: Trauma, trust, memory (Social Trauma and Reconciliation in Psychoanalysis, Psychotherapy, and Cultural Memory), project manager: prof. Andreas Hamburger. Tatjana Stefanović Stanojević is the founder of the Association for the Study, Evaluation and Application of Affective Attachment Theory: Safe Base. Also, since 2014, she is the president of the Section for Psychology of Close Relationships at the Serbian Psychological Society, as well as a member of the Executive Board of the Serbian Psychological Society. Tatjana Stefanović Stanojević. Also, Tatjana Stefanović Stanojević holds a certificate of the European Interdisciplinary Association (EIA) for psychotherapy of children and youth. This certificate recognized her credentials for psychotherapy, education and supervision in the field of integrative psychotherapy for children and adolescents. In 2015, she accredited three seminars for the training of professionals in social work at the Republic Institute for Social Work (Child with trauma, from recognition to help, Assessment of affective attachment of children after nursery age, Partnership and marital relationships: survival). About a hundred seminars have been held so far. Tatjana Stefanović Stanojević is the winner of the social award Ljubomir Ljuba Stojić, which is awarded by the Society of Psychologists of Serbia for her contribution to the development of the psychological profession in her community. Tatjana Stefanovic Stanojevic is the winner of the Živomir Žiža Vasić social recognition awarded by the Society of Psychologists of Serbia for the popularization of contemporary psychology.

Jocelyne Quennell

Jocelyne is a psychotherapist who has been engaged with children's wellbeing and youth mental health for thirty years. She has been the course leader for post graduate therapeutic programmes in the UK and has experience, supporting the development of services in health, education and social care in the UK in statutory, charity and independent sectors. She is former Principal of the Institute for Arts in Therapy and Education which delivers training in Child and Adolescent Psychotherapy, Child Therapeutic Counselling, Integrative Arts Psychotherapy and Therapeutic Wellbeing Practice. She is Director of the Wellbeing Faculty which has courses in Therapeutic Communication Skills and Community Wellbeing. She has worked on many committees over three decades in the regulation of therapeutic practice including the development of education, training and practice standards in professional associations in the UK and Europe. She is currently the lead for Training Standards for the European Association for Therapeutic Services for Children and Young People where she is inspired to work with and alongside European colleagues with a shared vision for child mental health and emotional wellbeing. Jocelyne is passionate about increasing access to therapeutic help for children and young people, parents, carers, professionals, families, organisations and communities. She is working towards building international resources, resilience and therapeutic ethics and competencies to serve the best interests of children and young people to contend with adversity in their futures.

Oana Maria Popescu, PhD

Oana Maria Popescu is an integrative psychotherapist, trainer and supervisor, co-chair of the membership committee and training standards officer for the European Association of Integrative Psychotherapy, treasurer of the European Interdisciplinary Association for Therapy with Children and Young People, president of the Association of Integrative Research, Counselling and Psychotherapy. She published numerous articles and books on integrative psychotherapy and is the founder of the integrative-strategic approach in psychotherapy.

Vesna Hercigonja Novković, PhD, MD

Vesna Hercigonja Novković is a special education teacher by profession, doctor of medical sciences, holder of ECP certificate in child and adolescent integrative psychotherapy and adult integrative psychotherapy. He is a certified psychotherapeutic supervisor. She is the director of the Kocijan/Hercigonja Polyclinic, within which she founded the Center for ADHD. In the Polyclinic, he diagnoses and treats children and young people every day, and consults parents, teachers and educators. Founder and vice-president of the Institute for Psychotherapy and Counseling of Children, Families and Youth, D.O.M. (EAPTI). Institute D.O.M. since 2010, he has been conducting education in child and adolescent integrative psychotherapy and supervision of child and adolescent psychotherapists. He is a lecturer at several psychotherapy institutes in Croatia and outside Croatia, several faculties in Zagreb (Faculty of Teachers, Faculty of Philosophy – Department of Psychology and Faculty of Law), lecturer at the Propedeutics of Psychotherapy program, author of numerous papers, congress lectures, chapters in professional books, writes columns in several magazines and is the co-author of the book “ADHD – from prejudice to facts”. Her area of interest is children and youth, ADHD and behavioural disorders. She is married and the mother of three daughters.

Naomi Moore

Naomi is a play and creative arts therapist, child and adolescent counsellor parent child therapist and clinical supervisor, with a background in early years, primary education, special educational needs and play work. She has worked extensively with children and young people from birth to 18 in the UK and internationally. She coordinates and provides therapeutic provision in inner city primary and secondary schools, where she is responsible for the design, delivery and evaluation of services as clinical lead. She also works in a special school for neurodivergent children who have social, emotional and mental health needs. Naomi has multiple interests and specialisms, including neurodiversity in girls, eating disorders, self-harm, trauma and dissociation and the interplay between mental health, wellbeing, SEND and complex medical conditions within the mainstream school sector. She is passionate about research and leads and teaches on this and other subjects for the Wellbeing Faculty at the Institute for Arts in Therapy and Education, the Sunflower Network and Jigsaw Academy. She manages the weekend volunteer program at Great Ormond Street Hospital, providing play and creative activities to children, young people and their families. Naomi is also the author of 16 therapeutic story books to support children, young people and significant adults to have difficult conversations about complex feelings and issues.

Prof. Larisa Velić, PhD

Prof. Dr. Larisa Velić serves as the dean of the Faculty of Law at the University of Zenica and as the chair of the University of Zenica's Senate. After earning her law degree at Heinrich-Heine University in Düsseldorf and completing a two-year internship at the Supreme Provincial Court in Düsseldorf, she worked as a lawyer in Germany. With several years of experience, she acted as a legal expert for GTZ (a German government organization), focusing on the reform of land administration and the development of real property laws. Additionally, she played a role in reforming the judicial system through her involvement with the High Judicial and Prosecutorial Council. A member of the Club of Independent Intellectuals (Club 99) and the Council of Bosniak Intellectuals Congress, Prof. Dr. Larisa Velić actively contributed to the creation of numerous regulations in Bosnia and Herzegovina. She is also engaged as an educator by the Center for the Education of Judges and Prosecutors, as well as other domestic and international

organizations. Furthermore, she is an accomplished author with numerous published books and articles.

Prof. Nermina Kravić, MD, PhD

Prof. Kravić Nermina MD, PhD, neuropsychiatrist, subspecialist in child and adolescent psychiatry and psychotherapy, group analyst. Employed at the Department of Psychiatry, University Clinical Center Tuzla, as the Head of the Department of Child and Adolescent Psychiatry. Associate Professor at the School of Medicine, University in Tuzla, Bosnia and Herzegovina. Researches theses for her master and PhD were focused on consequences of war trauma and losses on children and adolescents mental health. She attended professional postgraduate studies from child and adolescent psychiatry at the School of Medicine, University of Zagreb, Croatia and participated in postgraduate research project about Molecular bases of Posttraumatic stress disorder and their genetic influences, in cooperation with University in Würzburg, Germany, supported by the DAAD (Deutsche Akademische Austauschdienst) In collaboration with the EMDR Association from Great Britain and Northern Ireland, she completed three levels of EMDR training (Eye movement desensitization reprocessing). She has also participated in international research and collaboration projects with Universities in Austria, Netherlands, Germany, Switzerland, Norway and United States. She regularly participates in professional congresses and gatherings and published scientific papers and publications in domestic and international journals and books. Austrian Association for Child and Adolescent Psychiatry praised her Original scientific paper "Bosnian paternal war orphans-Mental health in postwar time" with Ernst Berger Prize for Social Psychiatry in 2024.year. She is one of the founders and the General Secretary of the Association for Child and Adolescent Psychiatry in Bosnia and Herzegovina.

Academician, prof. Mirsada Hukić, MD

Professor Emeritus University of Sarajevo, Specialist in Microbiology and Immunology, Subspecialist in Virology; Member of Department of Medical Sciences, Academy of Science and Arts of Bosnia and Herzegovina; Member; Member of European Academy of Science – Medicine and Life Sciences Division; Honorary member of Bosnian Herzegovinian American Academy of Arts and Sciences; Member of International of International Bioethics Committee; Director and founder of Institute for biomedical diagnostic and research NALAZ; Director of the Center for Disease Control and Geohealth Studies of the Academy of Sciences and Arts of Bosnia and Herzegovina; President of the Committee for Scientific Research and Research and Development of Academy of Science and Art of Bosnia and Herzegovina. Member of the Board of Directors of the Bosniak Institute – Adil Zulfikarpasic Foundation in Sarajevo and Bosniaken Institute – Stiftung Adil Zulfikarpasic in Zurich. Prof. Hukić has more than 40 years of intense experience in clinical diagnostic of infectious diseases as well as researching the ecology, physiology and genetics of microorganisms, relationships between different kinds of living organisms as well as the role of microorganisms in the processes that are useful and harmful to the life on Earth. Emerging, re-emerging pathogens and new diseases have a special place in her research work. Her research during an extraordinary period of war in Bosnia and Herzegovina had great scientific success in the field of Hantaviruses. During the epidemic of hemorrhagic fever with renal syndrome in Bosnia and Herzegovina, her results showed that at least two different hantaviruses each carried by a different rodent species circulated in the area: the murine Dobrava (DOB), and the avricoline Puumala (PUU) viruses. At the same time, she has isolated a new variant of Hantan – Dobrava virus, named Tuzla 43 from the Apodemus flavicolis trapped near town Tuzla. During her researching Sandfly – Pappatachi Fever in Bosnia and Herzegovina, new Flavivirus specific genomes were detected utilizing a hemi-nested PCR approach in Sandfly, collected in Herzegovina. The COVID-19 epidemic has been a major challenge for all healthcare professionals. Within the Department of Medical Sciences of ANUBiH, Prof Hukić initiated the initiative to establish the Center for Disease Control and Geohealth Studies. Experts from various fields of science are involved in the work of the center. The center has achieved outstanding results in the field of temporal and spatial monitoring of the epidemic in the territory of Bosnia and Herzegovina, the study of the genetics of SARS-CoV-2 and immune mechanisms in the course of COVID-19, the transmission of infection between pets and humans, etc. A geoportal was established on the ANUBiH website, which was useful to citizens and health professionals. As a coordinator and/or partner she was involved in 22 different scientific

projects. She has published 128 scientific papers. In addition, she has presented the results of her work in over 230 conferences worldwide. She is an author and co-author of 12 books. She was also a reviewer for numerous books manuscripts, papers and projects. She made significant networking contacts with colleagues around the world and is a member of many scientific societies like: European Network for Diagnostics of "Imported" Viral Diseases, European Wildlife Disease Association, International Federation of Infection Control, the Bosnian representative in the EU Program Committee FP7- Health Research, „Focal point“ in the B&H for the European center for disease control, and the World Health Organization in the areas of flu, measles, and resistance to antibiotics. For her work she has received many awards and acknowledgments. Finally, she is the president and volunteer in Special Olympics in B&H. With the B&H team she went to the 4th Special Olympic games and at every Special Olympics the B&H team has won a few medals golden, silver or bronze.

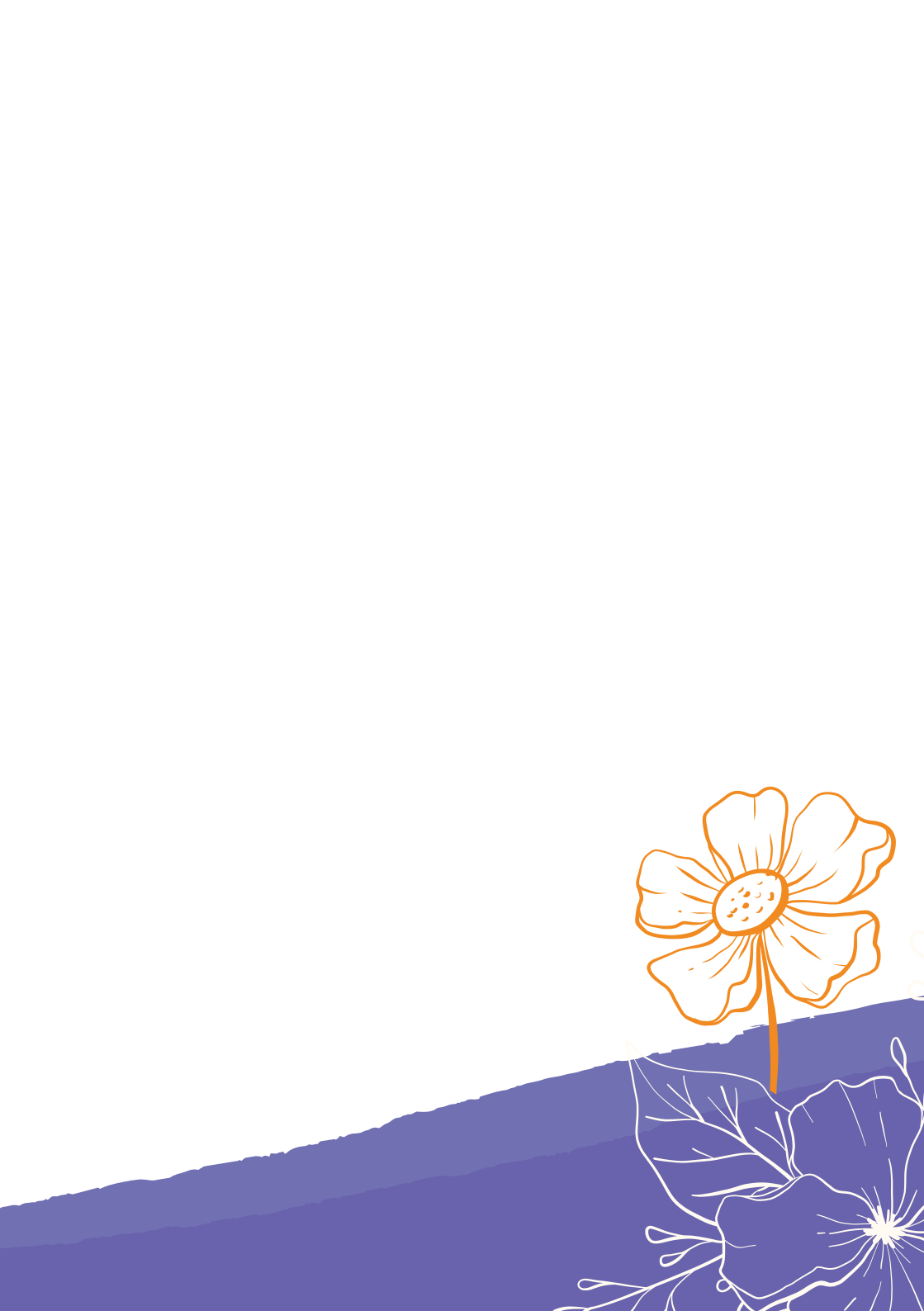
Prof. Vesna Petrović, PhD.

Dr. Vesna Petrovic is Professor of Psychology at Union University in Belgrade, Serbia. Starting with 2014 she is president and trainer of the Serbian Association of Integrative Psychotherapy (SUIP). She received her PhD from the University of Belgrade, Faculty of Philosophy, Department of Psychology in 1999. She teaches at undergraduate and postgraduate level in the field of psychology and psychotherapy.

Dr. Vesna Petrovic's research has addressed issues in mental health, child trauma and psychotherapy. She is the author and co-author of over 100 scientific publications and several volumes, including *Psychic trauma and recovery in children* (Čigoja, 2004) and *Psychic health and well being – a new frame for mental health* (USEE, 2012). She has the European Certificate in Psychotherapy (ECP) since 2001, is a national delegate of the Serbian Union of Psychotherapy Associations to the European Association of Psychotherapy (EAP), a member of the Editorial Board of the *International Journal of Psychotherapy*, and a member of the Editorial Board of the *European Journal for Qualitative Research in Psychotherapy*. The Serbian Association of Integrative Psychotherapy (SUIP) is a full member of the European Association of Integrative Psychotherapy (EAIP).

Doc. Dr. Nataša Ljubomirović, MD

Dr. Nataša Ljubomirović (née Ceribašić) was born in Belgrade on May 13, 1965. She graduated from the Faculty of Medicine at the University of Sarajevo in 1989, earning the title of Doctor of Medicine (valedictorian, with an average grade of 9.6), and also graduated from the Faculty of Dentistry at the University of Sarajevo (average grade 9.8). She passed the specialist exam in psychiatry in 1999 with excellent marks. She defended her master's thesis titled "Psychological Consequences of War Stress in Adolescents" – in the field of social psychiatry at the Faculty of Medicine in Belgrade in 1997. She was awarded a UK scholarship and completed education in child psychiatry at NHS Northampton, United Kingdom, focusing on group work with children and youth under the mentorship of Prof. Dr. Kedar Dwivedi in 2001. From 2003 to 2008, she served as the project coordinator in mental health, working with vulnerable children, youth, and their families within the Doctors Without Borders Belgium (MSF Belgium) project. She defended her doctoral dissertation titled "Application of Social Group Work in the Local Community" on December 29, 2014, at the Faculty of Political Sciences in Belgrade. She was appointed as an assistant professor at the Academy for Human Development in 2017. She obtained the academic title of research associate at the Faculty of Political Sciences at the University of Belgrade on September 26, 2018. From 2015 to 2023, she was an educator for healthcare professionals in the Mental Health Reform Project in Bosnia and Herzegovina. In 2020, she became a mentor for doctors specializing in child and adolescent psychiatry at the Faculty of Medicine, University of Belgrade. She has been on the list of certified forensic experts in child and adolescent psychiatry since 2021, at the Ministry of Justice of the Republic of Serbia. Since 2021, she has been the head of the Child and Youth Clinic at the Institute of Mental Health in Belgrade, and the head of the Clinical Department for Children and Youth at the Institute of Mental Health in Belgrade.



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