

Therapist's Guide to **LIVING WITH MY FAMILY**

PURPOSE OF THE WORKBOOKS

This workbook is a tool for working with children who have been traumatized by a particularly violent family fight. It is designed to help clients recall painful memories and associations which could result in posttraumatic reactions, and to facilitate the working through and integration of traumatic experiences and their aftereffects.

The Living with My Family Workbook, and all other Growth and Recovery Workbooks from Hunter House, are not self-help tools. They are intended to be used in the clinical setting by therapists, counselors, and school psychologists. Successful completion of the tasks in the workbook requires a sense of safety and support provided by the therapeutic alliance. The combination of a safe therapeutic relationship and a structured approach to debriefing provides the optimal opportunity for healing and recovery from trauma.

As such, these Growth and Recovery Workbooks should not be given to guardians or parents to work through with their children in an unsupervised setting, or to children to take home till therapy is completed to the therapist's satisfaction.

USING THE WORKBOOKS

The Growth and Recovery Workbooks are an adjunct to the therapist's work, and are not meant to provide the whole therapeutic content. Each therapist brings to the process his or her own originality, creativity, and successful professional experience. It is hoped that they will freely adapt the tasks and activities in the Workbooks to their own style and approach, using other materials and activities whenever appropriate.

Clients should also move at their own pace, and therapists should pursue those topics and modalities most appropriate for them without being limited by the Workbook format. For instance, with less verbally oriented children the use of art therapy or audio or video cassette recorders may be recommended.

A personalization process ensures that clinical decisions regarding Workbook tasks are dictated by the therapeutic relationship, the individual survivor's level of development and past history of trauma, and the unique circumstances of this event. If a survivor finds a task too hot to approach, the therapist can choose to return to it later. When something is fruitful it can be pursued with extended tasks, and when a task is neutral the work can move on quickly.

The content of the workbooks should be shared with parents or significant adults only when the child feels ready for it, and if it therapeutically wise.

Although this series of Workbooks was primarily written for school-age and adolescent chil-

dren, the tasks are adaptable for use with younger children and young adults.

DESIGN OF THE WORKBOOKS

Each pair of facing pages provides the focus for a complete therapeutic "movement." Depending upon the pacing of the therapy, this could provide the material for a session. However, if the needs of the child warrant, more than one such movement could be made in a single session, or several sessions may need to be devoted to a single movement.

While a therapist is always free to select activities appropriate to the client, the succession of exercises through the book follow a therapeutically logical progression:

- The initial exercises are focused upon building the therapeutic alliance.
- The child is then led to providing an initial assessment of the context of the fight. This process is aided by the provision of common terminology.
- Specific fight patterns are explored.
- The single fight designated as most traumatic is addressed. This is deepened by a "sensory-unpacking" of the experience designed to access and recover traumatic memories. This progression follows a debriefing format, and then focuses upon the child's reactions to the incident.

- Delayed reactions are dealt with, and resources explored.
- Situational coping strategies are explored, providing the child means to protect him- or herself during future fighting.
- Finally, the experience is integrated through a series of strength building exercises.

The Workbook facilitates the child's attempts to integrate a traumatic life event as an experience of growth. The tasks are process-oriented in that the child's approach to the work, as well as the content information offered, give the therapist important information about his or her defenses, limitations, and strengths.

SUMMARY

The principles of critical incident stress management form the basis for the Trauma Workbooks. Reviewing and retelling the tale of trauma reduces anxiety, re-sorts misconceptions, and restores perspective. The Workbook guides the child through introductory tasks to issues of conflict and concern, and

finally to building strengths and skills for optimal adjustment in the future.

The Workbook serves the following functions:

- It is an aid to focusing and directing the therapeutic process of critical incident stress debriefing.
- It is a medium for communication, introducing recall of the critical incident in a safe, supportive setting.
- It invites the child to explore the range of feelings, thoughts and concerns that surround a traumatic event.
- It serves as an assessment tool for the therapist, to help determine how the child is integrating the experience.
- It can be used as a vehicle for educating the child about the issues surrounding the experience, and for helping him or her to develop the strengths and skills needed for successful mastery of a difficult life situation.

REFERENCING

Specific tasks in the Growth and Recovery Workbook are cross-referenced to discussion contained in Dr. Kendall Johnson's book *TRAUMA IN THE LIVES OF CHILDREN* (Hunter House, Alameda, 1989). This provides the therapist additional information on treatment approaches to traumatized children.

In the references below, the abbreviation TLC denotes *TRAUMA IN THE LIVES OF CHILDREN*.

Pages 1–3 are introductory and trust building. They serve to help establish and strengthen the therapeutic alliance. In addition, important information is elicited regarding the child's frame of reference, self-image, and family status and dynamics. It is important to make sure that this alliance is firmly established before moving on. Other activities can be utilized to achieve this if necessary. (*Ref. TLC pp. 100, 119–120*) These pages can continue the process of assessment which has presumably already begun. (*Ref. TLC pp. 94–97*) **Page 3** elicits important information regarding the child's living situation. the support system can also be assessed here, in relation to the family. Many diffuse symptoms can be traced to insecurity regarding living conditions. (*Ref. TLC p. 102*)

Pages 4 and 5 mark the transition from alliance formation to preliminary assessment of family dynamics.

Pages 6–9 continue the assessment process, focusing upon fighting. The process must be undertaken at the child's own pace. Thus these pages may be immediately welcome for some survivors, but very difficult for others. For the later, these exercises may serve as the basis for a period of extended work. Consider also using projective means of assessing and working with family dynamics such as dolls, family mapping, and family choreography. (Johnson, K, Family sculpture in the interpersonal relations classroom, *Journal of Continuation Education*, 7, 1985, pp. 7–11) **Pages 6 and 7** provide an overview of the fight process, utilizing a progression from a "left-brain" writing to a "right-brain" drawing in order to access detailed information. The value of art therapies and artistic expression in establishing rapport, gaining access to unconscious material, and providing opportunities for the expression of unacceptable memories and feelings is

well documented. (Ref. *TLC pp. 96 and 107–108*) Hesitation on the child's part during these exercises could be due to several things. The therapist should assess whether the hesitancy is due to the intensity of traumatic imagery, insufficient trust in the questioning, or difficulty in interpreting the experience. A conservative approach is suggested in utilizing any sort of confrontation or in moving on with workbook exercises before the child is ready. It must be remembered that premature disclosure of sensitive personal material will be experienced as retraumatization by the child, undermining the fragile process of rebuilding trust in adults.

Pages 8 and 9 review the fighting process again. **Page 8** analyzes family members' participation in the fight cycle. This is useful now in deepening the child's understanding of the process, and will be useful later in planning situational coping strategies. **Page 9** explores the child's fears and anxieties regarding the pattern of fighting. These pages are intended to be general, addressing pervasive family issues.

Pages 10–15 focus upon the single most traumatic fight the child remembers, and constitute a debriefing of that incident. It is important for the survivor to be able to share the intense memories and feelings surrounding a particularly traumatic incident to be able to proceed toward recovery. Painful and frightening images must be depotentiated in order for the child to gain perspective and empowerment. (Ref. *TLC pp. 77, 91, 101*)

Pages 10 and 11 provide the child with an opportunity to describe the incident and his or her personal role in it. **Pages 12 and 13**, then, constitute a sensory unpacking of that experience, aimed at detailed recall. Again, it is critical that therapists proceed at the child's own pace, and avoid greater confrontation and intensity than the child's recovering ego strength can tolerate. Recycling through previous steps may be necessary prior to working through these pages. The child's initial response to this task can be expanded to amplify and explore these reactions. An expanded list of signs and symptoms can be used to trigger more in-depth experiential memories, particularly if done in supportive conjunction with the therapist. Such a list is found in *TLC, p. 36*. Expression of feeling in the workbook can be augmented by activities which include art work, gestalt activities, toys, or role play.

Page 14 provides the child a chance to draw the feelings during the incident. Depending upon the child's involvement and needs, this can be used to intensify the recall and sharing of the incident, or later as a summation or crystallization of the meaning of the experience. This would hinge upon the timing and presentation by the therapist. **Page 15**, similarly, can be used at this time as a closure for this stage, or saved until later and used as a strengthening exercise.

Pages 16–21 make the transition from memories to present reality and delayed reactions. **Page 16** provides a rudimentary checklist roughly grouped into behavioral, psycho-physical, and affective symptoms. Each of the reactions checked by the child should be pursued, and the composite responses considered in terms of clinical diagnosis. Therapists may wish to consider responses to the behavioral signs in terms of pervasive adaptive style of children of dysfunctional families. (Ref. *TLC pp. 20–22*) Specific anxiety and phobic reactions, as well as psychosomatic symptoms, are examined. **Page 17** continues this process. As with any therapy situation, physical symptoms should be referred for medical diagnosis to rule out health complications. The reactions listed here form only a beginning list of possible symptoms of delayed stress. Expanded lists such as those found at *TLC pp. 37–57* may be useful in filling out the clinical picture, as are specific criteria for DSM-III diagnosis of Posttraumatic Stress Disorder (also discussed in those pages).

Pages 18 and 19 elicit information regarding arousal responses to objects, persons, actions, situations, or places which are specific to fight trauma. This is useful in planning behavioral interventions aimed at coping skill development and resumption of more normal life activities. The therapist can encourage the child to review his or her conclusions about how safe he or she is in the world and at home. They can work together at resolving issues of fear and distrust so that subsequent development will not be impeded. It is essential, however, for the therapist to continually reassess the objective safety of the child, and to act if the child is in jeopardy.

Pages 20 and 21 ask the child to explore dreams which could result from family violence. Sleep disturbances, dreams and nightmares are indicative of delayed stress reaction, and provide clues to the

child's position in the posttraumatic stress cycle. (Ref. *TLC p. 140*) **Page 20** suggests mastery of feelings of helplessness that accompany nightmares and night terrors. Extended activities can also include writing new scripts for dreams and analyzing dream material using gestalt dialogue techniques.

In dealing with child victims of domestic violence, assurance of the normalcy of delayed reactions is helpful, as are behavioral and cognitive behavior modification approaches to symptom relief. (Ref. *TLC p. 109*)

Finally, if anxiety or depressive symptoms are unmanageable and resistant to treatment, consider psychiatric referral for evaluation for psychotropic medication. (Ref. *TLC p. 111*)

Page 22 begins the transition toward empowering the child with coping strategies designed to protect the child during family conflict. **Pages 22 and 23** explore resources and options inside and outside of the home which the child can turn to for safety and support both during and after a family fight begins. The therapist can help the child work out a plan of action to follow during crisis.

Pages 24 and 25 provide the opportunity for gaining cognitive perspective over the situation. **Page 24** clearly states to the child that the fighting is not his or her fault. Therapists should be sensitive to the child's attitude regarding this issue, as it is fundamental to future well being.

Pages 26 and 27 ask the survivor to write a letter to his or her family regarding the fighting. This can be a difficult, intimidating, and ultimately very powerful experience. Much support is needed from the therapist, and it is important for the therapist to play the role of consultant and advisor but not to impose content on the message. This must be the child's task. The child must then decide with the therapist whether the letter should be shared with the family. If not, it can serve as closure for this phase. The letter should only be shared if it is safe for the child to do so, if it is done with the therapist present, if it serves a definite purpose, and if further work with the family is anticipated.

This exercise will also elicit information regarding the growing autonomy of the child, revealing the effect the traumatic incident has had on the survivor's self-image. The loss of control experienced by victims of family violence contributes

significantly to a loss of self-confidence and self-esteem. Rebuilding a positive self-image is a critical step in recovery from trauma. It should be remembered that both self-image and family perceptions must be assessed in light of the stage of reaction to the trauma, and circumstances of living. (Ref. *TLC pp. 121-137, 140*) Consider also adapting other projective means of assisting the child to speak to the family such as gestalt exercises and family choreography. (Johnson, K., Family sculpture in the interpersonal relations classroom. *Journal of Continuation Education*, 7, 1985, pp. 7-11)

Pages 28 and 29 continue the reorganization of the effects of the trauma. *TLC, pp. 102 and 115* describe the conceptual accommodations necessary for optimal integration. The concluding pages of the workbook, and concluding sessions which utilize them, should reinforce the reorientation toward the future.

Pages 30-32 provide similar projective experiences where emerging threads of hope can be crystallized. No-hope stories here would indicate the need to recycle through previous exercises.

Keep in mind that the survivor is likely to periodically recall memories of old incidents of family violence, or new aspects of incidents previously related. This is likely to occur in the latter, empowerment stages as recovering ego strength allows. The therapist can be particularly helpful at this point, by providing interpretation, perspective, and hope.

We welcome comments on this guide and Workbook. To give suggestions for new Growth and Recovery Workbooks, or to order more Workbooks, call (510) 865-5282, fax (510) 865-4295, or write to:

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