

Therapist's Guide to NO MORE HURT

PURPOSE OF THE WORKBOOKS

This workbook is a tool for working with children who have been physically, sexually, or psychologically abused. 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 No More Hurt 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 children, the tasks are adaptable for use with younger children and young adults.

DESIGN OF THE WORKBOOKS

Each pair of facing pages generally 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 relating an overview and partial disclosure of the experience. This process is aided by the provision of common terminology.
- 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.
- Family experiences and dynamics are explored, as are the child's changed living conditions.
- Delayed reactions are dealt with, and resources explored.
- 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 survivor'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 Growth and Recovery Work-

books. Reviewing and retelling the tale of trauma reduces anxiety, re-sorts misconceptions, and restores perspective. The Workbook guides the survivor 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 survivor 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 survivor 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 exploring what the child is willing to disclose at this point. This process must be undertaken at the child's own pace. Thus, these pages may be the basis for a period of extended work with some children, but may simply serve as brief orientation for the next two pages with others.

Page 6 provides therapist and child with a shared terminology for discussing incidents of abuse. The topic is introduced in a straightforward manner and with a clear statement that the child is not responsible for anything that has happened to him or her.

Page 7 provides a gentle introduction into the child's own disclosure of abusive experiences. Permission is given to the child to express feelings about events which have seemed hurtful, without placing pressure upon him or her to describe details of traumatic experiences.

Pages 6 and 7 provide an opportunity and give permission to the child for disclosure of abuse. If the child does not respond to the exercises with disclosure, the therapist must decide whether it is appropriate to proceed with the workbook. The child's difficulty in disclosing abuse may be due to the intensity of traumatic imagery, insufficient trust in the therapist/context, conceptual problems regarding the language used in discussion, or could be a result of difficulty in interpreting the experiences. A conservative approach is critical in utilizing confrontation or in moving on with the workbook exercises before the child is ready. It must be remembered that premature disclosure forced by the therapist can be experienced as retraumatization by the child and may undermine the fragile process of rebuilding trust in adults.

Page 8 provides the child with the opportunity to express reluctance and resistance to remember and disclose frightening or traumatic experiences. The child is given permission to voice resistance to dealing with material which is unpleasant or painful. Allowing the resistance to be expressed permits a working through of defenses and provides the child with a pathway for accepting and dealing with hurtful memories.

Pages 9 and 10 follow closely together to facilitate a progression from the "left-brain" list of incident-specific details to the "right-brain" drawing exercise that encourages recall of visual memories. 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*)

While working on these pages and the next, keep in mind that very sensitive memories are being called into focus. Be sensitive to and facilitate the expression of deeper feelings which may emerge. Provide additional support, work at self-acceptance, and break the pacing as needed.

Page 11 continues the sensory unpacking of traumatic memories. This follows the format used in critical incident stress debriefing and serves to defuse traumatic images which may be blocking the grief process. (Ref. *TLC pp. 77, 91, 101, and 104*) Following the work on page 11, the therapist may return the child to page 7 to further process the child's feelings and reactions to the events. The child's initial response to this task may be significantly expanded as the trusting relationship with the therapist develops, allowing a deeper delving into emotional reactions. An expanded list of signs and symptoms experienced by victims of trauma may be used to trigger the child's in-depth memories. Such a list is found on *TLC, p. 36*. Expression of feeling can also be augmented by activities which include artwork, acting, toys, or role play.

Pages 12 and 13 draw the child's attention to the physical locations where the child was injured or traumatized. The child is encouraged to review his or her conclusions about how safe he or she is in the world. The therapist and child can work together at resolving issues of fear and distrust so that subsequent development will not be impeded.

Additional work regarding restoration of feelings of safety and security in the environment are recommended. Directions may be given to the child for drawing a map of the area in which the abuse occurred. A floor plan may be used to elicit additional details regarding the event. The survivor may develop a three-dimensional model to use in the therapeutic journey toward healing, or field trips may be taken to the location. The initial Workbook tasks serve as a springboard for these efforts. (Ref. *TLC pp. 102-105*)

Page 14 addresses the child's reaction to physical cues in the environment which remind her or him of the traumatic events. Awareness and recognition of specific contexts which trigger the child's emotional reactions both reduce the impact of "cuing" and offer a tool for coping with upsetting environments.

Page 15 explores the impact of the social context on the child. Research has shown that the quality of the support (or lack thereof) following an incident has a significant effect upon subsequent adjustment. (Ref. *TLC pp. 183-189*) Victims who experienced negative or unresponsive

reactions from others often find their healing process impeded. *TLC pp. 202 and 203* provide a checklist for parental reactions to a child in crisis; *TLC p. 107* offers a discussion of the effects of parental reaction on young victims. This task can be extended by suggesting the survivor draw or write about each of the people he or she has talked with about the event, noting their reaction and how he or she would like to have responded to them. The Gestalt Chair Method can then be used to augment the impact of the "rewriting of history." (Ref. *TLC pp. 107 and 109*) Feelings toward those initial responders may need considerable ventilation.

Page 16 gives permission to the child to express feelings of anger and rage associated with abusive events and incidents of disclosure. Specific attention to reactions of anger and rage is necessary to ensure that the child has full opportunity to express these feelings, which are often experienced as unacceptable in family, school, and social contexts. The child often suppresses this anger to the degree that he or she loses touch with it, until it spills out in unacceptable and inappropriate behaviors with others. This workbook exercise gives the child permission to experience angry and enraged feelings, and supplies a coping skill for expression of these frightening emotions.

Page 17 invites the survivor to personally address the person who caused the abuse. This can be a powerful experience and may take several attempts to complete. The therapist can play a consulting role in the formation of the letter, but cannot create the content. The therapist may choose to use this as a closure experience, or may use it as an opening for dialogue between the child and adult.

Page 18 gives voice to the child's fearful fantasies and anxieties. Fearful fantasies and irrational fears may signal a delayed reaction to stress. Adequate time and attention must be spent to fully explore and depotentiate fears and phobias arising out of traumatic experiences. An expanded list of stress responses may be found at *TLC pp. 37-57*. Assurances of the normalcy of such reactions, utilization of collateral activities to defuse the intensity of responses, and the use of behavioral and cognitive behavior modification approaches to symptoms may bring relief to the child troubled by delayed stress responses. (Ref. *TLC p. 109*)

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

Page 19 begins the transition to strengthening the survivor and putting the experience into a more adaptive perspective. The clinician can begin to reinforce this by the judicious use of humor, interpretation, and reframing.

(Ref. TLC pp. 102–105) These pages utilize both written and projective means to access strengths and identity resources to be developed in recovery.

Pages 20 and 21 ask the child to explore dreams surrounding the event. Sleep disturbances, dreams and nightmares are indicative of delayed stress reaction, and provide clues to the survivor's position in the posttraumatic stress cycle. (Ref. TLC p. 140) **Page 21** 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. (Ref. TLC pp. 102 and 109)

Pages 22 and 23 change the focus to feelings at the present. This is particularly useful in cases where inability to distance from the incident is blocking recovery. Close examination of the content of drawings and talk about the drawings can be useful. Lenore Terr's work with child survivors points to the use of symbolization and condensation as common posttraumatic responses. Variables which influence the symbolization process include the background experiences and issues, developmental level of the child, and the circumstances of the event. (Ref. TLC p. 48) Terr also notes that separate ideas and images may be condensed in the symbolization process, requiring a careful sorting process during therapeutic intervention.

Pages 24–32 address the emerging recovery and growing autonomy of the child.

Page 24 reveals what effect the traumatic incident has had on the survivor's self-image. The loss of control experienced by victims of abuse contributes significantly to a loss of self-confidence and self-esteem. Rebuilding a positive self-image is a crucial step in recovery from trauma. As a supplemental task, the child can be asked to do a similar before and after drawing of the family. This would yield analogous information regarding family strengths and dynamics. 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) Also consider using other projective means of assessing and working with family dynamics such as family mapping and family choreography. (Johnson, K., Family sculpture in the interpersonal relations classroom. *Journal of Continuation Education*, 7, 1985, pp. 7–11).

Page 25 is an especially important strength-building exercise in which the survivor identifies significant others in his or her support system. The child's need to identify whom to talk to is only the first step in the work. Most young people also need instruction in *how* to talk

to others about sensitive topics (Ref. TLC pp. 141–143 and 150–155)

Pages 26 and 27 provide a similar projective experience where emerging threads of hope can be crystallized. A no-hope story here would indicate the need to recycle through previous exercises. Assess whether such a reaction is based upon residual posttraumatic conflict or simply the need for more strengthening in determining how far to backtrack.

Pages 28–32 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 be reinforcing the reorientation toward the future.

Pages 30–31 stress the empowerment of the child by allowing the child to voice a statement to the community. This provides the child identification with the larger community and facilitates separation from the pathology of the family.

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Keep in mind that the survivor is likely to recall new memories of old incidents as recovering ego strength allows, particularly during the latter, empowerment stages. These may be seen as setbacks, because symptoms may temporarily reoccur. The therapist can be particularly helpful at this point, by providing 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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