

# How to Use This Book



This is not the type of book that must be read from cover to cover. It may be opened to the practice area and story or activity that is most pertinent to the needs of the children you are counseling. Each chapter briefly discusses salient, key practice areas and relevant issues about therapeutic topics. The key practice areas are written in an accessible manner to encourage sharing of relevant information with parents and caregivers of children. Story selection is then discussed and recommendations for use provided.

The therapeutic stories and activities follow, and are designed for use by children approximately between the ages of 6 and 12 years, with the assistance and guidance of a professional. Although the stories are specifically written for children in middle childhood, these may also be applicable to other populations with specific needs, such as adolescents or adults dealing with unresolved issues arising in childhood. Stories may be modified appropriately to address the needs of these groups, if desired.

The introductory chapters in this applied book may be used by practitioners to learn customization of activities, to enhance their knowledge base and application of storytelling techniques in therapy with children, and to expand their knowledge of strengths-based practice and positive psychology. In addition, a section is included to refresh practitioners' memories regarding childhood developmental issues. These chapters may be read, referred to when needed, and serve as available reference material for practitioners.

Storytelling is the primary vehicle to be used in this book. As professionals are aware, counseling children involves both art and science (Webb, 1991). The therapists using this book should be professionally educated in their respective fields and should draw upon their own training, knowledge base, and theoretical philosophy and apply this toward working with children.

Consider the five following points of distinction when counseling children in general, which also may apply when utilizing techniques of therapeutic storytelling. These will help practitioners to build rapport and trust in the therapeutic alliance as well as promote coping, problem solving, and healthy skills for life. The five “E’s” of therapy with children follow:

- *Engage.* Appeal to the child’s sense of curiosity and catch the child’s interest. Use props, toys, and games when appropriate and encourage the child to relax and to open up. Increase the child’s comfort level by making the playroom or office child-friendly, yet not overly stimulating.
- *Entertain.* Although therapy may at times be “hard work,” there is no reason therapists cannot “entertain” a child in treatment. At times, use toys or games that the child likes, not always necessarily what the practitioner likes. If a child feels particularly stressed by an activity or story, take a break and return to it later. Find an activity to relieve stress, perhaps a video game, to briefly give the child a mental break. When appropriate, laugh and joke with the child. It is OK for the child and the therapist to smile and laugh.
- *Emote.* Freely support children to openly express their emotions in a comfortable, protective setting instead of suppressing them. These emotions include feeling angry, sad, confused, and the like, as well as feelings of joy and happiness. Expressing sad or angry emotions may serve as a healthy emotional release in a positive, supportive environment. How to cope with these intense emotions in healthy ways may then be taught. Happy feelings may serve as stress relief in therapy and in life. Happiness and joy contribute to resilience building.
- *Educate.* Much of what therapists do is teach, and children want and need to learn. Therapists teach coping skills, social skills, problem-solving techniques, life skills, and so forth. Utilize the stories and activities in this book as opportunities for teachable moments in the lives of children.
- *Encourage.* Encourage children to do their best, and believe in them and their ability to achieve and overcome adversity. Mental health professionals may also serve as coaches and cheerleaders for children with whom they are working. One person can make a difference in their lives. Build upon the innate assets, gifts, competencies, and strengths that individual children possess, and encourage them to further develop their unique talents and gifts.

Specifically regarding this book, this collection of stories is designed to assist children in exploring a wide range of thoughts, emotions, and life issues. The activities

in this book are designed to be practical, easy to understand, and user-friendly. Meaningful therapeutic interaction can be achieved as children answer thought-provoking questions and write about, talk about, or draw their own endings to stories. Role-playing, music, and acting also may be used at the discretion of individual therapists (see chapter 20, *General Activity Sheets for All Practice Areas*, for suggestions). These may be done in-session with aid from a therapist, or the exercises may be completed as homework assignments when appropriate. Discussion of the stories in a therapeutic setting with a mental health professional can lead to enhanced assessment and treatment of children and preteens.

Stand-alone activities are also provided. Quizzes, questionnaires, sentence completions, drawing activities, acrostic poems, the CHILD mind-set tool pages, and the like provide valuable insight and information regarding the child's emotional state and life circumstances. Certain photographs in this book may be used to relax therapists between sessions and may serve a therapeutic purpose by having the child free-write or draw about how the picture makes him or her feel by eliciting emotional responses relevant to the child's treatment goals.

Additionally, many of the stories in this book may help build the therapeutic relationship with the child. Other, more emotionally challenging stories or activities may be more appropriate to use with children once there is a strong therapeutic relationship already in existence. This way, a trusting, healing environment exists for the child to feel comfortable and shielded from danger, real or imaginary. Here, the child can rely on the practitioner to support and comfort him or her emotionally. Therefore, the practitioner must determine each child's readiness to delve into highly charged emotional matters (Crenshaw, 2008).

The therapist also should monitor the emotional response of the child to ensure that the child is capable of emotionally handling the information. If the therapist helps to rewrite the story with the child, he or she may decide to add features that include themes of protection and safety. The therapist also should try to regroup prior to ending the session, ensuring the child is feeling safe and protected (Lieberman & Van Horn, 2008).

Activities have been specifically designed for use with each individual story and problem area. Specific questions accompany each story. The activity sheets may be used as is or modified to use with other stories and key practice areas at the discretion of the practitioner.

The activity questions have been written in a manner to encourage self-disclosure and to facilitate dialogue between the practitioner and the child. Four levels have been assigned to activity sheets dependent on given expectations of the child and the practitioner. Readiness for self-disclosure, ability to handle emotional confrontation, strengths of the therapeutic relationship, support in the home environment, timing, pacing, and developmental appropriateness must all be considered when deciding how to assign activity sheets to any given child client.

The story activity sheets have been labeled to indicate progression of self-disclosure on the part of the child. These activity sheets have been assigned labels

of Levels 1, 2, 3, and 4, respectively. Suggestions regarding how to choose the level needed for specific clients are given below.

Level 1 story activity questions are designed to be the least threatening for the child. These are written about other people, children, and life situations. These require the least amount of self-disclosure and insight into self. The child may respond to questions pertinent to the specific story and then create an ending to that particular story. He or she may identify with characters in the story and may or may not choose to divulge information or similarities regarding his or her own life circumstances and emotions. The practitioner must decide when it is appropriate to advance to the next level.

Level 2 story activity questions require slightly more disclosure on the part of the child. He or she is asked questions pertinent to the topic area discussed in the story. However, the questions are directed toward others that the child may know or know of. Questions are posited regarding whether the child knows of someone who has had problems or life situations similar to the characters in the story. The child may then write an ending to a story for this “friend” or “person” (real or imaginary) that he or she knows of. The child may also rewrite or change some aspect of the story, building in an element of control. This enables the child to discuss emotionally challenging material through a less threatening medium than directly addressing issues within himself or herself. If desired, the more generic General Story Activity Sheet (see chapter 20) may be substituted for the Level 2 story activity sheet if a less specific, less threatening activity is more relevant for a specific child in a particular circumstance.

Level 3 involves a higher level of disclosure, where the child is asked questions pertinent to the topic area discussed. Now, however, the questions are directed toward situations in the child’s life. He or she may be asked whether life situations similar to those of story characters have happened to the child or someone close to him or her, such as a family member. This may be more intense for some children, especially those who are socially inhibited or shy. The child may then write an ending to a story for himself, herself, or a close family member. The child may also rewrite or change some aspect of the story, building in an element of control. Not all children will be ready to disclose at this level, while others may welcome the chance to discuss their life situations.

Level 4 also involves a higher level of intensity and disclosure and asks the child to directly write his or her own story, beginning to end, usually about his or her own life. It allows for a high level of creativity on the part of the child as well as for free-writing or drawing on a blank page. The practitioner may provide as much or as little guidance or instruction as desired to achieve the child client’s individualized treatment goals. This same activity sheet may be used to enable the child to write or draw any type of story relevant to his or her particular needs, not necessarily at a higher level of intensity or disclosure. It may also be used as a space to write or draw stories to accompany Activity Levels 1, 2, and 3.

Again, practitioners must exercise professional judgment when deciding which stories, activities, and activity levels are suitable for any given child. At times, levels

may be modified or skipped when appropriate. Various treatment modalities may be employed, including storytelling, writing, drawing, drama, and others.

When using this book with various populations, therapists must use their own professional training and discretion when determining which stories to use with particular clients. According to Frantz (1995), a story should be pertinent to the needs of the listener or reader. The practitioner must decide which stories are relevant to the specific needs of their clients.

Also, these stories were designed with specific problems, challenges, or situations in mind (see Contents). Although they were designed for special situations, they were also written in such a way to allow for clients to “make them their own.” At times, details were purposely left out to enable children to finish the stories with their own details. Vagueness can be positive in therapeutic storytelling and may allow for clients “to step into the story” (Frantz, 1995, p. 55).

## Customization of Activities

While all of the included activities are ready to use in the therapeutic setting in their current state, some practitioners may want to customize or personalize the activities for particular children. This may elicit a more positive response from a particular child. Simple ways to customize include the following:

- Problems or strengths in the stories could be more closely tailored to the child’s situation.
- Names of characters may be changed to allow for closer cultural identification with the characters.
- Gender of the characters could also be changed to allow for closer identification with the characters.

Customization of activities may be pertinent to use with children who are ready to move from indirectly writing or talking about story characters to more directly telling their own story. Samples of ways to personalize the activities include:

- Placing the child’s name on the activity sheet or in the story
- Placing a photograph of the child on the story page where appropriate
- Adding specific personal details about the child such as hair color, eye color, glasses, and so on
- Adding details about events and places in the child’s life such as birthdays and schools attended
- Adding names of friends, family members, teachers, and pets
- Adding activities that a child participates in such as soccer, baseball, band, scouts, and so forth

## Example of Customization of Stories

### Scenario 1

Keisha is an 8-year-old African American girl being raised by her single mother, Janice. Janice is a member of the Air Force Reserve, who was called to active duty and deployed to serve in Afghanistan. Keisha now is living with her maternal grandparents, Mr. and Mrs. Wallace. Keisha is struggling to adapt to her mother's deployment and her new living arrangements with loving grandparents.

When customizing stories, the practitioners may modify the characters' gender, name, family situations, and environmental factors to meet the needs of their child clients. The following story has been customized to better apply to Keisha's life situation.

### Original "My Dad" Story

Hi, my name is Devon. I don't understand why Dad had to leave. He has been away before, but this time is different. He is in a war on the other side of the world. I miss him so much and I am really afraid. I don't want anything bad to happen to him.

I just want him to come home and so does my mom. We have all been working extra hard while he is away. We have so many extra chores now. Mom even has to cut the grass. Sometimes she cries while she watches the news. I just want everything to go back to normal.

### Sample Customization of "My Dad" Story

Hi, my name is Tanika. I don't understand why Mom had to leave. She has been away before, but this time is different. She is in Afghanistan. I miss her so much and am really afraid. I don't want anything bad to happen to her.

I just want her to come home and so do my grandparents. Grandma and Grandpa are nice, but they are just not my mom. Sometimes Grandma cries when she watches the news. I just want everything to go back to normal.

When the child client is ready for further disclosure about herself, the "My Story" activity sheet could be customized in the following way, allowing the child to elaborate on her own story with help from her therapist:

Hi, my name is Keisha, and this is my story. My mom is a soldier and got sent to Afghanistan. Now I live with my grandparents. I love my grandparents, but I miss my mom.

The child could then be instructed, if ready emotionally, to complete her own story. When customizing stories, the therapist could assist in the storytelling process if desired and when appropriate. This fosters an interactive quality in the storytelling

process. Customization may allow for an opportunity for increased self-expression and articulation of feelings on the part of the child. It also may promote facilitation of specific functional outcomes delineated by individual therapists.

When assisting in the storytelling process, practitioners will sometimes strive to achieve positive outcomes from the characters. The therapist may assist the child in constructing ways in which characters may take appropriate and healthy steps toward achieving real-life goals and plans (Burns, 2005). This may empower the child to further develop desirable methods of dealing with challenges in his or her own life.

Because the stories in this book are mainly reality based, if the child does write a story ending with a negative ending or outcome, it may be a positive and healthy means of expressing emotions that may otherwise be suppressed. Once the practitioner feels this has occurred and the emotions effectively processed, he or she must decide whether to proceed with the child in rewriting the ending or outcome to the story. This is partially based on the individual circumstances of the child's life situation, emotional readiness, developmental appropriateness, timing, and the strength of the therapeutic relationship.

If the decision is made to rewrite a negative story ending with an alternate ending, the story may then be reconstructed to include constructive steps that need to be taken in order to facilitate change in the characters' lives, and consequently, the child's life. Development of effective problem solving and coping skills can be achieved in this manner (Burns, 2005). However, always consider the specific situational details of each child's life.

In general, try to match the story with the unique experiences of the child. Also, modify stories when appropriate by altering the character's problem/strength or role to meet the needs of the child. Additionally, identify and address the child's individualized developmental, situational, and salient needs and strengths. This will assist in further reaching the child and in enhancing the strength of the therapeutic relationship.

## Situations in Which This Book Can Be Used

This storytelling method may assist children who have difficulty expressing their emotions directly (R. A. Gardner, 1971). Also, respecting the individual needs of each unique child, his or her circumstances, and goals of treatment is essential (Webb, 1991). Using this book, therapeutic information may be gained regarding various topics, including:

- Illness and disability
- The home/school environment (including bullying and learning disabilities)
- Emotional and behavioral challenges
- Social competence and shyness
- Divorce and separation

- Domestic violence
- Community violence
- Trauma and child abuse
- Familial substance abuse
- Cultural issues
- Happiness and strengths
- Accidents and injuries
- Parental job loss and poverty
- Military issues and international violence
- Death

At the discretion of the practitioner, stories and activities also may be applied to topics not mentioned above. Through analysis and discussion of children's written, verbal, or drawn endings to stories, effective problem-solving techniques also may be learned. Emotions may be expressed in a nurturing environment, with comforting emotional support given by therapists and family members. Extremely important coping mechanisms may be fostered and incorporated into children's lives. Significant treatment issues may be addressed from the perspective of the child at his or her current level of developmental readiness.

One storytelling method that may be utilized in a therapeutic manner when using the activities in this applied book is called the "Progressive Story" (Divinyi, 1995). This method is particularly useful when working with populations who have limited introspection and problems with self-disclosure. In the progressive story, the clinician or group facilitator begins the story, and the client or group writes and finishes the story (Divinyi).

This method has been used successfully with groups of adolescent girls placed in residential facilities. For example, a group of girls met weekly and created the story of a girl's life. Much was gained through this therapeutic technique. The group leader would ask questions such as "What is she thinking?" or "How is she feeling?" (Divinyi, 1995, p. 33). This evoked emotional reactions and expressions of feeling from the girls. Although they were unable to directly express emotions about themselves, they were able to identify with the character in the story, which allowed them to express their emotions through her (Divinyi).

The progressive storytelling technique also allows children to plan future behavior of the characters. By planning for the future and making difficult decisions about the lives of characters, clients can see the benefits of positive decisions that characters make versus those decisions that could adversely impact the characters' (and their own) lives. For example, in the previously mentioned group of girls, a girl had suggested "Why don't we have her kill her father?" (Divinyi, 1995, p. 33). In the group process, group members decided that this would result in a negative outcome.



This, however, did allow the girls to vent their feelings of anger, regarding child abuse by parents, in a safe environment (Divinyi).

The progressive storytelling technique has value for all populations, including children. Application of the method has validity for use with individuals and groups as a supplemental technique in addition to the practitioner's own theoretical orientation and knowledge base. Also, it can be modified to suit the needs of both therapists and children. This technique is beneficial in assisting therapists to improve the quality of lives of those they serve.

