Storytelling/Bookmaking Techniques and Tips Kate Porterfield, Ph.D. Bellevue/NYU Program for Survivors of Torture

Below are some guidelines for working symbolically with traumatized children in techniques such as bookmaking or storytelling.

Types of story-telling you can engage in:

1. Displaced Story:

Here, you are working with a youngster in third person so as to mitigate the threatening/overwhelming quality of the narrative. This works well with across age ranges and can be useful when you are worried about a youngster being too activated by the material.

Example:

"I would like to write a book that tells a story about a kid from your country-something you know a lot about. Would you help me do that? We can work together to tell the story and you can help me put in pictures too."

"Let's start here:

"Once there was a brave little boy/girl from ____. He/she had really scary things happen to him. "

You can then have the child illustrate each part or find a picture on the computer that they think represents their experience. With older kids, this could be pictures from the internet of their country and even war images. Be careful not to overwhelm them. With younger children, drawings are better so as to provide a sense of mastery.

The youngster may not tell their own experience here. They make make the story worse, more gruesome or perhaps better. Follow their lead and comment on how the story is seeming to you. If it is just relentlessly bad, you may want to insert some opportunities for something helpful to happen to the main character—even if it is a superhero coming to save the child or something magical happening. Mostly, follow the child's lead, but if it just

seems like a numbingly bad story, try to find a place to insert hope, mastery or some sense of the character's life improving.

"Wow, this kid really did have a lot of bad things happen to him? How is he feeling, I wonder? Is there any way we can add a part where something happens that helps him?"

2. Direct Narration of own experience:

Here, you are using a direct narration of the child's experience. This means you are more likely to have some avoidance of certain issues and also possibly some chance that the youngster will become overwhelmed in the telling. You need to prepare him for this.

Example:

"I think you have a really important story to tell and I'd like to help you tell it. How about if we write a book together—your autobiography. Then someday you can show it to your family, or other people from your country. I know there are some parts of your story that are hard to remember because they were so bad, but I think it might help if you could tell me about them and we turn it into a book. Then, a lot of people can learn about what happened in your country."

When you do this, you are essentially providing a form of Exposure Therapy for the youngster. That means you need to be able to deal with their distress and, conversely, their avoidance. Before engaging in this, it is essential to understand the rationale and technique of Exposure Therapy. The reader is referred to:

Schauer, M., Neuner, F. & Elbert, T. (2005) <u>Narrative Exposure Therapy</u> (NET): A Shrot-Term Intervention for Traumatic Stress Disorders after War, <u>Terror</u>, or <u>Torture</u>. USA, Canada, Switzerland, Germany: Hogrefe & Huber. and

Narrative Exposure Therapy as a treatment for child war survivors with posttraumatic stress disorder: Two case reports and a pilot study in an African refugee settlement. Onyut, L, Neuner, F., Schauer, E., Ertl, V., Odenwald, M, Schauer, M& Elbert, T. (2005) BMC Psychiatry 5:7.

3. Prescriptive/Advice Book

In this type of work, you are using the book to help a child problem-solve his or her own situation by displacing it onto another child. This is different than #1 above in that the clinician shapes the book very much towards the real experience and problems of the child, rather than allowing a more child-directed narrative. This method is useful when you are dealing with a presenting problem or symptom that is disruptive to the youngster and that you are trying to decrease. Clinical presentations that respond well to this include a child who is very anxious and frightened or a child who is aggressive and disruptive.

Introducing the book to the child with anxiety symptoms:

"I would like us to help a kid that I know who had some things happen to her that were very much like what you went through. She had a war in her country and saw some scary things. Now she is having a lot of trouble feeling scared and worried. Sometimes she cries a lot or sometimes doesn't want to be away from her mom. Maybe we can write a book and give her advice about how to handle these big feelings."

Introducing the book to the child with disruptive symptoms:

Same as above, except: "...Now he is having a lot of trouble with big feelings, like feeling mad or feeling like hitting somebody. Maybe we can give him some advice about how to handle those big feelings since you know a lot about that."

Then you start it with something like:

"This is a book for kids who go through war. It's for any kid who is scared about something that happened to him. We are going to tell you a story about a boy from ____ and what happened to him. etc."

After telling the story of the youngster and his/her problems, you want the child to give advice for how the child in the book can address these problems. Let the child come up with suggestions, but you can add some of your own:

These are some things Rosa can do when she gets scared:

- -Talk to a grown-up
- -play a game to take her mind off the bad memories
- -sing a song or draw a picture about something that makes her happy
- -think about how big and brave she is and yell, "GO AWAY, BAD MEMORIES! I'M SAFE NOW!"

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General Tips for Bookmaking

• In each of these, it is a good idea to start with non-trauma stuff, like where the kid is from, what they like to do, etc. Use that as the beginning of the story:

Once there was a boy named Mohammed. He lived in a house with his brothers and sister and went to school. He loved to play soccer and work with his dad on projects. When Mohammed was 8 years old, something really scary happened in his country...

• Make sure you include the child being afraid as part of the narrative so that you can normalize this emotion and show that it's ok to be frightened. You want to convey that bravery is part of their story--i.e. being brave is something that happens WHEN you are scared, not that bravery means not being scared.

Yusuf was very scared when the soldiers came to get his father. He cried a little and stayed close to his mom. All kids would have been afraid at that moment. But Yusuf was so brave to have gotten through this scary thing."

- Make the book visually interesting, use drawings, collage materials, computer figures, etc. Bind it and create one copy for the kid and one for you. Tell them you will always keep the book just like you keep other books in your shelf.
- Schedule a session in which the youngster shows the book to his/her parents. Prepare the parents that this may be intense for them and that they should be ready to listen to the child's story. This can only be done with parents who are psychologically stable enough to not

become overwhelmed by reminders of the trauma. You can model for them how to react to the story by saying things like, "Wow, you did so much work on this book. It really shows. I bet Mommy is impressed with all your hard work. " Encourage the parents to keep the book in an important place in the home.

• Have the child in for periodic reviews of the book if possible. It can be helpful to schedule an anniversary session around the time of when the trauma occurred.