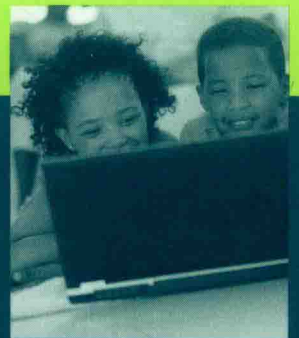
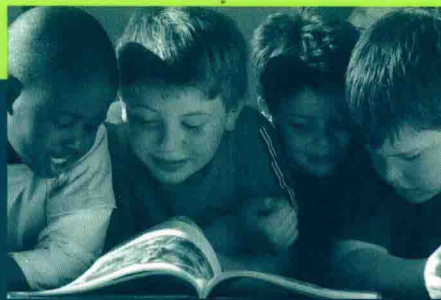


Storytelling

and Other Activities

for Children in Therapy



Johanna Slivinske Lee Slivinske

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STORYTELLING AND OTHER ACTIVITIES FOR CHILDREN IN THERAPY

JOHANNA SLIVINSKE
AND LEE SLIVINSKE

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STORYTELLING AND OTHER ACTIVITIES FOR CHILDREN IN THERAPY

*This book is dedicated to our wonderful daughter, Ashley Slivinske,
from whom we have learned so much.*

A black and white photograph of a park bench under a tree. The bench is made of wood and is positioned on a path. A large tree with a thick trunk is on the left, and its branches extend over the bench. The ground is covered with grass and some small plants. The overall scene is peaceful and natural.

Preface

As adults, all of us have memories from childhood, both positive and negative. We all coped with those events as children in our own unique ways, some of us faring better than others. Most of us were able to overcome childhood's challenges and become productive, responsible adults with the ability to contribute toward the betterment of our community and our world. This is the purpose of this book—to provide the tools needed by mental health professionals to assist children in overcoming life's challenges by promoting resilience through storytelling and other activities.

This applied book focuses on providing professionals with the knowledge, insight, and tools needed to support children and their families to improve their lives through the use of storytelling and other activities. It may be used by a variety of professionals in their interactions with children, including therapists, counselors, social workers, psychologists, psychiatrists, play therapists, physicians, nurses, and child welfare specialists, as well as others involved with positive childhood development and resilience. Therefore, usage of this book is applicable in numerous settings such as hospitals, schools, counseling centers, family service agencies, and child welfare organizations, to name a few.

Introductory chapters provide instructions for book usage, guidance regarding storytelling in therapy, and tips for application of the strengths perspective/positive psychology with children, as well as a review of middle childhood development. Information regarding key practice areas with children is included and written in an accessible manner to encourage information sharing with parents and caregivers. Stories and activities for use by children and therapists then follow.

Although the stories in this book are specifically written for those ages 6 to 12, these may also be applicable to other populations with specific needs, such as adolescents or adults who are dealing with unresolved issues arising in childhood. Stories may be modified appropriately to address the needs of these groups, if desired. Utilization of the book as a textbook for students aspiring to become professionals is another way in which this book may be of benefit in the university environment.

The origin of this book had its roots in both our personal and professional lives, where we have witnessed far too many children experiencing difficulty coping with

both the positive and negative aspects of life. Our hope was to provide an additional way by which therapists could enable children to express their emotions surrounding challenging life events in a safe environment with a trusted mental health professional, and to discover their inner strengths to promote resilience for life. Many relevant challenges of childhood, as well as strengths, are explored.

This practical, easy-to-use applied book for therapists' use with children between the ages of 6 and 12 provides a wide range of topical, reality-based stories, story starters, and related activities pertinent to therapy with children, in addition to brief reviews of salient key practice issues. The relevant issues covered in this book include: illness and disability, school issues, anger and behavioral issues, social adjustment and shyness, divorce and parental separations, domestic violence, community violence, trauma and child abuse, substance abuse, cultural and religious issues, fun/happiness and strengths, accidents and injuries, job loss and poverty, military and international violence issues, and death. Many children will identify with these life challenges and will require assistance in overcoming them.

Activities may be freely reproduced from the associated website, making them readily accessible to the therapist and the child. The accompanying website may be used to print stories and worksheets for their sessions. It also permits therapists to individualize, customize, and personalize stories and questions to more closely meet their needs and those of children and their families. When used as a textbook, educators may also personalize activities for classroom role-play activities.

Less specific activities are provided, which also may be used for a wide variety of practice areas with children. Photographs may be used therapeutically by encouraging children to free-write about topics relevant to their therapy goals. Additionally, salient practice suggestions for mental health practitioners are included for each practice area. Many of these suggestions are suitable for sharing with parents, grandparents, guardians, and other family members of children in therapy.

As an aid to the therapeutic process, the activity sheets relevant to each story have been assigned four levels of inquiry representing readiness for self-disclosure. Level 1 questions are designed to be the least threatening and require a minimal amount of self-disclosure and insight. Levels 2 and 3 story questions, respectively, require progressively more self-disclosure and insight, while the Level 4 activity sheet culminates in the highest level of intensity and disclosure. Here, the child, if ready, directly confronts the presenting situation. Using the various levels of inquiry allows children to express their emotions, feelings, and beliefs with a trusted mental health professional at their various levels of readiness.

We sincerely hope that *Storytelling and Other Activities for Children in Therapy* assists you in performing your inherently challenging and important work. You are easing the pain of children who are hurting, and that is truly invaluable. By helping children surmount life's obstacles and discover their innate abilities and strengths, you are helping us all.

Johanna D. Slivinske, MSW

Lee R. Slivinske, PhD



Acknowledgments

We would like to extend our sincerest thanks to all of our friends and family, who have supported us throughout the writing process and who have taught us numerous valuable life lessons. We would like to dedicate this book to our lovely daughter, Ashley Slivinske, and recognize her suggestions for and contributions to the book, including writing the story "Seeing My Friend in a Wheelchair." Thank you also for your understanding while we were writing, for providing encouragement, and for reminding us of what it means to be a child.

We are especially grateful to the many colleagues at Youngstown State University who have supported our endeavor, offered assistance, and guided us while writing this heartfelt therapy book for children. We would like to extend special recognition for our consultations with the following committed colleagues: Dr. Joseph L. Mosca, reviewer, Mr. Vincent Stigliano, reviewer, Mr. Joseph Mistovich, and Dr. Michael J. Murphy. Mr. Carl Leet deserves special thanks and acknowledgment for his contributions of emotion-provoking photographs. Additionally, we would like to thank the Bitonte College of Health and Human Services and our students and clients, who taught us so much over the years.

Thanks are extended as well to John Wiley & Sons, notably to our talented editors, Isabel Pratt and Rachel Livsey; dedicated editorial assistant, Kara Borbely; diligent production editor, Leigh Camp; and vice president and publisher, Peggy Alexander for their guidance and support on this meaningful project. We also appreciate all of the behind-the-scenes efforts contributed by the entire Wiley team and the invaluable suggestions and comments from all of the reviewers. We value your professionalism and graciousness.

In memoriam, we would like to recognize our friend, Lisa Hamrock Mumford; Lee's sister, Gae Roach; and our parents, Donald J. and Frances Detwiler, and

W. LeRoy and Aline Slivinske, for molding us into the people we are today. Thank you for providing so much joy, compassion, and understanding in all of our lives. We continue to learn from and be inspired by all of you yet today.

Johanna D. Slivinske, MSW

Lee R. Slivinske, PhD

A black and white photograph of a park scene. In the foreground, there is a wooden bench with vertical slats, partially obscured by trees and foliage. The ground is covered with grass and leaves. The background shows more trees and a path. The overall atmosphere is peaceful and natural.

Foreword

When my good friend Johanna (whom I have known since middle school) asked that I write the foreword to her book *Storytelling and Other Activities for Children in Therapy*, I of course was honored, but then wondered how someone with a PhD in microbiology and immunology was qualified to write on the topic of storytelling for children in therapy. I am not an expert in the field of social work or child psychology. I am a parent, which on a good day qualifies me as somewhat of an expert on children (or at least an expert on my three boys). I was once long ago a child myself.

It was as I began to read *Storytelling* that I realized why I could write the foreword to this book. I could look back to my childhood and relate to so many of the stories and the scenarios described. “My Mom” (in chapter 5) was especially pertinent, as my own mother was diagnosed with cancer when I was only 5 years old. Over the next 20 years she battled the disease in one way or another, and the older I got, the more I understood, and the worse I would feel. My family has always been close, but there was the mentality of “pulling yourself up by your bootstraps,” which was not always compatible with allowing one to discuss feelings or even admit needing help. I also thought I wasn’t the one who was sick, so just what did I have to worry/complain/cry about? I know my parents tried their best to be there during these difficult times (including my mother), but there comes a time, for whatever reason, when parents, relatives, and friends cannot provide the support a child might need, no matter how hard they try. I can only wonder at times if someone had presented this story to me and had asked me how I felt about my mom having cancer, would I have been better able to deal with it? Would I have been more willing to talk and to express my feelings?

As a mother, I hope that I will be able to provide the emotional support that my children need growing up in today’s society. My husband and I have tried to raise our children in a home where open and frank discussions are welcome and in an environment where they can express themselves. However, if there ever comes a time when I feel we are not providing the emotional support they need, then we will

encourage them, and help them, to find the resources they need, whether that be in the form of activities such as drawing or sports or as therapy.

I believe Johanna and Lee Slivinske have penned a book full of stories using pertinent topics in today's society in which to help children explore their feelings on a wide range of topics, from witnessing parents' divorce to the deaths of friends/relatives to exploring a child's inner strengths and gifts. This book is a valuable resource to social workers and parents alike, as a springboard for discussing life-changing events in a society that is too busy to listen.

Hester Doyle, PhD
Yale University, New Haven, CT

A black and white photograph of a park scene. In the foreground, there is a tree with a thick, gnarled trunk. To the right, a wooden bench is visible, partially obscured by foliage. The ground is covered with grass and leaves. The word "Contents" is overlaid on the left side of the image in a large, bold, black font.

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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