

‘My Wise Story’

The innovative use of Narrative therapy and the lived experience narrative in the context of supporting trauma integration as part of an intensive recovery program transition

Dr Lisa Fahey, Theresa Eid, and Jessica Barlow

HINGES

*If we had hinges on our heads
There wouldn't be no sin,
'Cause we could take the bad stuff out
And leave the good stuff in*

Shel Silverstein

The earlier that adverse experiences and traumatic events occur during childhood development, the more the impact can affect the spectrum of long-lasting, negative outcomes experienced by children and youth. Therefore, the introduction of effective early treatment plans is necessary in order for the child to recognise, learn and develop adaptive strategies as they mature. The more extreme their childhood experiences, the greater likelihood that the person will need intensive therapy and other treatment interventions (Mate, 2021). Quovus works closely with children and youth recovering from trauma and continues to broaden their therapeutic scope through critical considerations of methodologies aimed at facilitating safe, effective, and accessible support.

Reviewed literature suggests that early intervention strategies produce the most favourable results for the child's development and recovery (Nader, 2001). The use of intensive therapeutic measures, particularly narrative therapy, has significant positive outcomes due to its efficiency in supporting the individual to reflect on and deconstruct the adverse experience with a focus on problem-solving (Beaudoin, 2005). By contrast, the lived experience narrative refers to retelling past experiences in a new context, and this is often unrelated to therapeutic experience and more focused on sharing the experience with social care workers or in court trials. Sharing past experiences related to mental health issues is a vital aspect of a child's development (Nader, K, 2001). The 'My Wise Story' program is aimed at joining these aspects together to build an effective developmentally appropriate process that supports trauma integration while assisting in transitioning from recovery programs. Wise Storytelling empowers the child and youth to define, understand, and share their experiences in a supported and safe environment that fosters a sense of relational connectedness pivotal to healing. In response to the key questions raised in this approach, children and youth are able to work through their trauma, gain closure systematically, and develop adaptive strategies that assist in leaving in-patient care.

The Primary Demographics

Early traumatic experiences for individuals are linked to negative outcomes. The 2016 Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS) estimates that around 2.5 million adults have experienced physical and/or sexual abuse during childhood (ABS, 2019). Children that experience developmental trauma are almost 1.5 times more likely to develop a range of maladaptive outcomes, such as psychological disorders and legal concerns, compared to those with a safe place to develop protective factors (Pilkington et al., 2019). The most common period to develop these psychological disorders after prolonged traumatic

exposure occurs between the ages of 16-25 (ABS, 2017), specifically if the trauma and symptoms occur before the age of 14 years, which is 50% of cases (World Health Organisation [WHO], 2018). Research estimates that childhood trauma has caused 0.5% of all child deaths (WHO, 2018). Therefore, in response, child intervention strategies are the most effective method in minimising the long-term psychological issues that correspond to childhood trauma (Australian Institute of Health and Safety [AIHS], 2020).

‘My Wise Story’ Intervention

The Quovus ‘My Wise Story’ involves a series of steps that the child engages in with a qualified and trained clinician. Over multiple sessions, this process allows the child or youth to work through their lived experiences in a supported situation with trusted adults and carers. The timeframe for these sessions varies in duration and depends solely on each child and their capacity, tolerance, and support needs. The sessions aim to focus on the child’s individual goals and journey, and each session plan is unique for the individual. The child is presented with three questions that aim to shape the foundation of a series of exercises in brainstorming, exploration, and working through their adverse experiences, with an adaptive focus to allow for the best outcomes for the child. Key questions are utilised to shape the child’s narrative, including the exploration of their journey prior to their current residential placement, the strategies they have harnessed to support their learning during their journey, and the focal supports they need to transition into community successfully. Additional support is provided by the care team who assist the child following the session to write down further responses to questions as part of ‘homework’ or ‘journaling’. A video recorded presentation of responses is also offered to the individual which can be shared to a self-selected audience. This optional process enables the child to practice reading their responses

in a supported space and facilitates further opportunities for feedback, reflection, and processing.

Positive Social Impacts of ‘My Wise Story’ Experience

There are serious concerns in relation to children and youth experiencing a sense of powerlessness and lack of control when reporting abuse as victim impact statements or court testimonies. While victim impact statements generally consist of an individual’s feelings towards an event, the testimony relates to the facts involved. Both legal statements are evidence supporting a fact in the court of law. Reports from children involved indicate that they often find the task daunting as they often do not know what to expect in the process or from the court system (Walberg-Heagan, 1997). Beyond basic considerations of the appropriateness of this formal requirement to a young person’s well-being and also the level of actual utility it provides in procedural testimony, this uncertainty and disempowerment may also be re-traumatising for the young person involved. Wise Storytelling offers a process whereby children and youth can undertake supportive preparation for these and other similar situations. The method assists participants to work towards coming to terms with the traumatising events as they retell a reflective narrative of the incident(s) that lead to them requiring (and at times, seeking) support, while also integrating protective factors and methods to avoid future relapse and not maintaining support. Importantly, this supports trauma integration and making meaning of challenging experiences rather than re-traumatising the child and youth in a disempowered retelling of a distress situation or shaping or portioning blame or guilt. Additionally, Wise Storytelling includes both documenting and recording the narrative that has been carefully considered, edited, shared, and self-authored; this allows the child to distance themselves in a healthy and safe manner to prepare to talk about the experience with greater capacity for understanding and resilience.

Application Considerations

Within the context of application, the process of Wise Storytelling has been systematically linked to the child's 'graduation' or closure to programs. Therefore, there are many implied associations related to finishing, summary of learning, goal achievement and future focus. The dynamic and unique process for each young person also supports the targeted promotion of conscious awareness of protective factors and overt acknowledgement of supports promoting sustained safety post discharge and transition. As noted within the literature, both the process and product support the total experience.

Through practice experience and ongoing review, along with further research, the tool should evolve in terms of application validity and specificity to target cohorts. Development considerations may involve, for example, ongoing review of alternative strategies for creating child-led trauma integration narratives; nuancing and optimising aspects of the facilitation process; specifying individualised outcomes on cases; and extension of the media the participants are able to use to express their responses as accompanying the narrative including art, collages, and music. Importantly, it appears critical that particular aspects, including program timing, levels of support and preparation, the degree of and evidence of integration of acknowledged experience, recognition of risks, and individual learning capacities and future self-application of protective factors, are purposefully accommodated.

References

- Australian Institute of Health and Welfare (2020). *Australia's children*. Australian Government, 302-364. <https://doi.org/10.25816/5ebca4d0fa7dd>
- Australian Bureau of Statistics. (2020-21). *National Study of Mental Health and Wellbeing*. ABS. <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>.
- Beaudoin, M.N. (2005). Agency and choice in the face of trauma: A narrative therapy map. *Journal of Systemic Therapies*, 24(4), 32–50.
<https://doi.org/10.1521/jsyt.2005.24.4.32>
- Walberg-Hegan, L. M. (1997). Voices of victims: The experience of preparing a victim impact statement for use in court, as described by adolescent sexual abuse survivors. ProQuest Dissertations Publishing
- Nader, K. (2001). Treatment methods for childhood trauma. In J. P. Wilson, M. J. Friedman, & J. D. Lindy (Eds.), *Treating psychological trauma and PTSD* (pp. 278–334). The Guilford Press.

Further Resources

- Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., Nurcombe, B., Patton, G. C., Prior, M. R., Raphael, B., Rey, J. M., Whaites, L. C., & Zubrick, S. R. (2001). The mental health of young people in Australia: Key findings from the child and adolescent component of the National Survey of Mental Health and well-being. *Australian & New Zealand Journal of Psychiatry*, 35(6), 806–814. <https://doi.org/10.1046/j.1440-1614.2001.00964.x>
- Shakeri, J., Ahmadi, S. M., Maleki, F., Hesami, M. R., Parsa Moghadam, A., Ahmadzade, A., Shirzadi, M., & Elahi, A. (2020). Effectiveness of group narrative therapy on

depression, quality of life, and anxiety in people with amphetamine addiction: A randomized clinical trial. *Iranian Journal of Medical Sciences*, 45(2), 91–99.

Yeo, C., Rennick-Egglestone, S., Armstrong, V., Borg, M., Franklin, D., Klevan, T., Llewellyn-Beardsley, J., Newby, C., Ng, F., Thorpe, N., Voronka, J., & Slade, M. (2021). Uses and misuses of recorded mental health lived experience narratives in healthcare and community settings: Systematic review. *Schizophrenia Bulletin*, 48(1), 134–144. <https://doi.org/10.1093/schbul/sbab097>

Benazzo, M., & Benazzo, Z. (2021). *Wisdom of Trauma, Dr Gabor Maté*. Science & Nonduality.