THERAPIST NOTES

Here you will find the background framework for the therapeutic sections of *Rising Tide*. There are suggestions for how to use the teacher and family therapeutic exercises as a therapist, and extensions for therapists to try in the therapy room. We have also provided something of a literature review to justify the therapeutic frameworks used and a short description of the research being conducted by Massey University.
We welcome your feedback on this resource.

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Statement of Purpose:

Rising Tide is the third book in the **Worry Bug project**, produced in response to the Christchurch earthquakes. The books provide low-level intensity intervention to communities post-disaster. They use the format of a story with mental health themes that can be read as a class, family, or individually, and then provide exercises to address anxiety responses and build emotional resilience. The exercises are grounded in evidence-based therapeutic strategies and provided within the model of *home and school scaffolding* - a triangulated approach to children building on the attachment relationships of teacher-child-parent that already exist.

The approach is not intended to be a set of techniques, but rather an attempt at 'second-order' change - change that is long lasting and focused on changing beliefs which then lead to changes in the way systems (such as families and classes) function, causing different behavioural outcomes.

Rising Tide's notes for teachers and families were written using a framework of cognitive behavioural therapy and social constructionist principles. The framework is set out below with reference to the therapy situation. It follows three stages. The extensions for therapists are in a similar framework.

Framework:

Stage 1. Exploring the stories and beliefs behind actions. Social constructionist theory is built on the idea that we define our realities through interaction with our particular context. We then build these realities further through language and sharing the ideas with others. Identifying the 'story' that a person has about themselves is the beginning of recognising that this story doesn't have to be the only 'truth' that they function by. To extend this idea within the home-school scaffolding model, we ask children, teachers and families to think about the 'stories' around their families, their classrooms, schools and themselves as friends, daughters, sons, siblings, students etc. This encourages the child/family to think of all the different ways that they act/feel in all the different relationships that they have. i.e. What's your story? Who are you and how are you defined? Who/What defines you?
This also aligns with the first steps in cognitive behavioural therapy - identifying thoughts and beliefs that underlie actions.

Stage 2. Examination of the old story, learning how it was built, thinking about the stories that others have of you and beginning to recognise the opportunity for new ways of being. This is the development and exploration phase, exploring how the story came about, the depth and breadth of it, being curious about any anomalies in it and from this conversation beginning to come across opportunities for new stories. Asking curious questions about the old story, without having the attitude that it should be different, allows the person to explore it less defensively. This stage also explores the consequences of these beliefs/stories. For example, Ari's story of being "hopeless" has led him to a disaster situation and to emotional cutoff from his parents.

Stage 3. Intervention and Embedding change. Although intervention happens immediately you begin a relationship in therapy, this stage is more directly about building skills, exploring alternatives and consolidating these choices. By now the idea has been well sown that the stories we live by can be changed and challenged. New stories have been proposed or flirted with. These alternative stories can now be envisioned, enacted and practiced, both in the therapy room and outside it in 'normal' life situations. New stories can be shared with teachers, friends and family who can then act as 'witnesses' to new behaviour and consequences, and so complete a reinforcing cycle.

How to use this resource in therapy:

The exercises within *Rising Tide,* whilst written for use in the classroom and within the family, can of course be altered to suit the therapy room. As a mental health professional, you will know what will work best for the families or individuals that you are working with, and what will suit the context that you are in. It is very important that you change the material to suit, in consultation with the family or individual, so that you are collaborating and working in a strengths-based way.
Here are some ideas for how you might use the material.

Working with individuals: Use the teacher and/or family exercises, dip into the extensions as you see fit.
Working with families: Use the family exercises, either getting the family to lead them, or with you leading them, working as part of the system. Use the extension exercises as appropriate. When you work with a family, power is an issue - make sure that you reflect on your own power in the family therapeutic system, and enable the family to feel that they have control, rather than you. This will ensure more buy-in to change. Try to get permission to include teachers in feedback of these sessions as part of the implementation/embedding section.
Working with schools/groups in schools; use the teacher exercises, get permission to feedback to families about what you are working on. Use the family and extension exercises as appropriate.

Extensions to family exercises for use in the therapy room

| 1. What's your story?
Who are you, how have you been defined?

Purpose: To identify dominant stories in family and individuals' lives; to begin to recognise that these are just stories, they are not necessarily constructs that form our personalities. To begin to understand how these ideas inform our behaviours. | *Always consider these extensions in light of the exercises contained within Rising Tide.*

1.As well as working with the family on how their story has developed with words, you may like to look at the beliefs that underlie their story. Beliefs are never easy to get at, so here are some ideas for doing this.

Identify the concept that beliefs can and do underlie our actions. (Beliefs lead to feelings and thoughts and then to actions.)
Use an example either from the book or your own or another person's life that shows how beliefs influence behaviour.(eg Ari's Dad thought that telling Ari about his own difficulties would work detrimentally for Ari, so he kept them a secret.)

Therapist stance: Using curiosity in your questioning, help the family to identify beliefs that they hold. You need to take care to remain neutral to their beliefs in this session - just allow them to discuss these beliefs and encourage everyone to explore these beliefs without being critical - usually beliefs and behaviour come from good intent, or from fear.

Sometimes you can directly ask about beliefs (as in the example below), other times it is more effective to notice a theme and follow that lead, discovering the beliefs that underlie it.

For example;
What are the beliefs that are important to your family? There will be beliefs that you can easily talk about, and some that are more hidden. Like, in my family there was a belief that farting was very rude. So nobody farted in front of anyone, and what's more, nobody even talked about farting! If somebody did let one slip, it was ignored as though it wasn't happening. The belief was very powerful. When I left home and discovered that other people farted in public I was shocked and it took some time to admit to my friends that I farted too! (Actually I don't, of course.)

That's a funny belief, but in Ari's family there were some hidden beliefs that came to light suddenly with difficult consequences. His dad thought that he shouldn't talk about his difficulties with reading and writing because that might influence Ari badly. Of course, Ari had also picked up that there were some things that you should not talk about in this family, so he had not brought up the subject of his difficulties at school with his family. Neither one realised that this was a belief that could be challenged or reinvented. Silence around a behaviour or belief can be very powerful. |

Using behavioural sequencing is a good way to start to find out about beliefs in a family. Behavioural sequencing is when you ask about what happens around a particular behaviour. For example, if a child has high anxiety and is having anxiety attacks, you could follow the actions of all the family members around the time of the anxiety attack. Where was Mum, Dad, siblings, grandparents etc at the time, or just before? Follow these quite closely and you will begin to unpack the map of actions. You will probably also get some leads as to what people are thinking about the panic by the way they are behaving or describing their behaviour - is Mum ignoring it, is Dad overreacting, etc etc Use circular questioning techniques to get different perspectives from different people about the behaviours around the specified one.

Thoughts and actions will lead you back to beliefs.

2.Sculpting: For families who like to act more than talk, the idea of sculpting can be useful to show family relationships and uncover some beliefs. Sculpting is the physical representation of relationships. Here are some typical directions you could give: Sculpt your family as they are in your eyes - imagine that you are driving through a village, and in the centre of the roundabout is a statue of your family showing how you relate with one another. Your body language and positions make it easy to pick who gets on with who, who is close, who is not etc etc. As only one family member directs the sculpture, only one perspective is shown at one time. You may like to give more than one member the chance to direct, or simply ask others how they would have done it differently.

Then you need to unpack the sculpture. Ask people how they felt when they were doing it - what it brought up for them, what they thought other people thought. Don't be afraid to follow the emotions that emerge. (Sculpting is a skill that takes some time to be comfortable with. You may like to investigate it further before using it for the first time - there is not space here to discuss it fully.)

2. Investigating how your old story was built. Wondering about the stories others have of you. Flirting with new stories. **Purpose: To explore the beliefs behind the old stories, and to begin to identify some new possible stories.**	1. The "New Action Generator" table (within the therapeutic family exercises), drawn from CBT theory that identifies thoughts, feelings and behaviours dovetails nicely here with the idea of old and new stories that define us. You might like to use the table again and again with clients as they get more and more adept at identifying thoughts, feelings and consequences.

If you are working with a family, this will provide the opportunity for members to comment on each other's actions from an outsider perspective, rather than just hearing from each person about their own view. In the example about Ava, when Ava feels sad and upset and she doesn't invite her friend over, you might hear about that from Ava, but it would also be good to hear about it from her Dad, her Mum, her sister etc, so that you build a picture of how they see her in this situation. This will open the door for different stories about her, the multitude of perspectives that there could be that will enrich the description. This is also the time when you look for 'unique outcomes'. For example, Dad might say "but there was that time that you were sad and you still invited your friend over", or her sister says "I feel like that too!" and they can connect in a new way. The simple act of exposing their thoughts and feelings to each other will bring new responses to relationships. This is the strength of family work.

Use **time** to destabilise old stories. Once the family have identified some beliefs or a 'story' that they live by, and agreed that it has some difficult consequences for them, start to unpack the story across time. Ask about *when* this belief began to get power, was there a *time* when it wasn't so prominent or didn't exist? What about in the *future*? Will there be a *time* that it wouldn't be relevant anymore?

Look for some 'unique outcomes' - some times when the old story didn't govern what the family did. For instance, we could see Kiri's care of Ari and her fight with her mother as a challenge of the 'old story' of keeping secrets in the family. This would be a 'unique outcome'. Look carefully for these. Often they are minimised by the family or not taken seriously. Social constructionism supports the idea that alternative stories that don't fit the dominant one will be dismissed. Once you have found some 'unique outcomes', this will give you the opportunity for a conversation that will expand these and offer ideas for new alternative stories for the family.

Ask the family to 'flirt' with the new stories that they are developing. We don't want them to marry them just yet, but to start to be curious about how they might build new stories for themselves, to try them out.

3. Implementing alternative stories. **Embedding these.** **Using witnesses.** **Purpose: To solidify change.**	Once you have helped the family to identify some new stories, it is very important to embed them into regular and consistent routines/behaviours. Here are some ideas for how to do this" Spend some sessions hearing how the new stories are playing out in their lives. Use questioning round the family (circular questioning) to develop and 'thicken' the new story, so that it becomes more familiar and the family fits it into their experience as they did with the old one. Ask the family to invite someone special into a session so that they can talk about their changes - or encourage the family to do this at home. Write a story about your experience with this family, noting the original presenting issues, the process they went through and the outcomes. Note any difficulties the family had to navigate and include all the positive ways that they managed. Share it with the family and ask them to contribute to it. Or ask the family to write a story about their process and read it to you. With any of these ideas, use other people to witness the process for the family. Ask for permission to share it with the teacher and other important people in the family's life - or get the family to do this. Invent ideas with the family that will remind them of the new story - how will they consolidate it in their lives?

Evidence Justification of frameworks used:

Rising Tide is based upon a combination of Cognitive Behavioural Therapy(CBT) and Narrative Therapy (NT) techniques (as were the earlier books from the Worry Bug Project, *Maia and the Worry Bug* and *Wishes and Worries*). These are two methods of anxiety treatment with results proven by extensive psychological research. (For example: Chen et al., 2014; Öst, Karlstedt, & Widén, 2012; Rahmani & Moheb, 2010; Reynolds, Wilson, Austin, & Hooper, 2012)

Cognitive Behaviour Therapy is perhaps one of the most popular types of psychological therapy available in the world today. There are many studies that have found CBT to be a successful form of treatment for not only anxiety but numerous other psychiatric disorders. (For example: Hofmann, 2012; O'Donohue, Fisher, & Hayes, 2004). The basic premise of the treatment is that when thoughts

(cognitions) get out of control and irrational, these negatively influence your emotions and behaviour. CBT aims to correct those maladaptive thoughts and to help patients to have more realistic and helpful thoughts, which in turn leads to more healthy emotions and behaviours (Beck, 2011).

Chen and his colleagues (2014) effectively utilised CBT post-disaster to assist with the stress youth were facing after the Sichuan earthquake. They found that the short-term CBT intervention had a significantly larger impact on levels of PTSD and depression in youth as compared to the general supportive intervention and the no-treatment group, and it also improved psychological resilience.

Narrative therapy was developed in Australasia by Michael White and David Epston. What began as a theory encapsulated in one book revolutionised the field of family therapy in the way that it encouraged social constructionist ideas of subjective or multiple realities (Burr, 2015) as well as offering the technique of externalising problems. This form of therapy encourages participants to explore different ways of interpreting past life-defining situations in order to encourage more positive alternative narratives of their lives, and more positive alternative outlooks on the future. (White & Epston, 1990, p. 15) There is evidence from a range of different studies that narrative therapy is an effective treatment for anxiety. (Aman, 2007; Rahmani & Moheb, 2010; Young, 2008)

CBT and NT combined combines the advantages of each of them in one treatment. The logical process of CBT and the creative process of Narrative Therapy makes a powerful combination which is easily translated into the child-friendly format of a book.

A worry that many parents, critics and researchers have upon first encountering these resources is whether they will be effective when delivered by parents and teachers rather than a trained therapist. Evidence suggests that they will. A study conducted at Macquarie University (Rapee, Abbott, & Lyneham, 2006) aimed to find whether parent delivered bibliotherapy would help children to reduce their anxiety levels. 'Bibliotherapy' has a number of definitions, but here we define it as materials written by a therapist or psychologist which act as a form of self-help (Rapee, Abbott, & Lyneham, 2006). 267 clinically anxious children took part in the study with their parents. Results showed that the children had a statistically significant reduction in their anxiety following the delivery of bibliotherapy by their parent(s) (a method quite similar to that of the Worry Bug project resources). However, the standard group treatment was more effective than the bibliotherapy treatment. Cobham and her team of researchers found similar results (Cobham, 2012), as did a team of researchers who did an extensive review of bibliotherapy literature (Montgomery & Maunders, 2015).

The researchers concluded that bibliotherapy is a moderately effective tool to help treat mild to moderate cases of anxiety, or as an effective stop-gap until professional help is available, but traditional therapeutic treatment is most effective, particularly for more serious cases. This point was reiterated by Pola and Nelson (2014).

Families with mild to moderate cases of anxiety may find that these resources are sufficient to achieve significant reduction in their anxiety, but those with more serious

cases may require treatment with a professional. Using these resources within therapy is a way to encourage self-efficacy in families, but with the added advantages of a trained therapist.

The Worry Bug Project Research by Massey University

The resources, *Rising Tide, Maia and the Worry Bug,* and *Wishes and Worries* are being researched by Massey University for efficacy. Currently, the numbers of respondents are too small to allow a generalisable result, but it looks as if there is a trend towards an increase in pro-social behaviour and a general decrease in anxiety behaviours as a result of use of the books. The researchers also note that positive results are increased by a team approach, across the school, and a research paper exploring this is expected in the early months of 2017. (Please watch the Worry Bug website for this www.theworrybug.co.nz)
Families and schools are encouraged to join the research in order to contribute to good evidence for what works in post-disaster situations for communities and families. You can access the research by contacting the researcher Benita Stiles-Smith at B.Stiles-smith@massey.ac.nz.

These notes were written by Julie Burgess-Manning, Registered Psychologist and Family therapist. Julie is a lecturer at Otago University in Wellington, convening the Postgraduate Certificate in Family and Systems Therapy, with many years of experience in child and family mental health settings, both iwi and DHB based. She is a partner in Kōtuku Creative, which has created the Worry Bug Project.