



# *Creativetherapy*

## **ADOLESCENTS OVERCOMING CHILD SEXUAL ABUSE**

**Kate Ollier and Angela Hobday**

Creative Therapy:  
Adolescents overcoming child sexual abuse

Kate Ollier and Angela Hobday

**ACER PRESS**

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## Dedication

This book is dedicated to Winnie Try who loved to bring out the best in people.

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# Introduction

Child sexual abuse has emerged as a major issue over the last few decades, and its consequences to mental health are now widely recognised. Child sexual abuse is linked to a number of adult psychological problems. Many texts are available for survivors, including both children and adults, but there is a need for a book of therapeutic activities that may be adapted to meet the individual needs of adolescent survivors of child sexual abuse.

This book is written for professional people working with adolescents who have experienced sexual abuse. It is written for all psychologists, counsellors, social workers, welfare workers and other professionals working in this field, but may appeal especially to younger or less experienced therapists who will benefit from the structure and activities offered. It is certainly not a 'Do It Yourself' book, and relies on the therapist having training and a solid skill base for success.

Children are by nature trusting, naïve, easily led, and display a willingness to please others, especially significant carers. A child instinctively learns to trust and love their parents; they become attached to primary care givers and delight in the new experiences that every new day holds. When a child is sexually abused, the basic attachment processes that are being developed so that the child can interact with the world are challenged. The perpetrator of child sexual abuse exploits strategies such as coercion, intimidation, and pleasure seeking in order to have their own needs met. The double bind that is created for the survivor of child sexual abuse often causes self-blame, powerlessness, mistrust, assumption of adult roles and role identity disturbance in the young person.

One of the most terrifying moments in the life of a child or adolescent who has been sexually abused occurs during the time of disclosure. From the perspective of a child or adolescent, there is no 'good outcome'. The incident might be minimised or the young person might be accused of lying. The initial concern following disclosure is usually for the young person's safety, so they could be removed from the family home and placed into care. In cases where criminal charges are being considered, the young person is required to provide police statements and/or testimony at the trial. Legal prosecutors often discourage a young person from receiving psychotherapy in case it compromises subsequent court testimonies.

The effects of child sexual abuse will vary among individuals, depending on how they perceive their own ability to handle the trauma through their own coping strategies. The psychological response to child sexual abuse can also depend on pre-morbid levels of functioning. In many cases the developmental pathways are disrupted through a range of processes including:



## *Introduction*

- a change in early attachment dynamics
- the effects of early post-traumatic stress on subsequent development
- the development of primitive coping strategies
- distortion of the child's understanding of self, others and their future.

Such disruptions to child development often produce symptoms at a later time (Briere, 1996).

Social and emotional development involves attachment and connectedness, emotional regulation, autonomy, identity and moral development – and clients need mastery of each. Achieving attachment and connectedness (in a previously chaotic system) as a teenager is almost counterintuitive to the drive to 'break out' and set up one's own identity. So too, emotional regulation and the development of identity, values and morals are rendered dysfunctional when the child has spent years dissociating and denying his or her true experience.

People who have experienced psychological trauma often have problems with stimulus discrimination (working out what is important), regulation of affective arousal (dealing with strong emotions) and cognitive integration of their experience (understanding it all). Ideally initial sessions with your client will need to involve assessment of these, while at the same time normalising your client's symptoms and linking them to their abusive experience. However, it is important to be aware that for some clients even beginning to mention the abuse in early sessions will be too much for them. You may find that the only way forward is to work on some of the symptoms even before they are ready to discuss the abuse.

During assessment you will also need to be working on building an effective rapport, which should instil a sense of optimism within your client about gaining control over their thoughts, feelings and behaviour. It is critically important to introduce and maintain safety within the therapeutic relationship – this needs to be explicitly recognised and re-evaluated throughout therapy. The therapist will need to establish boundaries early on and be sensitive throughout to ethical issues arising from this work.

Choice of therapy will depend on the needs of your client, and different models of treatment may be appropriate at some stages of therapy and not others. For example, cognitively based therapy that focuses on the present, while disregarding past trauma, fails to address dissociative symptoms and flashbacks (Van der Kolk, McFarlane, and Weisaeth, 1996). An essential part of therapy is the promotion of new cognitive constructs so that your client is able to develop alternative ways to view the trauma. Your client's safety requires learning to be able to discriminate between the past and the present, and changing the very pathways of thought and emotion. They need help to change from the maladaptive strategies employed for survival to new ways of forming attachments, a healthy interaction with their world (including being able to use their senses), and a positive and powerful identity and values system.

On the other hand, therapy that pushes your client to deal with the abuse, before having mastered some coping skills may exacerbate rather than relieve intrusive affective and somatic symptoms. Survivors of child sexual abuse

are exceptionally sensitive to traumatic triggers (especially smell), and such triggers can have a very strong impact that may at worst result in an abreaction. For clients to deal with details and exposure of the abuse, they may first have to work on behaviours that interfere with therapy such as self-harm, quality of life issues (such as where they are living) and deficits in behavioural skills (such as communication skills) (Linehan, 1993a; 1993b). Once a therapeutic alliance is formed, it is often important to educate your client regarding the naming and management of intense feelings and anxieties, and ensure an adequate range of coping skills, before starting to work on other effects of the abusive experience.

Fully effective treatment may, for these reasons, require a strategically staged, multimodal approach, in order to account for all the different psychological processes involved. One of the most important clinical skills to bring to therapy with this client population is the ability to time the introduction of issues appropriately, and the awareness of which skills or issues should be explored first for the individual client. Each client's individual response will vary according to the skills and beliefs he or she brings to therapy. It will also be affected by the current situation regarding the perpetrator (for example, is there still contact), any concurrent issues (for example, within the family), the level of support on offer, his or her communication skills and the personal impact that the abuse has had on the young person.

This book incorporates and supports a number of therapy styles and models, and you may find some of the activities suit yourself and/or your client better than others. Adapting an activity to best suit the needs and preferences of your client is strongly encouraged. The choice of which activities to present, and when, is reliant on sound clinical judgment which is fraught with the sorts of issues discussed earlier. The complexity of these issues is further discussed in the introduction to each chapter.

Each client has their own journey through recovery, dependent on their own experiences, internal and external resources, and ability to form a trusting attachment with you. However, progress tends to take a certain course:

Initially:

- acceptance that sexual abuse occurred
- disclosure
- making the decision to heal

Then:

- finding support
- learning to communicate
- building survival skills

And finally:

- placing responsibility where it belongs
- dealing with the anger, the loss and sadness
- developing a new idea of self
- building positive relationships
- building a future.

Each stage of progress is without clear borders, and clients will move in and out, back and forth. Even the initial steps can take a long time, because the burden of the disclosure can be overwhelming. Disclosing sexual abuse can totally alter a young person's life. They may be forced to live in a different home or may become estranged from family and friends. On this basis, a young person may disclose sexual abuse and then deny that it has ever occurred in order to protect their family or home, or even themselves. The impact that therapeutic work has on a client, and the likelihood of it triggering an emotional reaction, should not be underestimated.

The decision to work on healing is not a fixed state. As with addictions, a client can move from wanting to do the painful work involved in healing, back to the comfort of denial – and this can be very useful when other life stressors emerge, such as a death of a significant person or upcoming exams. This pattern of swinging from one stage to another is also typical of adolescents, who fight for responsibilities and rights, only to fall back into the comfort of regression when things become too difficult. The comfort zone is an important place as it allows for new information and experiences to be absorbed and integrated into the new identity. All of these issues can be addressed as the young person develops trust and rapport during therapy.

Rapport is crucial to the initial stages of therapy for building a safe environment and relationship for disclosure. Contrary to what they may express, adolescents desperately need to form a relationship based on trust, which encourages dependency and will lead to a healthy attachment. The pace of your therapy with an adolescent is also very important, and needs to be controlled by the client, but guided by the therapist. If you move too quickly, you will lose the trust and sense of safety you have built up over time. This is another reason why activities guided by a therapist may be superior to a workbook that relies on the client knowing whether they have dealt with each issue sufficiently.

Although adolescents have a strong desire to be 'in control', those who have been sexually abused also need a safe and understanding environment in which to explore and deal with the difficult emotional issues. They are terrified of making personal attachments because trusting someone means giving up very strong defences and exposing the fear that if someone gets to know them, they might be shocked and reject them (Levenkron, 1998). When it all feels too much for them, a client benefits from having someone they can trust to cope with their burden.

## **How to use this book**

This book offers useful knowledge and activities which will assist the therapist to choose interventions that are timely, sensitive to their clients' needs and effective in their outcome. The activities in this book cover the main topics that reflect the usual stages of therapy:

- essentials for assessment and crisis management
- skills development

- clients' own management of self and systems, and
- forward focusing skills.

Each chapter of this book covers a specific area of therapy that will further a client's progress. However, there is no set way to work through the activities, and it is likely that you will want to dip into different chapters at different times according to your client's needs. For example, some activities in the chapter on dealing with professionals may be required very early on in therapy to provide context or to stress your client's rights, while a client who is shutting down all the relationships in his or her life may benefit from some of the activities in the chapter on relationships, even though it is found late in the book.

Just as the order of the activities presented needs to reflect your client's needs, so too most individual activities will need to be adapted to suit the individual needs of each client. For example, if your client still has contact with the perpetrator, or is pressured to resume a relationship (of any sort) with the perpetrator, then this needs to be incorporated into activities to support and protect your client in dealing with this situation. If current supports have not adequately dealt with disclosure or protection, then this issue needs to be integrated into the therapy plan. In using the activities, you will also gain insight into your client's current level of development, internal resources and style of functioning, which will provide you with information to plan further appropriate therapy. As a therapist you are likely to be most effective when working on the basis of building on concepts and skills that your client has mastered, to promote a sense of success and optimism, and to reduce anxiety about therapy.

Each activity is designed to provide therapy in a way that adolescents will find interesting and relevant. Generally speaking, more craft-based activities are likely to appeal to younger clients and pen and paper activities will appeal to older clients, but the preferred way to experience therapy is a very individual matter. Each issue is best explored using a number of modes – drawing, writing, rehearsing in the safety of your office, games and so on. This not only allows repetition of themes without boredom, but also accesses different parts of memory and learning, so that the likelihood of the issues being incorporated into the clients' thinking is enhanced.

## **Format of sessions**

Structure and slow progress are key elements to therapy that involves highly emotional states. It can help the client feel safe and prepared if each session begins with a review of, or link to, the last session, a proposal on what will be attempted in the session, and a summary at the end. The more you can offer a sense of 'where they are at' and 'where they are going' the better, especially for adolescents who are very quick to pick up on any lack of confidence or knowledge.

Written notes and posters with positive, not too personal, messages can be taken away by the client, so that they can accommodate the new information at a time and place when they are ready and mentally able to digest it. Clients

also benefit from being able to read the new information over and over, even if it says nothing more than 'I'm OK'. The written word also acts as a positive prop during difficult times, when the client cannot access the therapist. It is unwise to give homework that involves difficult emotions because the emotions raised may interfere with day-to-day functioning. Some activities relating to achieving practical goals may need work between sessions in which case goals need to be set with your client to ensure the activity will not lead to emotional distress.

Effective work with adolescents who have been sexually abused requires an understanding of development in the areas of sexuality and general behaviour, and can involve complex issues relating to families, legal proceedings, schools and other relationships. Psychological therapy is only one part of a client's world and it can impact markedly on individual, family and legal aspects of progress. Therapy must be planned according to the client's individual context.

## **Materials**

All the illustrations, worksheets and appendices within this book are copyright free. You may find that you need to enlarge some of the material for ease of use. Please note that the rest of the material in this book remains subject to usual copyright restrictions. It should be noted that the illustrations used as examples have been drawn for this book. For reasons of confidentiality, they are not originals from client cases.

All materials required are indicated for each activity – but you may be able to use alternative materials you have to hand. When you see the illustrations accompanying many of the activities, you may think of other ways of presenting the activity using different materials. You may have to use certain materials to suit the whim of your client. Experienced therapists know the importance of choosing the right materials, especially with adolescents where you must be relevant without being patronising. For example, many adolescents are unlikely to want to do cutting and pasting but may like to express themselves through art, drama or writing.

## **CLINICAL ISSUES**

The importance of understanding the processes of trauma, as previously discussed, cannot be overemphasised. It is a clinician's ability to introduce and deal with issues relating to the abuse, in a sensitive manner, that makes for effective therapy. Key clinical skills include awareness that anything could trigger an emotional reaction, an appreciation of the need for your client to learn to recognise and express feelings before they can relate their experiences, and knowledge of how to present a safe therapeutic environment. Other issues that relate to the topics covered in this book are discussed at the introduction of each chapter. The following are a number of other issues relevant to therapy with adolescents who have been sexually abused as children.

## **Supervision**

Offering therapy to a young person who has been sexually abused raises a number of transference issues. As a therapist you may feel helpless, have negative feelings about the perpetrator's behaviour and be distressed by the experiences that your client is sharing. Ongoing supervision is vital. This type of therapy is fraught with personal challenges regarding your legal, emotional, spiritual, moral and clinical skills and attitudes. You may find the nature of the work confronting, progress may be slow, and your every word may be used at a later date.

Ongoing professional supervision, when dealing with clients presenting with sexual abuse, is always recommended. The opportunity to debrief, accept support and receive advice from a supervisor is important to prevent therapist burnout. Having an allocated place and time to discuss clients, reflect on your work and brainstorm ideas, is an important part of any therapeutic work.

It is important to have adequate supervision and training in place before providing therapy to adolescents who have been sexually abused. Therapy with this client group assumes that the therapist has the ability to manage suicidal ideation or intent, deliberate self-harm, forensic reporting and court appearances.

## **Boundaries**

'Boundaries' refer to who is told what, who is involved in the case and how, who makes decisions about releasing information, what legal proceedings are involved and the level of transparency that is maintained. Your client needs to be aware of each of the boundaries, and should ideally feel a sense of control over setting the boundaries on who and what they are going to tell, what information divulged to therapists gets passed on and to whom, and what controls are put on the clinical notes. These boundaries can get very complicated, especially if legal proceedings are in place, but they need to be discussed and explained from the beginning.

Personal boundaries are also important for your own protection and that of your vulnerable client. You will see that some activities specifically mention not touching your client. This is a good general rule when working with survivors of abuse. Even a hand on a shoulder can be misinterpreted. You will also need to set boundaries around the time allocated for sessions, the place where you see your client and who else is aware of the session. For example, do not see your client in an isolated place, such as an office out-of-hours when there is no one else around.

In your first session a discussion is required on the confidential nature of the sessions. This is especially important (and needs to be stressed) when a support person is present, so that they agree to the confidentiality. Legal implications also need to be stated. If the case is going to court, then therapy that deals with the details of the case cannot usually begin until this has been

finalised, as any suggestions may jeopardise the case. Sometimes therapy may proceed once a clear video statement has been made, but legal advice will need to be taken concerning the timing of the therapy.

## **Support people**

Adolescents may come for therapy on their own or with a support person. The adolescent may wish the support person to attend the session with them. Always go with your client's wishes initially, to give them power over their therapy. The support person may or may not be useful in providing information. You may find it best to explain the format of the first session to them both and then say that you usually see the client on their own for some more personal questions. Stress to any support person the requirement of confidentiality, and inform the support person that their role is important but one of support only – they must not answer for the client.

Then you can go ahead with basic assessment questions that are factual in nature such as school, address, family set-up and friends. Once questions regarding the sexual abuse come up, it is time for the support person to leave unless the client still wants them present. If the client still wants them, then do go ahead to show that you respect the client's wishes. Then towards the end of the session, explain that you need a few minutes alone. Use this time to explain:

- that you understand how it can be hard to discuss certain things when another person is around, and that you want your client to feel free to talk about absolutely anything.
- that many clients don't want the support person feeling left out, but it is best if the therapist arranges it so that it is just the two of them.

Ask: 'Would you like them to be present next time for part, all or none of the session?' Then ask: 'Is there anything else that you would like to discuss?' Be aware that the client may not feel safe enough with you to cope without the support person, especially if you are of the same gender as the abuser.

You may also want to ask your client for their permission to see the support person on their own. You can explain that support people often want to ask questions that they are too shy/uncomfortable to ask with the client, for example: 'How should I respond to crying?' or 'How can I help them?' The support person may well need a moment on their own to gather their own thoughts and feelings, ask questions about the whole process, and may seek some ideas on how best to support your client.

## **Working with adolescents**

Most adolescents can respond to open-ended questions, and will have the ability to translate thoughts and emotions to words. However, with the highly emotive issues involved in sexual abuse work, even the most articulate person will have difficulties in expressing themselves, and in seeing things in an objective way.

Good rapport building is essential to creating an environment where your client can divulge difficult thoughts, feelings and questions. A slow pace and

a supportive but positive (and even fun) environment are recommended. Progress is likely to be enhanced when your client feels safe and in control of the therapy. Having fun and taking an active role will assist in the client's learning of new skills, and in their confidence in using these skills outside the clinic. So, while you as the therapist may guide the therapy, it is essential to provide alternatives for your client to choose from whenever possible. For example he or she may wish to work on communication by doing a drawing, writing or rehearsing. This will slowly increase the young person's confidence in using his or her own skills.

It is important to be mindful of the need to develop clients' coping skills and problem-solving abilities throughout therapy, so that they learn to translate skills learned in therapy to problems outside. This way, they will begin to believe that they can create solutions, and – just as importantly – come to understand that there is more than one way to approach each problem.

Be aware that when a client suddenly becomes quiet you may have touched on an especially sensitive subject. The subject matter may be too painful, or something may have made them angry, or they may have had difficulty in understanding something. Their silence may be a clue that the progress needs to be slower, gentler or approached in a different way. If you push too hard, your client may suffer an abreaction, where he or she will collapse in a heap, feel totally overwhelmed by it all and be very resistant to starting again.

Adolescents are likely to be guarded in their responses. They are busy trying to form their own identities, and do not want to be told how to do it. Rather than being educated, they need emotional support, information support, skills training and encouragement to educate themselves. It is crucial for this age group to feel believed, and listened to – nothing must be too awful/weird/shocking for the therapist. Therapy is usually best presented as a series of (informed) choices that the client makes, so that they feel they are directing their own path of healing. Some may enjoy the bright coloured paper, cute crafty ways of presenting material and writing with silver or gold pens, but if they sense that any of it is 'child's stuff', then they will want to stick to white paper and ballpoint pens or typing up work on your computer. Above all, adolescents need to feel that they are being treated as 'adults' in terms of confidentiality and communication.

## **Therapeutic approach**

Table 1 is a list of basic points that are relevant to working with adolescent survivors of abuse. It is not exhaustive, but offers a flavour of the supportive, measured and flexible approach that promotes progress in therapy. These points relate to the approach used in therapy, not the content. As already mentioned, we endorse presenting therapy in a non-confrontational style with activities to make it less threatening, more fun and more readily accommodated by a client into their own cognitive, emotional and behavioural set. We also encourage the pace to be led very much by the client, as pushing them too far may result in an abreaction. This does not minimise the content of the therapy, which needs to:



- desensitise your client to those factors which are relevant to their own experience
- promote positive cognitive skills to assist with individual problems such as anxiety and depression
- promote new behaviours that assist in the healing process such as education and social groups.

**Table 1** Therapeutic approach for working with survivors of child sexual abuse

<i>Always</i>	<i>Never</i>
Find positive things about them whatever their presentation	Ignore their efforts to express themselves through appearing or behaving in an outrageous manner
Show you believe what the young person says	Tell them they are mistaken or minimise the abuse or experience
Do listen and acknowledge the client's feelings about the abuse	Tell them to forget all about it
Treat them as the person who knows themselves best	Tell them how they <i>should</i> feel or what they <i>should</i> do
Emphasise their right to feel safe at all times	Excuse the abuser
Recognise that they will be experiencing a confusion of feelings	Force them to express feelings
Recognise their sorrow and sense of loss	Minimise the emotional effects of the abuse
Help them to recognise their feelings as a normal reaction to what has happened	Overwhelm them or tell them everything will work out just fine
Help them understand they are not to blame	Ask them for all the details of the abuse
Validate their coping strategies, looking at the pros and cons	Tell them that their coping strategies are not appropriate
Be led by the young person's issues	Make judgments about what is important for your client
Go at a pace that suits your client	Rush feelings, therapy or the pace of healing
Be very clear about your personal boundaries	Encourage emotional closeness or dependency
Be clear about who you will need to contact and under what circumstances	Promise confidentiality you will not be able to keep
Be calm, steady and dependable	Show over-emotional reactions
Give your client choices whenever possible without pressuring them	Dictate what they will do or how therapy will progress
Give them information and contact with other resources as appropriate	Tell them about someone else's abuse
Keep therapy and the expected outcome positive	Tell them they will never recover

## A word of warning

This book is full of practical advice and resources for using in your therapy for adolescents who have been sexually abused. It does not provide training on how to be a therapist, and the activities by themselves are not therapy. These activities are extra resources that offer some fresh ways of conducting psychological therapy, which needs to be based on sound theory and proven practice. It is your professional skill that transforms our activities into effective, individualised therapeutic tools.

This book is designed for work with clients who do not have significant pre-morbid psychiatric disorders, although many of the activities may suit such clients. It does not provide details on working with the legal system, as this varies from one place to another and is beyond the scope of this book.

To summarise, this book provides a brief introduction to the theory of child sexual abuse, and offers therapeutic ideas and activities. It is designed to help the therapist promote the building and maintenance of skills, cognitions and beliefs to strengthen resilience for a positive future for survivors of trauma.

# What is child sexual abuse?

## Normal sexual development

Sexual development and sexual play are natural processes through childhood and adolescence. The frequency of sexual behaviour among children varies according to individual and family variables, including positive correlations with maternal education, family sexuality, family stress, family violence and amount of time in day care. The frequency of sexual behaviour tends to increase with age until the child is around five years old, and then declines in frequency until puberty approaches (Friedrich, Fisher, Broughton, Houston and Shafran, 1998). The behaviours most often relate to self-discovery, self-stimulation, exhibitionism (showing off and comparing with peers), and learning about boundaries (for example, wanting to touch Mum's breasts). Once puberty is reached, physical changes lead to further self-exploration, and concepts involving romance, relationships and intimacy arise.

The range of behaviours children will engage in varies widely, including physical discovery, seeking information and practising simulated sexual activities. Once puberty is reached then sexual activities tend to be focused on one partner, and are mutual. Sexual activity among high school students is common, and ranges from kissing to sexual intercourse and/or anal penetration.

## Towards a definition of sexual abuse

Definitions of sexual abuse vary. The word 'sex' does not simply refer to sexual intercourse, but can include a wide variety of sexual behaviours. When defining abuse it is important to look at the context in which the sexual activity occurred, which may also include how people felt about it. Abuse, by definition, involves an inequality of power. Therefore, the act of sexual penetration is not necessarily a form of abuse, but when any sexual behaviour is conducted without informed, mutual consent, then abuse has occurred. 'Informed' is an important word here, as a child cannot have the understanding to be informed. Therefore, when an adult or adolescent engages in any form of sexual behaviour with a child, then abuse has occurred. This is true even if a child has seemed to enjoy the experience.

When there is sexual activity between children this may be less easy to define as abuse. If there is a clear difference in power between the children, and that power has been used, then this would be more likely to be defined as sexual abuse of the less powerful child. Areas of power may include age, size or intellectual ability.

Sexual abuse may range from exhibitionism or exposure to inappropriate sexual material, such as pornographic videos, through to intercourse. Often the perpetrator of the abuse uses his or her dominant position over the child to progress through a series of inappropriate behaviours. The abuse may start with 'grooming' a child – making him or her feel 'special' through little gifts and extra displays of love. This phase, and that of exposure to explicit sexual material can take place without face-to-face contact, for example, through the Internet. Next, there may be inappropriate touching, kissing or nudity. The abuse may lead on to masturbation or oral/genital contact. There may be digital penetration or further genital contact before the perpetrator introduces penile penetration of the vagina or anus. Although it may be difficult to prove through the 'grooming' phase, all of the above can be described as sexual abuse.

When defining sexual abuse it is important to remember that a child may have been, or feel as if they have been, abused even if there is an investigation that leads to no action being taken by the authorities. If a child or young person feels they have been abused, and is showing effects, for example recollections, flashbacks or symptoms affecting their sexual identity, then therapy will be appropriate.

## **EFFECTS OF SEXUAL ABUSE**

Children who have been sexually abused are more likely to display inappropriate sexual or sexualised behaviour. Sexual behaviour is of concern when it becomes a preoccupation for the child or adolescent, or involves activities that are not consensual. A child or adolescent who has been exposed to sexual activity may use gestures, words and knowledge that are advanced for their age. Any aggressive or coercive sexual behaviour is abnormal, as are child sexual behaviours directed towards adolescents or adults. It is highly unusual for prepubescent children to engage in:

- sexual penetration or attempts at penetration
- oral sex
- sexual play with younger children
- asking others to do sex acts
- undressing others against their will.

The effects of sexual abuse vary between individuals. It is important to accept that different people will react in different ways.

## **Client variables**

Factors that are likely to influence your clients' ability to respond and integrate their experience include the age at which the abuse occurred, coping strategies and personality style. In general, the older a person is when the abuse starts, the better they can cope. This may be due to a protective effect of prior emotional attachments, and because a child will have had time to develop some coping strategies and more realistic schema in viewing the world.

Coping strategies come in a variety of forms, including internal and external. The adolescent's repertoire of coping skills is pivotal in providing ways to dissociate and maintain some order out of the chaos that abuse brings. Coping strategies can include distractions through some other activity, finding an outlet for anger, being able to develop healthy social relationships with other people. Coping is also reliant on the support offered by other people. This can involve friends, colleagues and family, and other informal social routines such as people they regularly meet at the bus stop, or the local chemist. There are also the more formal support systems, such as police, doctors, teachers and other people in professional roles. When an adolescent, who is in an extremely vulnerable state, is believed and listened to, and given hope and a way forward, the quality of support received can be crucial in promoting healing.

Certain personality styles appear more helpful with coping. A person who is able to externalise the blame is likely to work through their abuse more quickly, readily accepting new ways of viewing the abuse, and developing new coping skills. A confident person is likely to have developed a strong identity and is less likely to base their identity in terms of the abuse. An extrovert is more likely to have a range of social skills to assist coping, and may have more 'energy' to take the risks required to work therapeutically.

## **Incident variables**

Generally, the greater the abuse, the worse is the outcome for survivors. This can relate to the length of time that the abuse has occurred, over what period, the number of perpetrators involved, and how intrusive the abuse was, such as penetration and/or violence, or the associated risk. The emotional damage is likely to be exacerbated if the parents do not support the survivor, or if the abuser is known (especially if it is a parent), although there are some findings that sibling abuse without violence may be less traumatic.

The effects of the abuse can be compounded when the survivor feels responsible for it. Also, it can be very confusing for a young person to understand why they felt pleasure during abuse, and why they agreed – even under force or ignorance – to participation.

## **Psychological effects**

Immediate reactions last usually from a few days to a few weeks. The predominant reaction is likely to be shock and a sense of powerlessness. As time goes on, your client will try to fit their experience into their schema of how their world works. When the experiences don't match previously held beliefs and attachments, the thoughts and behaviours of your client may be changed to better fit with his or her experience. These reactions may be internalised, where your client will appear calm and controlled, or their reactions may be externalised and involve such behaviours as crying, expressions of rage, or being physically agitated.

Personal consequences to having been sexually abused influence a client's emotional, cognitive and behavioural patterns, as seen in the three lists in Table 2. Table 2 shows that some cognitions and behaviour come into

**Table 2** Emotional, cognitive and behavioural effects of sexual abuse

<i>Emotional</i>	<i>Cognitive</i>	<i>Behavioural</i>
Shock	Disbelief	Isolation/withdrawal
Fear	Self-preservation	Exhaustion
Loss of control	Sense of powerlessness	Hyper-vigilance
Unable to concentrate	Sense of guilt	Sleeping disorders
State of anxiousness	Blaming themselves	Eating disorders
Flashbacks	Self-loathing	Drug and alcohol abuse
Phobias	Focusing on their faults	Risk taking
Emotional swings	Unworthy of good things	Acting 'bad'
Depression	Inability to form	Membership of groups
Rage	appropriate relationships	rejected by main society
Shame	Confusion between affection	Making themselves ugly
Aloneness	and sexual behaviour	Suicidal attempts
Numbness	Confusion with identity	Sexualising all relationships
Anger	Lacking trust or over-trusting	Sexual difficulties
Humiliation	Distrusting authority	Prostitution
Unclean	Seeking abuse to confirm beliefs	Aggression
Invaded	Inability to set boundaries	Lack of assertiveness
Unworthy	Not recognising own rights	Extreme independence

existence initially as coping strategies within the context of the abuse. For example, aggressive behaviour may be useful in controlling intimate situations with others. Blaming herself may help a girl to carry on loving an abusive father, and can explain why he would do this to her. Much of the work with survivors involves helping them understand this and enabling them to let go of those coping strategies that are now causing them harm. They can then be encouraged to develop positive strategies to move them through their healing.

## Building rapport

The main purpose of your first session is likely to involve sharing information – what you are able to offer and what your client's main needs are. You will need to get a picture of your client's life, lifestyle and goals, and how these are interrupted or rendered dysfunctional because of the client's emotional state, cognitions and behaviours. It is useful to explain to your client that for the first few sessions you will want to focus on helping them to feel comfortable with coming to the sessions, rather than discussing the abuse. This reduces any fear the client has of being confronted with the trauma, and allows them to relax. Rapport will be established through the development of a caring, trusting and guiding relationship.

It is generally advised to introduce structured sessions, with a clear beginning, middle and wind-up or summary – and use the same structure for future sessions. This familiarity provides comfort, offers a sense of control and promotes trust.

The importance of establishing rapport cannot be over-emphasised with clients who have been sexually abused, and who have great difficulty in trusting anyone. It is inappropriate to ask or expect a client to tell you details of abuse in early therapy. Instead, a number of sessions are generally required to demonstrate to the client that you have time to listen, are interested in them as an individual, that you know what to say and what not to say, and that you are someone who will not be shocked by any information. It is also important to make it clear right from the beginning that whatever abuse has happened to your client it is not their fault. You can do this without the client having to disclose details to you first. You do, however, need to include in your sessions a brief check on any self-injurious intent, as any safety concerns will need to be a priority.

It is best to use these sessions to provide your client with as much power as possible. Ask them for permission before contacting anyone, or before embarking on any activity (have a few up your sleeve at any time). Be willing to make phone calls to other relevant people in the presence of your client so they can hear everything you say and can be involved in any discussions. Even if they ask you to do the writing in their session, have them choose the manner in which you record information, the colour of pen you use and the actual wording as far as possible. It is hard to build rapport after such damaging experiences, so take your time and be prepared to work hard to gain enough trust to begin some gentle therapy.

Make yourself familiar with the recommended therapeutic approaches as seen in Table 1 on page 10 before beginning your work.

# LIKES AND LOOKS

## **Aim**

To assess a client's self-perception and promote an improvement in self-esteem.

## **Materials**

A4 paper and pens.

## **Method**

Ask your client to write his or her name and 'Likes and Looks' in large writing in a fancy way in the centre of the page. Around this, he or she can put all they want to about the things they like and how they feel they look. You may need to guide him or her with a few questions such as asking about favourite television programs, or whether they like the colour of their eyes. At this early stage in therapy, steer away from suggesting any aspects that are in any way connected to their sexuality or their experience of abuse. However, if the young person wants to add such items to their piece of work, don't stop them unless you consider it very inappropriate. They may be trying to find out if you have sexual boundaries. For example, a teenage girl may want to write 'I like my big breasts' but it becomes a difficulty if she is at the same time trying to flaunt them in front of you. In this case, you would say you were glad she liked herself, but maybe there were other things she could put on the piece of work, or you could put it down on the paper in a non-sexual way, such as 'I like my shape'.

Discuss his or her perception without judgment. Let your client decide whether they see these aspects as positive. Some young people may want to tick or put a cross by the items when they have completed writing them (see illustration). If they are tending to focus on negative perceptions, from your feedback let them see that you see them differently.

This is a very good activity to use on the computer, with a graphics package. Adolescents often enjoy using this and if you have the knowledge and equipment you may be able to scan in images your client would like on their poster.

The activity can be usefully repeated later in therapy to measure shift in the client's way of viewing his or her life and self.

## ***See also***

- Me myself I
- Where I fit



## LIKES + LOOKS

Like wedges  
and burgers ✓

Like smoking X

Like drinking ✓ X

Like running ✓

Big smelly feet!  
✓ X

Like going out  
with my mates ✓

## FEET

Look older than  
I am ✓ X

Long legs ✓

Look scruffy ✓

Black hair X

Big nose ✓

Brown eyes ✓

Like swimming  
and sometimes  
camping ✓

KEY	
Good ✓	Bad X

# POSITIVE SUPPORT

## Aim

To find out the significant people (or supports) in your client's life, who offer strength or support, and the quality and/or extent of support offered by each.

## Materials

A4 paper, pens.

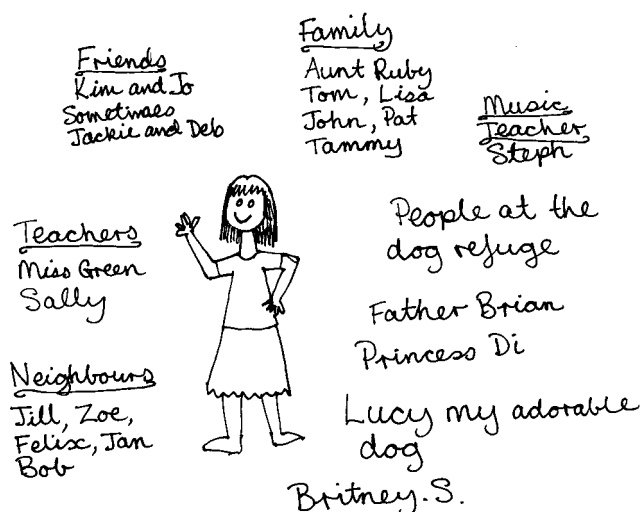
## Method

Ask your client to draw him or herself (or write their name) in the middle of the sheet. Explain that you want to find out the names of all the positive people or things in their lives, and find out a little about him or her. They may be real people they know, or people they have not met who offer inspiration for one reason or another, such as a singer or author. It could be a book, a sentimental item or a pet. Label the page 'Positive Support' and ask your client to write the names of all the people or things that they can think of who provide inspiration and strength to keep going, or even just friendly support. Prompt as necessary (e.g. teachers, neighbours, priests, TV stars, actresses, shopkeepers, a special photo, marathon runners, the dog, soccer teams, friends, cousins). Then ask for details of the kinds of strength or support they may offer. Write these down in summary form on the sheet, and in more detail on another sheet (for reference at a later time). Finish with an upbeat discussion about the range and variety of support on offer.

## See also

- My chocolate cream egg
- My family support
- Local links
- My supporting friends

### Positives in my Life



## **HERE AND NOW**

### **Aim**

To promote a sense of safety within the therapy room.

### **Materials**

An appropriate set-up in your room with pretty pictures, calming smells (such as lavender or rose), soft cushions for feeling or hugging, quiet calming music.

### **Method**

Introduce the idea of the therapy room being a safe place, where your client can safely use their senses. Note the things in the room that the senses can enjoy. Ask if there is anything in the room that upsets your client for some reason (they don't have to understand why and nor do you). If it is possible, remove anything that is upsetting.

Talk about how in your therapy room, the young person can focus on the here and now, and enjoy the environment. Explain that it may take a few sessions for him or her to trust that they can let their guard down and focus on the sensations within the room, and that this is normal. Ask your client to talk about how they find the environment. Is there anything that would make the room feel safer? Is there anything he or she would like to bring from home for each session? Let the young person know that you will always be open to suggestion, because this is meant to be a safe place where he or she can learn to relax.

When ending the session, remind your client that they are leaving the 'safe place' and that, depending on what they do after your session, it may be appropriate to be vigilant. Don't forget to note down anything he or she wanted to have removed, or asked to have in the room. Before each session, prepare the room in the way the young person feels safest.

### ***See also***

- My ideal place

# SPOT THE POSITIVES

## **Aim**

To offer practice at recognising positive self-statements.

## **Materials**

A4 paper and pen. Before the session you will need to fill the page with self-statements, both negative and positive, or use the one in Appendix 1.

## **Method**

Introduce the idea that everyone has things they say to themselves. Sometimes these are helpful; sometimes they make people feel even worse about themselves. Talk about the sorts of statements that some people might use, such as 'I'm never going to break out of this'; 'Wow, I did it!' or 'That was hard – but I did it'. If your client comes up with some ideas, add these to your prepared sheet. Link these comments to how they make people feel, and point out that focusing on positive statements can help people feel better, less guilty, and can keep up the hope for a brighter future. Offer the prepared sheet as a bit of a hunt for positives. Explain that the sheet has a number of negative comments on it, but also lots of positive ones, and it is the positive ones that you would like your client to find and circle.

Once he or she has finished, have a look and ask about each of the positives. Explore if each statement could be relevant to his or her life, and how such a statement might impact on his or her feelings.

Finish by writing a new list, with just the positive statements, for your client to take home with them.

## ***See also***

- Scattered stars
- Feelings for now
- Qualities

## **MY NEEDS RIGHT NOW**

### **Aim**

To assist your client to clarify and prioritise his or her needs. To open up the idea that some of these needs can be met.

### **Materials**

Strips of paper or card with the possibilities (below) written on separate strips. Six extra strips, left blank. A4 sheets, glue and a pen.

### **Method**

Discuss the need to know where your client is at, what is most important for him or her at the moment, so that he or she can move forward in the right order for them. Some examples may be:

- to be believed
- to be listened to
- to feel safe
- not to be judged
- to understand my trauma
- get in control of what is happening
- to talk about it at my own pace
- confirm I'm not crazy
- to get information about the legal system and my choices
- to get information about my physical wellbeing
- to get encouragement to accept help and support
- to know that I'm not overreacting.

Ask your client to think of any other needs they have. Write each of these extra needs on a blank strip of card or paper. Ask the young person to put these needs in their own order of priority. When your client has worked out their personal order, glue them onto a sheet of paper in this order.

Discuss with the young person how the most urgent needs can be met, or worked on. Focus on any of the needs where you can show you will be able to help now. For example, talking to the social worker about what is happening with regard to taking the abuser to Court.

Explain to your client that this hierarchy will form a useful basis for the next steps in therapy. Your client may like it if you have the piece of work typed up into a table and tick boxes for when they are being worked on and when they are no longer a problem.

Close the activity with the feeling that it has been possible to move nearer towards being heard and receiving help.

### ***See also***

- The loud voice
- I shall be heard
- The big picture

## QUICK REACTIONS

### Aim

To encourage the young person to relax in therapy sessions and be able to respond spontaneously. This is especially useful with very guarded, defensive adolescents, if they can be persuaded to participate in the activity.

### Materials

Two juggling balls or bean bags, A4 paper, a pen.

### Method

Start with one ball, throwing it backwards and forwards with the young person, until they begin to smile or relax. Then catch it and say that next time you throw it they should answer your question before they throw it back.

Start with 'getting to know you' type questions:

- favourite colour
- best day of the week
- worst lesson in school
- name of a friend
- brother's name
- favourite animal, etc.

Lob the ball high if the young person needs thinking time – but throw it fast if your client can cope. You can make it more fun by throwing a second ball each time they answer so that two balls are flying around at any one time.

You may then want to move on to some more serious questions (but not at this early stage about the abuse), using the ball in the same way. However, always end with some fun questions, so that the overall impression is that this is a light-hearted way of getting to know each other.

Sometimes the young person really likes it if you then try to remember all his or her answers and write them down, with a few comments about how interesting a hobby is or that favourite colour being yours as well, etc. to begin to form connections. Show the young person that you are really interested in him or her and that you are positive towards them.

### ***See also***

- Likes and looks
- My bookshelves

## CHOOSING NO

### Aim

To promote confidence to say 'No' when your client is feeling uncomfortable or unsafe.

### Materials

A4 paper, pens.

### Method

Introduce this activity as one looking at the importance of being able to say 'No'. Ask your client to make three columns on a sheet of A4 (landscape might be best). Label them 'Said No', 'Wanted to say No' and 'Will say No'.

Ask if they can think of some times when they have said 'No'. It doesn't have to relate to anything – it can be an Aunt asking if you wanted a cup of tea, but try to come up with a wide range of times. Stress to your client that he or she has said 'No' in lots of situations and seems to feel OK about it at least some of the time.

Next, ask if there are any situations that he or she can think of and are willing to talk about when they wish they had said 'No' but were either too scared or felt bad about it. Try not to focus on abuse issues (although this may promote disclosures) but again, get a range of times and people where saying 'No' was more difficult. Stress to your client that everyone has difficulty saying 'No' sometimes, but they need to try to be respectful to themselves and put themselves first.

Finally, in the last column, suggest that your client may expect to feel uncomfortable sometimes but want to say 'No'. For example, if a therapist or other professional pushes your client too far before he or she is ready, or if Mum asks her daughter to wear her pink dress to the family party. Ask your client to think of one or two situations where he or she plans to say 'No' if the situation arises.

Finish with a discussion about the importance of learning to say 'No', even if it does upset some people. Make sure the discussion includes some understanding that, if safety is at risk, there may be times when it won't feel safe saying 'No'. Your discussion may also need to include the difference between times when someone is making sure they are feeling comfortable and safe, rather than arguing with a parent because they do not want to do their chores!

Finally, stress that professionals should not push a client too far, so it is important for a client to tell their therapist or other worker when they have touched on a sensitive issue which makes them feel uncomfortable or unsafe.

### *See also*

- Healthy choices
- Am I ready?
- Sensing safe progress

## FEELING SAFE

### **Aim**

To encourage your client to listen to his or her body and act accordingly.

### **Materials**

A copy of the scenario list with scales (see Appendix 2), and some pencils.

#### *Scenarios*

A friend asks you to walk her Rottweiler dog that you haven't yet met  
You go shopping with a friend  
You are speaking in public  
You are the only person in your train carriage  
You are walking on your own through a car park at night  
You are called to the principal's office at lunchtime  
You open your coat to put it on and a moth flies out  
You watch a video at home on your own  
You and a friend muck around with your make-up at home  
You are in the car and a wasp flies in  
You are half an hour late for school  
You are at a concert with your friends  
You are about to jump out of a plane with a parachute  
You are on a roller-coaster ride  
You are in a queue and a scuffle next to you results in you getting knocked down  
Someone you don't like asks you for a date  
You are sitting in the dentist's chair

### **Method**

Explain that this activity is about your client recognising and predicting whether his or her body would feel safe or unsafe in different situations. Introduce the series of scenarios that may or may not make your client feel unsafe. Ask your client to read it (assist as required) and think about whether their body would be telling them 'safe' or 'unsafe', or somewhere in between. He or she can mark where they think they would feel on each scale, and it may be a clear cross or a range along the scale. Stress that there is no right or wrong response.

Discuss these scenarios in terms of how some people might feel great in that situation, but others might feel really scared. Everyone feels unsafe with some things but not others, and everyone should each learn that their own sense of safe and unsafe is OK and should be respected by themselves and by others.

It may be useful to repeat this activity at a later date well into therapy when you are sure that your client is feeling more confident, so that he or she can see the progress that has been made.

#### ***See also***

- Scales of emotion



## POSITIVELY ACTIVE

### Aim

To increase positive participation in activities, and to teach your client that they can enjoy themselves in many ways.

### Materials

A4 paper and coloured pens.

### Method

Explain that for the moment you want to increase the positive experiences your client enjoys. Explain that it can be hard to get started on enjoying life, but that it is their right. Ask the adolescent to write their name in the middle of the paper, and around it write a list of things that they currently enjoy – and put the activities down on paper (be sure to positively accept each one, however unusual). Ask your client to think of any other activities they can add.

Possible activities include:

Reading magazines	Learning first aid
Volunteering at a charity shop/animal refuge	Going to the footy
Taking up a sport (again)	Reading a book
Learning to cook a special food	Going to the movies
Taking up an art/craft class	Painting a room
Playing around with make-up	Washing the car
Inviting some friends around to watch some sport on TV	Doing the mowing
Kicking a ball around with some friends	Rearranging a room
Walking with or without a dog	Visiting the library
Meeting a friend out of college	Having a manicure
Going to the hairdresser	Starting a herb garden

Stress that everyone deserves to have some special time to him or herself to enjoy whatever activities suit them. Your client may want to keep a record of the activities he or she does that are just for them, with a note on how much they enjoyed each one.

It can be useful to mention that at the start of therapy, lots of things can be going through your client's mind as his or her brain sorts it all out. Keeping busy can help to balance that out, and it doesn't have to be expensive. Emphasise that you are not trying to help your client to forget all about what happened, and that being obsessive about any activity is not healthy, but that you want your client to have a full life even while they are working on their difficulties in sessions with you. (If your client becomes too busy as a way of avoiding, then you will need to set aside some time each day for working on feelings and memories, or put limits on the time spent on certain activities.)

### ***See also***

- Local links
- Recovering childhood

# **STICK YOUR TOE IN THE WATER**

## **Aim**

To help your client take the risk of participating in therapy. To convey the message that you know it will be difficult for them.

## **Materials**

Two sheets of A4 paper, pens, pencil.

## **Method**

Begin to talk with your client about the occasions when he or she has tried something new and found it difficult. If he or she is unable to think of anything or is reticent to discuss it, then talk about things that are usually a little anxiety provoking for adolescents. For example, giving a talk in English class for the first time, or deciding to join a club. Introduce the phrase 'sticking your toe in the water' or 'testing the water' to describe how people try things out a little before proceeding.

You may both like to have a go at drawing a toe in water ready to write around the toe in the ripples (see illustration). Before encouraging your client to write on their picture, make a separate list of the little testing steps he or she needs to take to be able to benefit from therapy. Then write these around the toe in the picture, on the ripples, if they fit. If the young person does not like drawing, then simply make a list. This may be done on a computer.

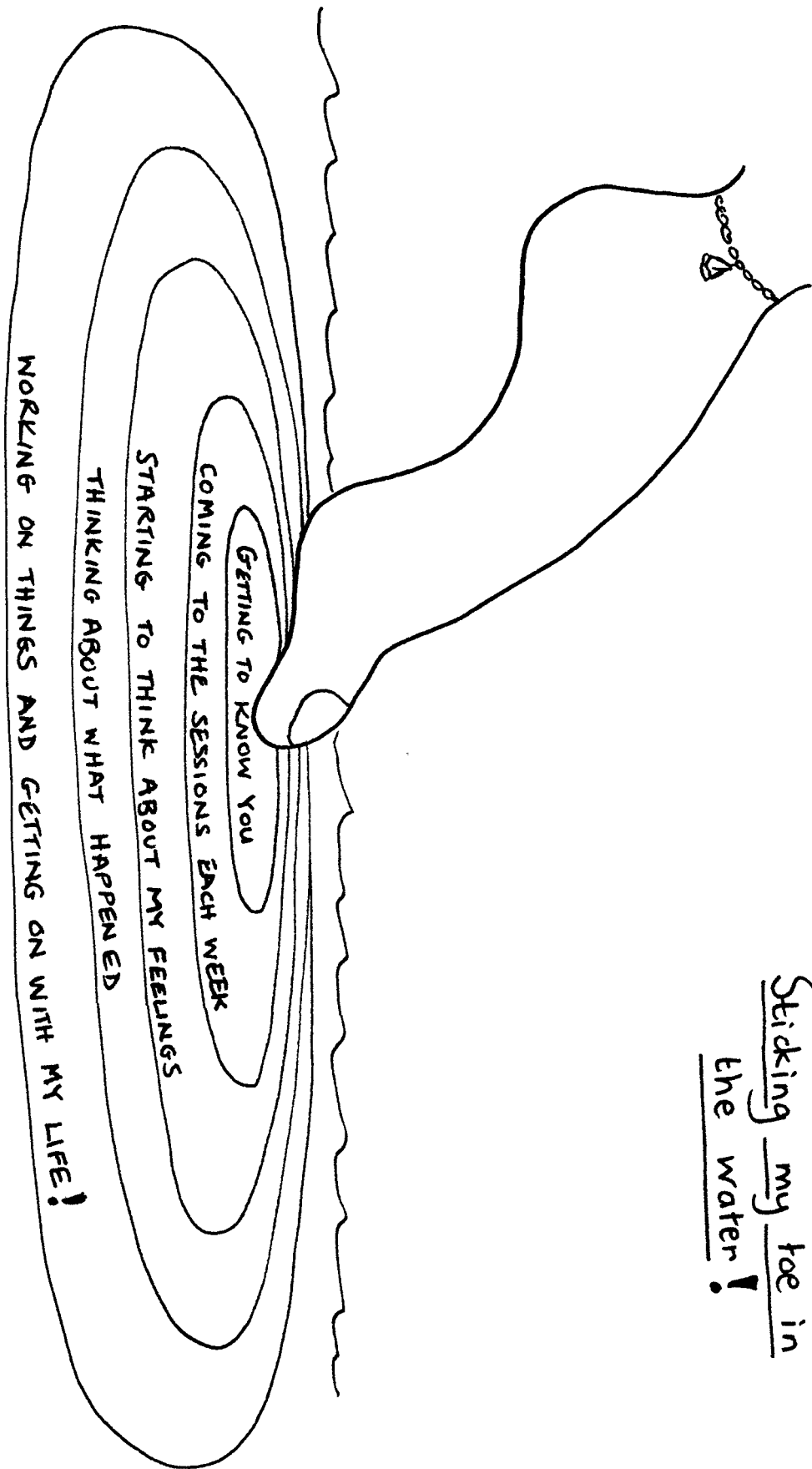
Suggested steps might be:

- getting to know the therapist
- being willing to take part in therapy
- being brave enough to think about feelings
- being brave enough to think about the past
- looking forward to planning for the future.

You will need to use your judgment to help your client identify realistic next steps. For some adolescents the examples given above may represent steps that are too much and this early piece of work may include less taxing beginnings such as:

- agree to come to the next two sessions
- practice talking about everyday things
- find out if the therapist is a good listener
- decide whether to come to more sessions.

This gives you a total of three sessions (including this one) to begin to build enough trust for the adolescent to agree to come again and perhaps move forward in therapy.



## Variation

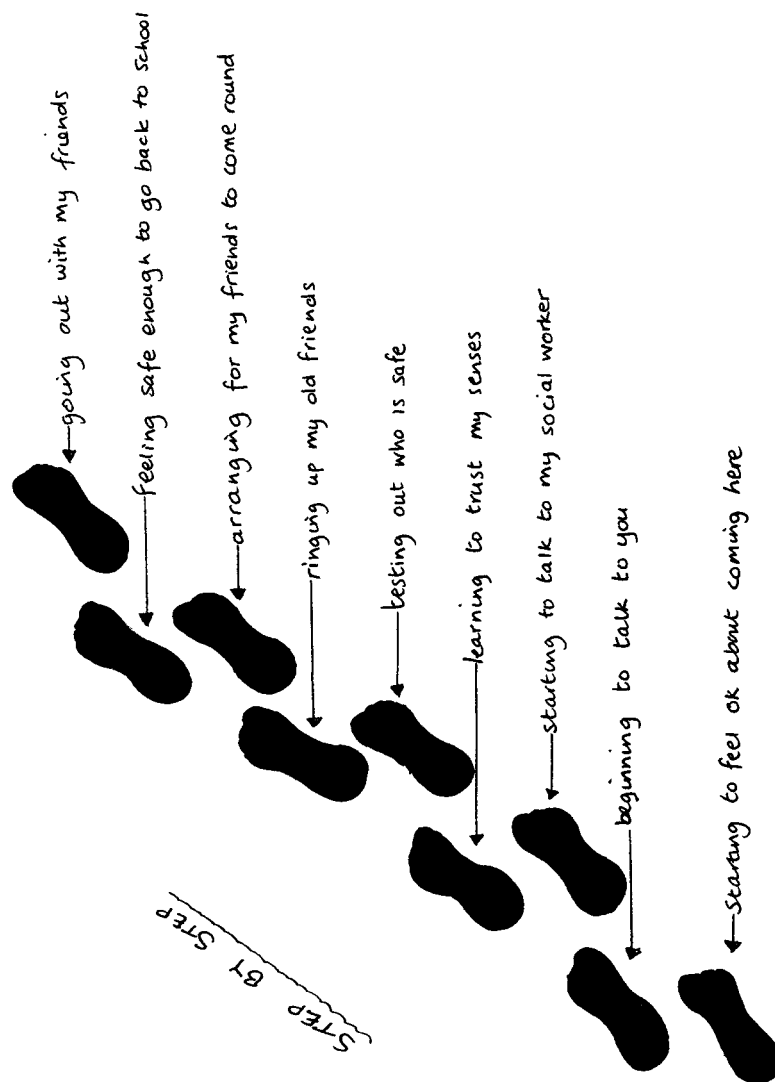
# TAKING STEPS

Taking steps can be used at the beginning of therapy, or as the therapy proceeds in order to focus on a particular difficulty. Follow the guidelines as for the above activity, but the drawing will be of footprints across the page, or diagonally from the bottom left corner to the top right (see illustration). Focus on small steps that will achieve the larger goal. Arrange the tasks in a hierarchy with the client's easiest step written into the bottom footprint and the most difficult at the top. Some adolescents may wish to colour in the footprint as they master the step.

If your client comes up with a phrase that embodies the idea of taking one step at a time, then write this phrase somewhere on the page.

### See also

- Overcoming avoidance



## SCATTERED STARS

### Aim

To find out more about the young person and how they view themselves. To promote positive self-esteem.

### Materials

A4 paper, several sheets of thin card (preferably in fluorescent or bright colours), scissors, and pens. You may wish to prepare by cutting out one star shape approximately 12 cm across, to use as a template.

### Method

Together with your client, cut out seven or eight star shapes. Explain to your client that these are each going to contain a positive statement about him or her. If your client cannot come up with any statements, use your knowledge of your client to make some suggestions. For example:

- I am a star
- I can stand up for myself
- I am not to blame
- I am brilliant at aerobics
- People will listen to me
- I can cope
- I have the courage to win through

When the stars are finished, encourage the young person to take them home and scatter them around his or her room, or anywhere else where they will come across them in their daily life. For example, in their jumper drawer, stuck on the mirror, among their study materials. They can then act as a daily boost to their self-esteem.

The stars need to be moved around frequently so that they do not become too familiar. You may decide that it would be a good idea to make a separate star with 'Time to swap stars' or 'Shooting stars' on it, as a reminder to change their location.

### Variation

## BUILDING BRICKS

Some clients may prefer to write these positive self-statements on small pieces of brick-shaped card. Again, encourage your client to scatter these around their environment, but in this case bring them together at some later stage in therapy to put on a poster entitled 'The Wall of Achievements'. Add further bricks with records of achievements that have been made in therapy or elsewhere. For example, as therapy proceeds bricks can be made proclaiming statements such as 'I know how to protect myself', 'I enjoy going out with my friends' or 'I can concentrate at college'.

### *See also*

- The emerging flower
- Qualities
- My stamp collection

## CHAPTER 3

# Dealing with professionals

A young person who has experienced the trauma of abuse, and is seeing all sorts of people, is going to feel very guarded and confused. Unfortunately, your client is likely to need to carry on seeing many professionals. Teaching your client to feel a sense of context and control when they see a professional will help to lessen the sense of bewilderment. It will also promote their engagement with important sources of support. Knowing what is happening, and why, will reduce distress and anxiety.

The activities in this chapter aim to educate and assist the adolescent to interact effectively with the numerous health, legal and educational professionals who may be involved. This includes giving the young person permission to ask questions of anyone, to state what they want from professionals, and to communicate effectively. It can also be useful to remind them of their right to have a support person with them in most situations.

## CLIMB ABOARD

### Aim

To encourage your client to accept professional help.

### Materials

A4 paper and coloured pens.

### Method

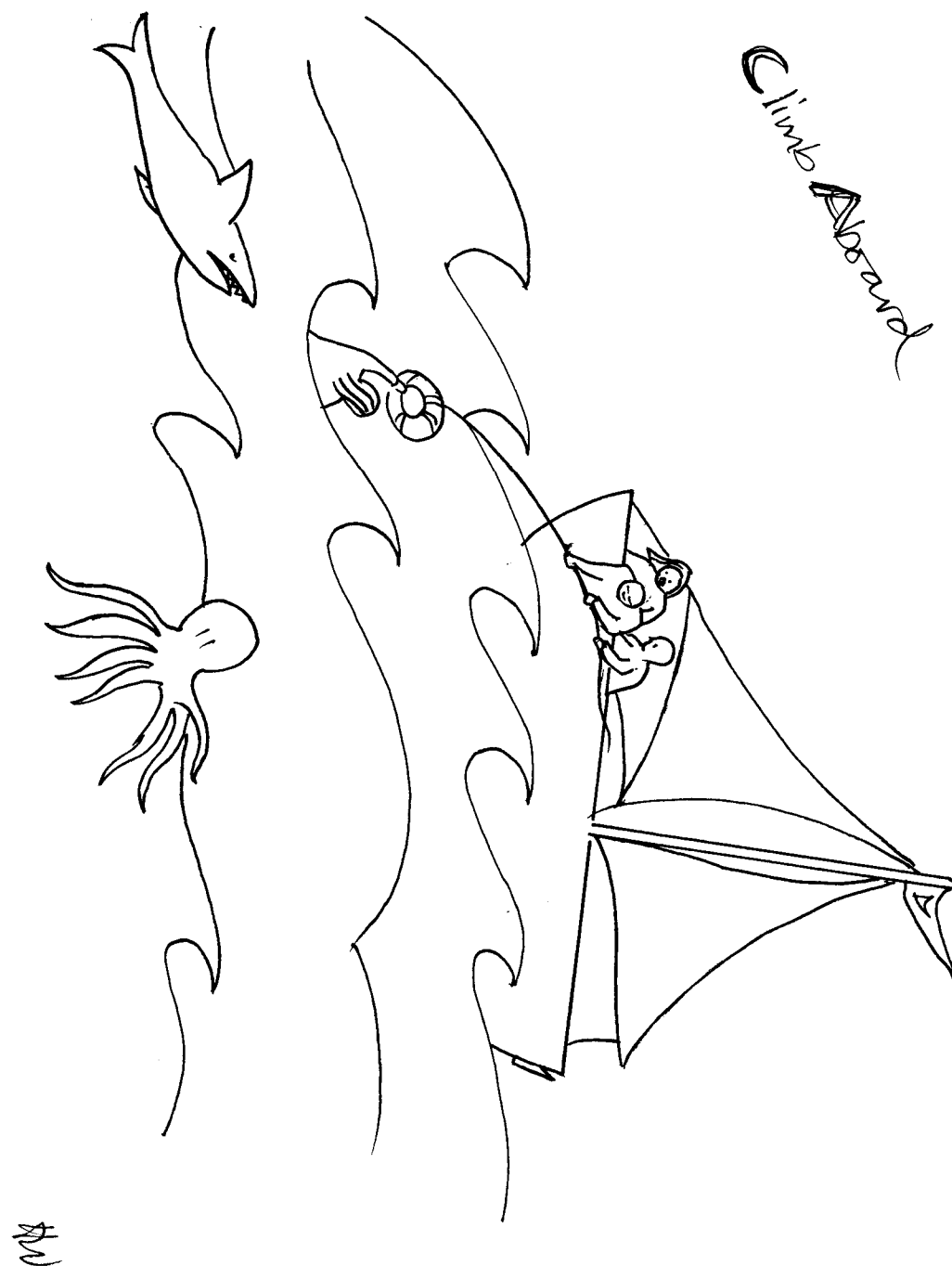
Draw, or ask your client to draw, a boat on rocky waves with sharks and other frightening things in the water. Then draw a person in the water. Talk about how that person would feel and how they would desperately need some help.

Use the picture to talk about how some people feel like that when something awful has happened to them. Draw some people on the boat throwing a lifebelt. Discuss the person's need to grab hold of the help offered and use this as a metaphor for your client needing to reach out to take hold of the help that is offered.

Before leaving this activity help the young person give names to the people who would be in their boat reaching out to help them. It may be a parent or carer, social worker, solicitor, teacher, or friend. See if your client can identify how these people have offered help and whether he or she has been able to use the help offered.

### *See also*

- Stick your toe in the water
- Being believed



# NETWORKING

## **Aim**

To develop a list of appropriate professional people or organisations that can be contacted by your client as and when required.

## **Materials**

The phone book, some A4 paper, a card small enough to fit in a wallet, and pens. Have some cards prepared with the names of professional help, their phone numbers and addresses.

## **Method**

Introduce this exercise as wanting to develop a potential list of people or organisations that may be of some use in the future, for assisting in moving forward. They can be for bad times, such as a suicide hotline, and they can be for good times such as joining the local line-dancing group. They could also be for assisting in therapy, such as counsellors or legal support, or assisting at home, such as tradespeople. Your client can use the prompt cards you offer (or choose not to) or they can look up their own.

Across the landscape sheet of paper put the headings 'Name', 'Phone', 'Address' and 'What for'. Then encourage your client to put a mix of contacts. Once a list has been developed, ask which are the most likely to be used in an emergency, if he or she is feeling very low. Put the two or three most important of these on the small card, and suggest that this be carried around at all times, so that support is always there.

If you have access to a computer and laminator, the young person may like it if the card is turned into a smart credit-card look-alike!

Always keep a spare list of contacts so that a fresh card can be made if the original is lost.

Although this can be a useful list for you to establish links in your client's care, ask your client for permission before discussing them with others.

## ***See also***

- My needs right now
- Control coordination
- Local links



## **CONTROL COORDINATION**

### **Aim**

To provide a sense of control for your client about who is involved in his or her case. This can help you (and your client) coordinate services appropriately, and minimise any overlap of services.

### **Materials**

A3 paper or whiteboard and pen/whiteboard pen, sticky notes.

### **Method**

Talk to your client about the number of people who are involved with him or her, and how everyone has different jobs and ways of supporting and helping. Sometimes this can be confusing for clients who can have the experience of different people seeming to be like the main person at different times. It can also be confusing if you don't know what a social worker is meant to do, or what the police are likely to want. Sometimes it can be confusing because similar things are covered by more than one person.

Explain that it may also help you to get to know about all the people who are involved in your client's case. That way, you know what other support he or she is getting, and will be able to work out whom to send your client to for extra support when they need it. It can also be useful to time certain therapy with stuff he or she is doing with others, so 'synchronising support' can be useful in getting your client the best combined help possible.

When doing this activity you may wish to remind the young person that anything he or she says to you is confidential unless they are in danger or there are strong legal reasons why you cannot keep confidentiality. Try to help your client understand that you are not going to gossip about him or her behind their back! If your client is not keen to disclose who else is involved, they might be happy to do it 'anonymously' by just using the titles such as social worker.

Ask your client to think of each professional service, or other source of information and support, they have had any involvement with. Each one should be written on a separate sticky note. Your client may also want to write key support people on sticky notes too. It can be useful to know other relevant information like which days part-timers work, or when they are away on holiday.

Draw a time line either on a whiteboard or an A3 sheet of paper.

Ask your client when he or she has seen the professionals, and/or when he or she plans to see them. Put sticky notes, one under the other and along the time line to get a clear picture of who is involved when. Some sticky notes will have arrows that simply go along the time line, such as Mum, School

Counsellor. Others, such as police, will have critical times of involvement, with breaks in between.

Finish with a discussion about whether your client is happy with the level and quality of support they are receiving. Stress that he or she can ask for more or less, and that the young person does have some control over the process. Also let your client know that there may be times when they will want more, and other times when they want to have a 'still' time or 'holiday' from therapy or involvement. Also let him or her know that you are available to make phone calls to other professionals to see how things are going at their end. Stress that you are there to support your client.

## **Variation**

### **WHO'S WHO**

Explain that this activity involves talking about what each of the professionals in your client's case usually does. Clarify with your client about the different professionals they are involved with. Go through each one, and explain what role they usually play in an individual's case, what sorts of things you would be able to approach them for, and how long they are likely to be involved (and whether this tends to be ongoing, or intermittent).

Finish with asking your client if they have any questions that they would like you to answer (it may take some homework on your part).

## **Variation**

### **MY PROFESSIONAL SCENE**

Explain that it can be useful to get a big picture of who is involved in your client's life (in a professional or paraprofessional regard), and what each of them has to offer. Draw two lines down a landscape piece of paper to create three columns. Title them 'Name', 'Function' and 'Why is this person involved'. Ask your client to fill out the sheet, and then go through each one and ask about them. You may want to know how they came on board? What they are doing for your client? Does your client like the way they do things?

Finish with a summary of the services each professional or organisation is providing, and respond to any concerns your client has about any service providers (which can be dealt with in a future session using a problem-solving activity). If it looks as if there is overlap of services, or you will need to dovetail approaches, ask your client if you can contact the appropriate people to best coordinate services.

#### ***See also***

- Positive support
- Networking

## THE LOUD VOICE

### Aim

To provide skills and practice to get the most out of the professionals your client is seeing.

### Materials

Make a simple board game with spots where they have to pick up an 'Ask' card or an 'Explain' card (see illustration). This requires an A3 sheet or manila folder, with a track on it; dice; a set of cards with the following (amended to suit your client) written on them:

<i>Ask for:</i>	<i>Explain:</i>
Clarification	What you want from the social worker
Explanation on why we are doing this	That you don't feel comfortable talking about that yet
Repeat in normal language	That you want the session to end on time
Slower pace	That you are seeing a new doctor
A glass of water	That you have hurt yourself on purpose
What does my diagnosis mean	You have some questions that you would like to go through
Directions to the toilet	Your foster father has invited you to watch videos with him
More relaxation stuff	

### Method

Introduce this game as a fun way of looking at how to deal with professionals. It involves questions to ask professionals, and things to explain to professionals, and to play it you will both have to do a bit of pretending for practice. Show your client some of the cards to familiarise him or her with the sorts of things on them.

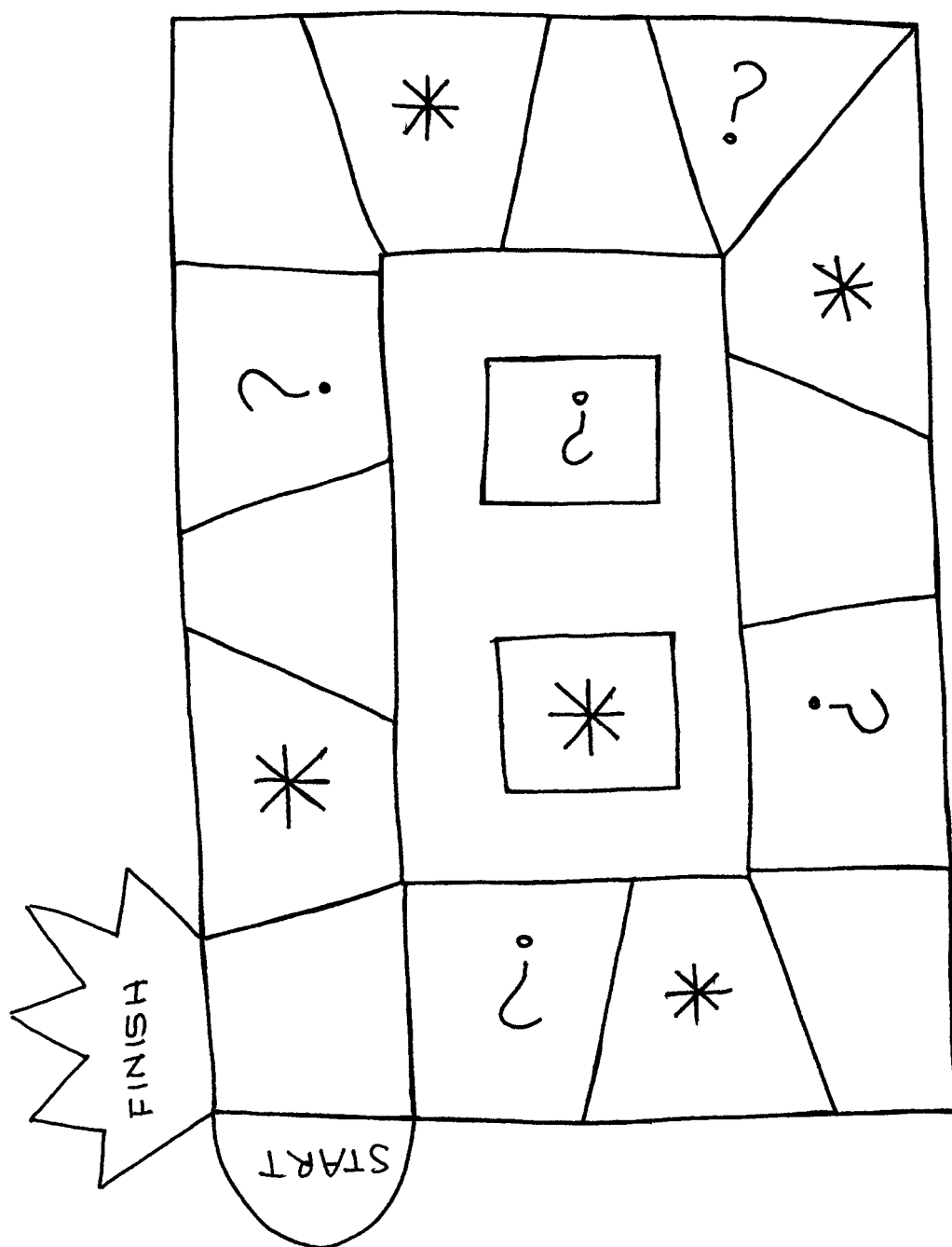
Play the game, by taking turns to roll the dice and move the appropriate number of spaces. When either of you land on an ASK or EXPLAIN spot, pick up the appropriate card. Each time a card is picked up, role-play the part in the role of the client. Use the card to practise asking for what you want or telling them something. When it is your turn to role-play the client, you will be 'modelling' appropriate responses. When your client has a turn, you may need to help them convert a general statement like 'What you want from the social worker' into a specific statement that may be relevant to your client, for example 'That you want your social worker to talk to your Mum about contact'.

You can use this activity to ask your client to think if there are any other issues which he or she thinks might be important to them and which may require explanation or a request. You may wish to make more cards to reflect this discussion, when you have finished the game, ready to play it at a later session.

Explain that professionals won't always notice or understand in one session if your client is feeling strongly about something. The professionals will also need to know if your client's feelings or circumstances change. By keeping the team of professionals informed, they will be better able to help.

***See also***

- My needs right now
- Control coordination



## LEGAL TACTICS

### Aim

To educate and increase the confidence of your client in the tactics used by cross-examiners in court. This activity is best repeated 3 or 4 times during sessions coming up to court appearance.

**Note: Be careful with this activity that your client does not ‘rehearse’ what they will be saying in court as this may jeopardise their case.**

### Materials

A set of 14 cards (credit card size). On one side put the tactic used in court, and on the other side put the strategy your client could use:

<i>Their tactic</i>	<i>Your strategy</i>
Adjournments to make it drag out	Accept
Long or complex question	Ask for question to be broken down
The abuser laughs at your evidence	Ignore or complain to judge/magistrate
Staring at you as if you need to say more	Look away
Using jargon	Ask for him to repeat it in simple terms
Suggestible questions e.g. ‘when she arrived, she was happy?’	Disregard the suggestion; answer the question
Being nice, then nasty	Expect it, stay calm
Putting words in your mouth	Listen carefully and immediately correct him
Repeating the question	Say politely to the judge ‘I believe I have answered that question’.
Quick questions in succession	Answer slowly and ask for questions to be made separately.
Detailing your sexual history	Answer very slowly, giving time for counsel to object.
Accusing you of lying	Stay calm, say you don’t lie about such things (you only tell white lies).
Stating you wanted it	Don’t get angry. Speak slowly and deliberately to give counsel time to object. Politely complain to the judge/magistrate.
Irrelevant questions e.g. ‘Did you know you are adopted?’	Don’t react. Speak slowly to give counsel time to object.

### Method

Introduce this activity as a light-hearted way to learn about the tactics the lawyers use to upset people in court (especially the cross-examiners). Explain about how the job of the ‘Defence’ is to try to prove that the (‘alleged’) abuser did not do it. Because that is their job, they are going to do lots of tricky things to suggest that you made it up, that you asked for it, and that your evidence is shaky.

Initially, read the fronts of the cards, so that your client is familiar with some of the words, such as ‘adjournment’. Be prepared to explain the terms used.

For the first two or three times you use this activity, give the cards to your client (if they are not confident readers, you may suggest they bring a support person in for this activity) and ask them to ‘cross-examine’ you about legal tactics. They read out the tactic, and you have to come up with some ways of dealing with it. This gives you an opportunity to ‘think aloud’ and elaborate on what the lawyer is doing, why, and some examples of how he or she might do it, as well as strategies. Ask your client for feedback such as ‘Have I coped OK with that one, do you think?’ and have some fun with it.

Once your client is *very* familiar with the tactics, it is his or her turn to answer the questions. Again, keep it light and upbeat, but encourage the young person to analyse the tactic and think of appropriate strategies.

Then, when he or she is more comfortable with this process, you can then give an example of one of the tactics, and ask the young person a) ‘Which tactic was that?’ and b) ‘How are you going to respond?’ If your client is willing, they will benefit greatly with a bit of more realistic ‘role-playing’ with you as a nasty lawyer and your client as the witness, but be sure to finish with them feeling confident.

Again, be careful with this activity that your client does not ‘rehearse’ what they will be saying in court as this may jeopardise their case.

***See also***

- The loud voice

## **AGENDAS AND OPINIONS**

### **Aim**

To help your client have a clear mental picture of why different professionals say different things. This activity is particularly useful when a young person feels that no one is listening to them or understanding them. It is easiest to do when focused on a particular issue, for example being safe.

### **Materials**

A4 paper and a pen.

### **Method**

With the paper in landscape orientation, head it 'Agendas and opinions about ...' filling in the blank with the relevant issue, for example your client being safe to go home. Draw a line across the page leaving plenty of room underneath it. Write a heading each end of the line to indicate the opposite views, such as Safe and Not Safe.

Then, creating a linear scale, mark a place on the line for each professional's opinion. Discuss this with your client, making sure that he or she understands the reasons why each professional is likely to have that opinion and make a brief note about it on the piece of paper (see illustration). For example, if a girl wants to return home for contact visits where the abuser lives, the police may have the opinion that she is not safe to go because they know that once someone has abused they usually abuse again. Therefore their place on the line will be near the Not Safe end, and the reason written under it. The probation officer may be confident that the abuser is working through the rehabilitation program very well but may share some of the concerns of the police. The girl's mother may be confident she can now protect her child but is a little wary about her being back in the home and the girl herself may feel she is now perfectly safe because she can protect herself and the abuser has promised never to abuse again.

Your client may be upset that others do not agree with him or her. Help your client to understand that some situations change over time. Depending on your knowledge of the situation (for example, if you know that the abuser is on a probation order and undergoing a two-year rehabilitation course) you may be able to talk about dates when the position will be reviewed.

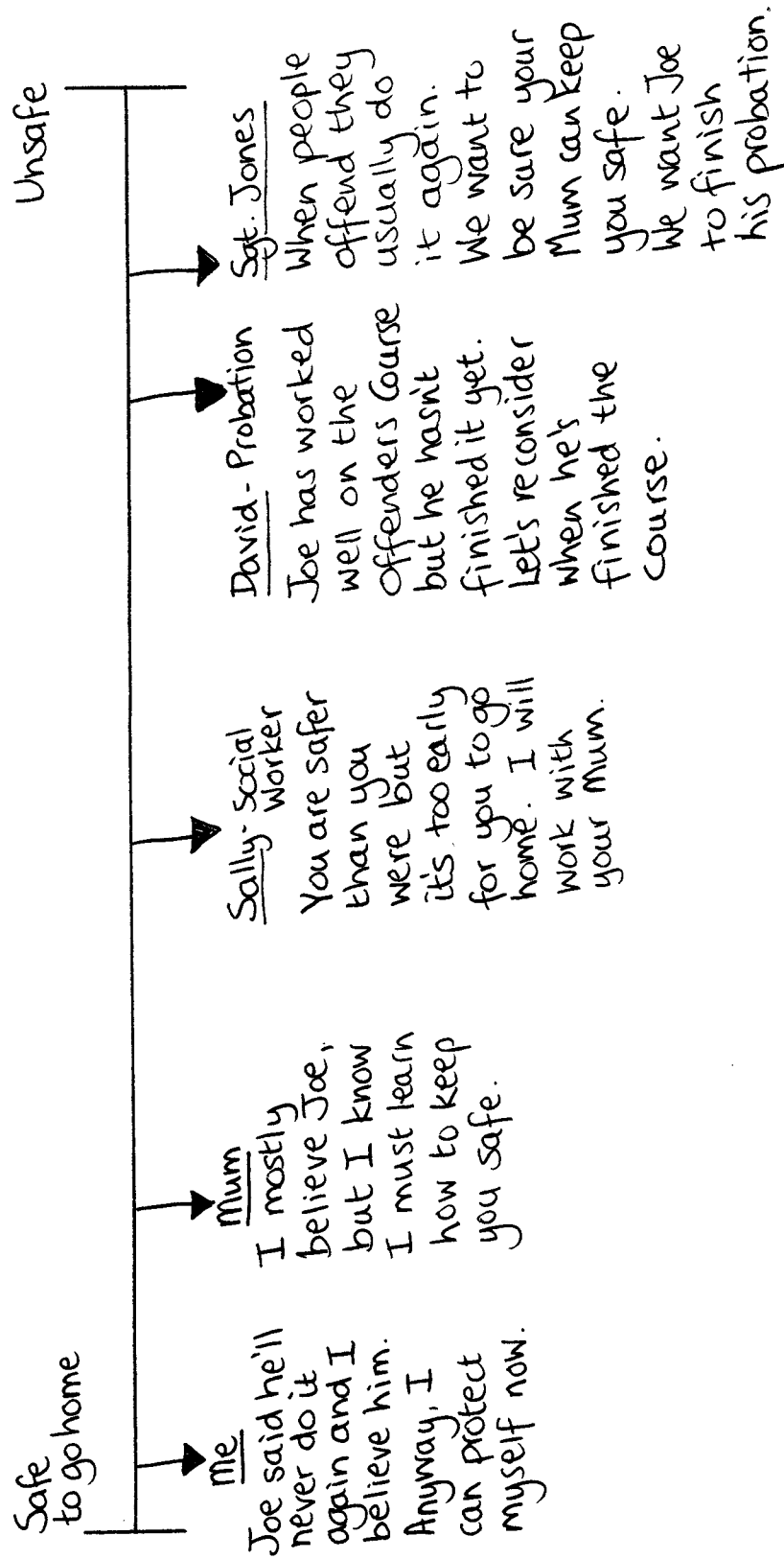
Make sure you follow this through by helping your client tell others what he or she thinks, with the knowledge that others (as well as your client) are responsible for keeping him or her safe.

### ***See also***

- I shall be heard
- Feeling safe
- Judging good intentions

## Agendas and Opinions

Decision to be made: Can I go back home yet?





## **Towards peace and calm**

Relaxation has long been incorporated in psychotherapy. Meditations, which can include concentrated focusing or acceptance of the here and now, have increasingly received positive attention in the literature. Interventions from the new therapies that focus on acceptance (such as Mindfulness, Dialectical Behaviour Therapy, Functional Analytic Psychotherapy, and Acceptance and Commitment Therapy) are increasingly popular in mainstream psychotherapy (see 'Recommended further reading') and can involve inward focusing and outward focusing exercises. They tend to focus on topics such as acceptance, observing of self, separating thoughts from truths, values, spirituality and relationships.

This chapter includes activities covering relaxation, acceptance and distraction. The first activities are less structured and more cognitively or acceptance based, with more structured relaxation and distraction activities later. Help your client to recognise and distance themselves from their thoughts and feelings on a frequent basis. Then he or she is in a good position to start working on labelling and analysing emotions and cognitions, changing automatic thoughts and using distraction techniques, towards achieving some peace and calm in their life.

## MY IDEAL PLACE

### Aim

To introduce the idea of a safe place and link it to the safety of the therapy session.

### Materials

Holiday brochures, paper and drawing or painting materials.

### Method

Explain how different places make us feel in different ways. For example, a showground may make us feel excited and an exam hall may make us feel anxious. Ask your client to think of good places that they have been to, or seen on television or read about – that might make them feel safe and happy. It may be useful to produce some holiday brochures if the young person finds it difficult to think of places. Begin to collect ideas about your client's ideal favourite place where he or she can feel calm, and become refreshed. Then begin to get his or her ideas down on paper, probably through a drawing.

Introduce a few phrases like 'oasis of calm', 'sheltered shadiness' or 'pool of tranquillity'. Go on to talk about how places sometimes encourage people to feel safe, relaxed or refreshed. Take time talking about the picture and maybe what it means to him or her. Some adolescents may wish to write a few lines on their picture (see illustration).

Begin to link this to the therapy room, and talk to the young person about how you would like this to be a place where he or she feels safe and comes out refreshed and ready to move on. If you do not have a regular room, then make that link to the time when you will be talking to your client, explaining how you want to be able to make that a special time like their special place.

### Variation

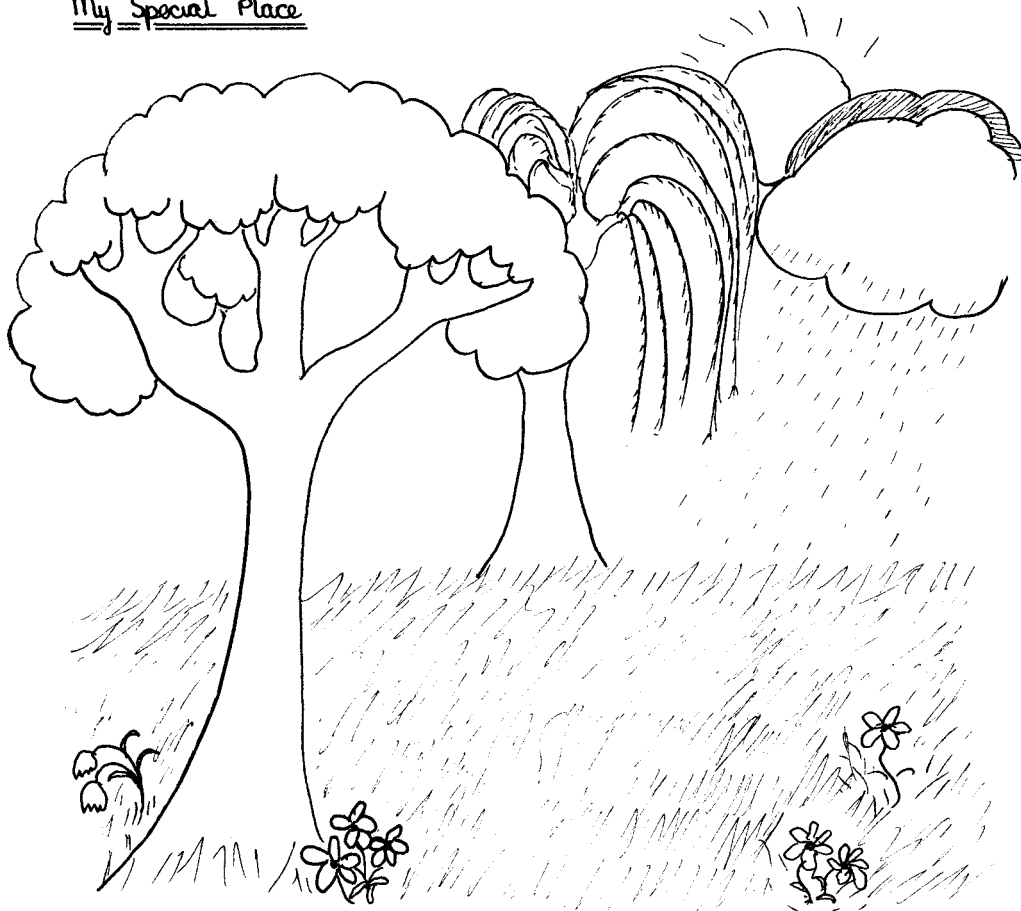
## JUST DREAMING

The above activity can be presented as a favourite dream or a place that the young person would like to reach. It could be that he or she considers that they will never feel safe or calm, so the activity could focus on moving towards that state of calm that is represented by their favourite dream place.

### *See also*

- Here and now
- Everyday relaxation

My Special Place



Here it is - my special place. There's some trees to shelter me from the horrible things that happen but a clear space so I can get the special nice things that might rain down on me from that cloud with the silver lining. There's soft grass under my feet, like soft landings when I've done wrong but I'm ok. now. It all feels calm because there's a gentle breeze blowing like happiness, I think. There must be a rainbow just out of the picture because the sun is shining but it is raining. The rainbow means hope.

## **FREEDOM FOCUS**

### **Aim**

To teach your client to let go of thoughts, feelings and other experiences, by observing them. This activity is based on the sub-school of mindfulness that focuses on attending to aspects of the environment (for example, Kabat-Zinn, 1994; Linehan, 1993b) and is best done after some rapport is established.

### **Materials**

A range of objects which offer interesting use of the senses such as some shells, textured materials, different spices (whole rather than ground), some pieces of jewellery or seed pods. Make sure they are not linked to your client's abuse.

### **Method**

Introduce the idea that you want to do an activity that will help your client to learn to stay calm when he or she would normally feel overwhelmed. Ask him or her what sorts of things they do when they are trying to switch off from thoughts and feelings that are clouding their mind. Explain that it might seem strange, but the best way to stop the thoughts from filling your mind is to actually let them stay! But to do this your client will have to practise observing (just noticing), naming and accepting what they are feeling. Explain that this activity involves the very slow study of an object. Start by asking your client to choose one of the objects to feel and think about, and ask them to think of the interesting features about it, such as texture, weight or smell.

Ask the young person to put the object in his or her lap and let it sit there, then guide them to concentrate on the experience of having it there, perhaps by saying something like:

- Notice the weight of it on your lap
- Then feel the texture of it – does it vary or does it feel the same all over?
- How does it make your fingers feel?
- How does it smell to you?
- Now, think about the colour
- Now, think about the size

At each point wait a few seconds before moving on. Keep the exercise very slow and calm.

If your client is happy so far, ask if he or she would like to notice how it feels when they close their eyes. Suggest to your client that they just accept all the sensations and thoughts they are feeling. Help them accept the thoughts just for what they are.

When they have completed one object, ask them if they would like to choose another to experience.

Be prepared for some clients to be hyper-vigilant and therefore feel too uncomfortable to close their eyes, or even to participate in this activity. It may help to move to something safer, like writing down a few things they have noticed about the object or making a drawing of it. The activity can then be used later in therapy when your client is able to move out of a hyper-vigilant state in your presence.

If your client is able to participate in the activity, ask him or her how they felt during it. Did they have any other thoughts such as 'This is silly'? Encourage them to simply accept any thoughts, without judging them. Explain that this exercise, if practised, will help them to accept thoughts and feelings as they come into their minds, and this acceptance of experience is one strategy that can be useful for helping to keep emotions calmer.

If they are comfortable with the exercise, they can practise it at home on a daily basis with a routine activity, for example brushing their teeth or putting on their shoes in the morning. If they find that they want or need to practise this when away from home, they can focus on the back of their hand, studying all the different parts and qualities. All they need to do is focus on what exactly is happening at that very moment, and accepting all thoughts, feelings and experiences that go with it. You can revisit this exercise throughout therapy if it suits your client, as a mental 'warm up' or as a closure for the therapy session.

***See also***

- The distracter factor

## **RIDING THE WAVES**

### **Aim**

To help your client recognise any increase in anxiety, and ride it as if it were a wave. This activity is adapted from Marlatt's metaphor of 'urge surfing' (in Baer, 2003).

### **Materials**

A4 paper and a pen, art paper and art media.

### **Method**

Introduce the idea of anxiety varying over time. You may want to sketch a graph with time along the x axis and level of anxiety along the y axis. You don't need to give an accurate diary-type measure, but rather just show how anxiety may stay level for some time, and then something will trigger a sudden rise. It will stay up for a while and then subside and stay level again until the next 'wave'. Talk about how no one can predict when the 'waves' will occur, but everyone knows what they look like, and how they feel. As well as anxiety, the same can be said for urges (to engage in inappropriate behaviour such as self-harm, alcohol abuse).

Encourage your client to make an art piece based on their waves of anxiety or urges. Give them as much free rein as possible.

Discuss the artwork in terms of what it means for them, and encourage them to use this artwork to help them to understand that waves will come and go. They can ride the waves, and he or she will find that all waves are followed by a period of calm.

### **Variation**

## **BIG WAVES, LITTLE WAVES**

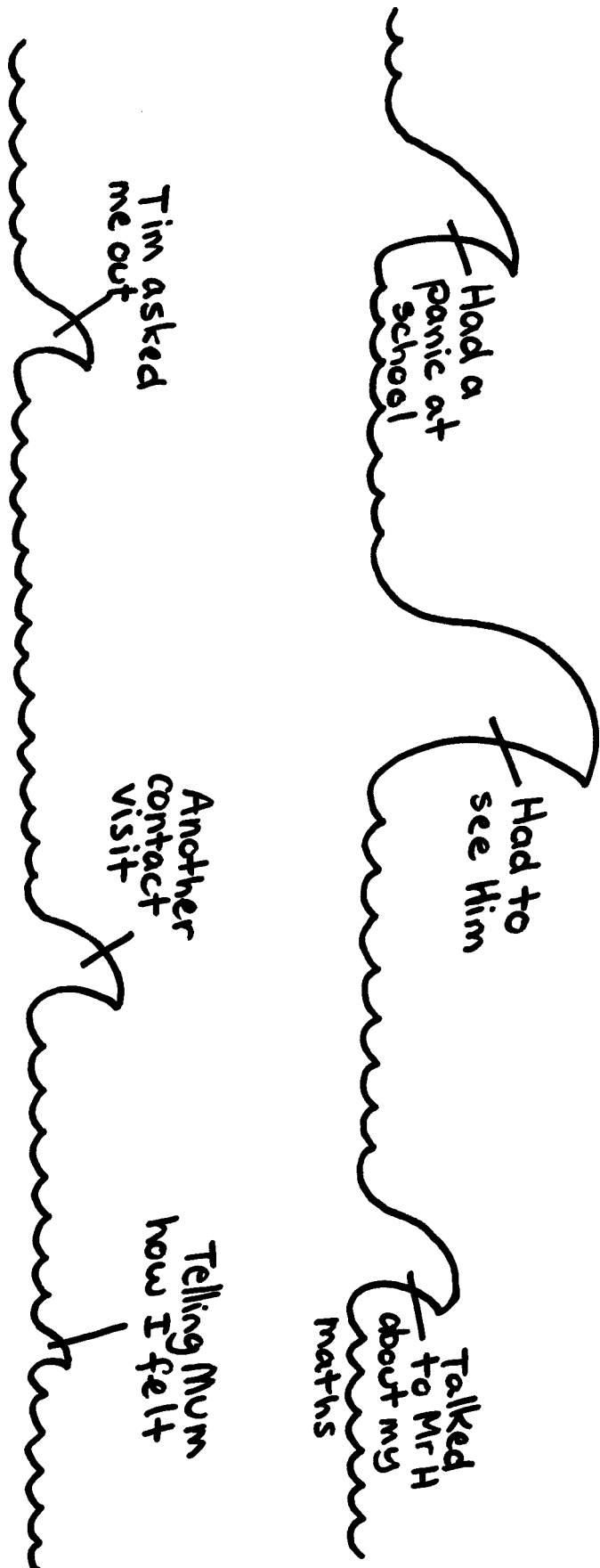
This variation involves your client self-recording and it runs over more than one session.

Extend the activity above by asking your client to keep a record of each wave trigger, and how long it takes for the waves to subside. This can be done by drawing the size of the wave, and labelling each wave with the trigger, or in a diary format. This allows him or her to analyse each wave, and to see the evidence that they do recover each time.

### ***See also***

- Fleeting flashbacks
- Dropping through timeholes

## Riding My Waves



# BREATHING THROUGH

## Aim

To introduce the skill of concentrating on breathing, to clear the mind.

## Materials

Stopwatch – if you have one (not essential).

## Method

Introduce the idea of focusing on things in order to clear the mind. Acceptance of all thoughts and feelings, as in the exercises above, is one way to calm the mind. Another way is to focus on something very different. Breathing is used in many different types of therapy because breathing changes when people are stressed, and controlling the breathing can be very useful to avoid panic attacks and a sense of anxiety. Breathing is also something everyone does all the time, so is a good subject when someone needs to focus on something other than the stress.

Talk about how most people, in a relaxed state, will take around 12 breaths a minute. Suggest that you can count your client's breathing if they are interested. Then the two of you can do a structured breathing exercise, practicing breathing in for two seconds, holding for one second, and breathing out for three seconds. Check that they are breathing properly (not too shallow). Do this until your client feels OK about it. This may be enough for the first session. Once he or she feels that they can do this on their own, offer them some homework of observing breathing while they walk or engage in other activities.

**Note: If your client does suffer from panic attacks, you should consider more comprehensive breathing retraining, education and therapy designed specifically for panic. Until this occurs, remind the adolescent to carry a small paper bag (or teach them how to use their hands) for breathing in some of the expelled air in order to rebalance the gases in the lungs.**

## *See also*

- Remember relaxation



## **A CLOUDY SKY**

### **Aim**

To help your client detach him or herself from intrusive thoughts and feelings. This activity is adapted from Linehan (in Baer, 2003).

### **Materials**

Art paper and art media.

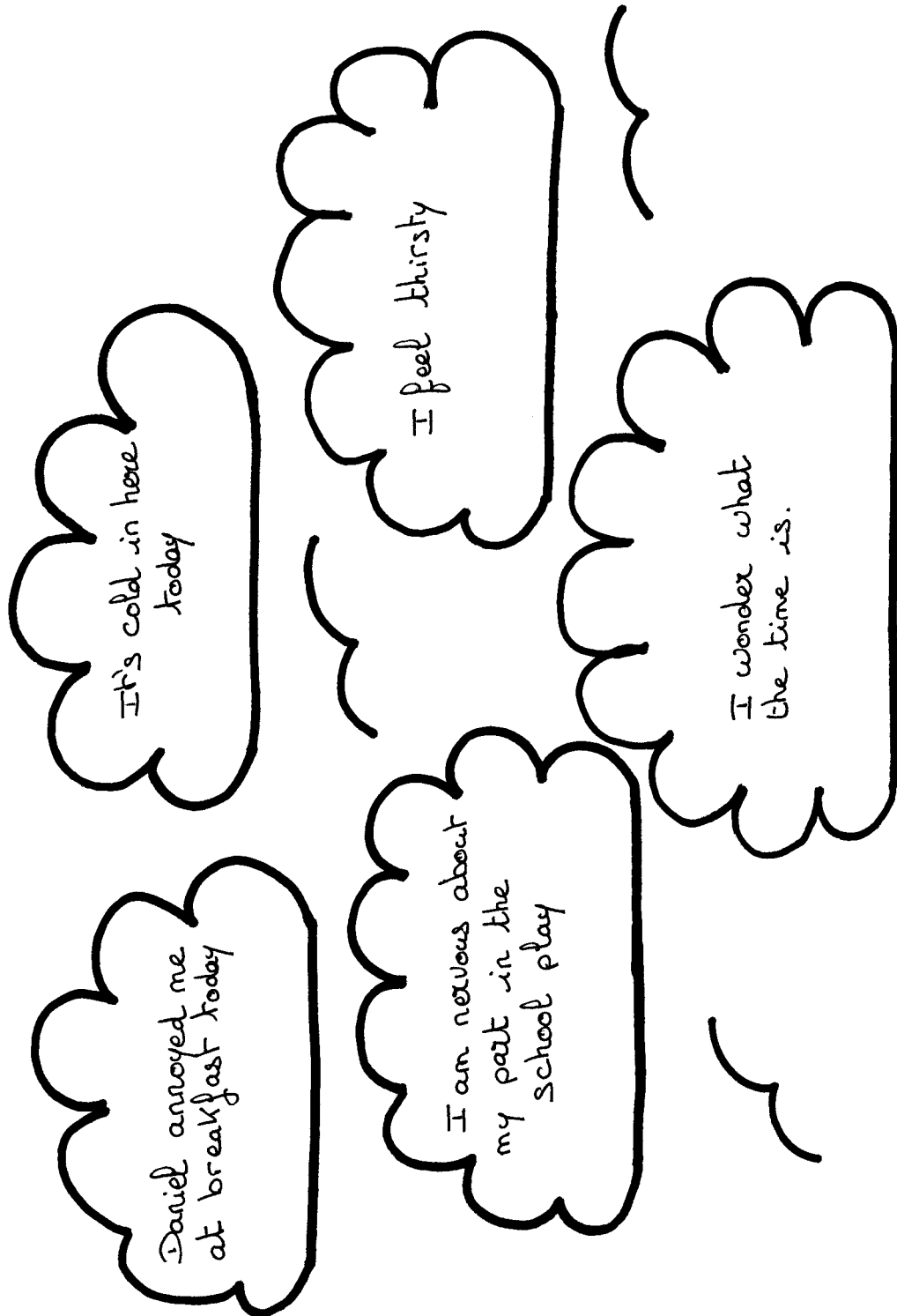
### **Method**

Introduce this activity as an art session, based on clouds moving across the sky. Talk about how thoughts and feelings come and go, just as the clouds do. Explain that one way to help us keep calm is to think of our minds as a big sky, and our thoughts, feelings and other sensations as clouds that they can watch floating by. Encourage your client to design and complete an art piece with clouds on which they can write fleeting thoughts and feelings, both good and bad. He or she can write important thoughts and feelings, or the thoughts and feelings they are experiencing as they do their picture. They don't have to be deep and meaningful, and there is no right or wrong, too serious or too silly.

When complete, make some positive comments about your client recognising their thoughts, and accepting them.

### ***See also***

- Freedom focus
- Riding the waves



## **REMEMBER RELAXATION**

### **Aim**

To develop some quick relaxation prompts for your client to practise and rehearse, to be used when anxiety floods them.

### **Materials**

Wallet-sized card, and a pen. A tape recorder and cassette may be useful.

### **Method**

This activity involves review over subsequent sessions.

Explain to your client how some things will trigger memories and feelings about the past abuse, and how his or her body will react. Learning to relax helps your client to regain composure within their body, and with practice it will also help them to be a calmer person who is more in control. It brings both physical and mental calmness. While such activities as mindfulness, regular relaxation (see next activity) and meditation are known to assist in this process, it can also be useful to have some quick relaxation scripts at your disposal to help when something sets off a flood of anger or anxiety.

Ask your client to think of their ideal place and couple that with slow regular nose breathing (in five-second cycles thinking 'relax' with every out breath). Then introduce some progressive muscle relaxation (this may depend on which parts the adolescent finds knot up the most) – going through arms/hands, legs, shoulders, stomach and jaw etc. where he or she tends to get tense. Ask your client to tense those muscles, hold and then slowly let the tension go. Finish with a 'body scan' – he or she checks their body for any stressed spots, and then lets a relaxing feeling wash over them, to complete the relaxation.

Write short instructions down on a wallet-sized card so that your client can take it around with them. For example:

- Ideal place
- Slow breathing
- Tense, hold and slowly let go
- Scan for stress
- Relax

Incorporate a practice schedule for your client's use at home over the next few weeks. A tape recording of practice in the relaxation session with you may help your client to follow it at home.

### **See also**

- Personal anxiety profile

## EVERYDAY RELAXATION

### Aim

To introduce planned, regular relaxation, and to link relaxation with a pleasurable event. This activity is suitable when your client can keep safe and relax without experiencing heightened anxiety.

### Materials

A4 paper and pens.

### Method

Discuss the need for ‘time-out’ from coping and being strong, and ask your client to come up with one or more scenarios where he or she can really relax and be their true self. He or she may need some prompting, for example a hot bath, music, a hobby, walks, candlelight, playing on the computer, foods, writing, reading, curling up in bed, soft toys. Take your client through a ‘virtual rehearsal’ where they imagine exactly how they do it:

- Does your client need to tell someone (such as a flat-mate) that they need time to be alone?
- Does your client need to put the answering machine on?
- What does your client need to set up this routine of relaxation?
- How do they know when to finish it?
- Does your client need a set plan to follow if they become distressed, that includes people or agencies they will contact?

A scheduled, set time for the relaxation may be useful because it leads to your client practising becoming relaxed, which will help for when he or she needs to relax at critical stressful events. Make up a chart (see Appendix 3) to suit your client that involves marking each relaxation event and suggest to him or her that they might want to reward their effort at the end of each session.

### *See also*

- My ideal place

## THE DISTRACTER FACTOR

### Aim

To introduce a variety of distraction techniques, for your client to test out.

### Materials

About 15 cards, A4 paper and pens. Write strategies (as per below) on ten or so cards, leaving some blank cards for new strategies.

- Count in 3s to 99
- Carry a magazine and circle all the W and D letters
- Observe the people around you. What are they doing, wearing, saying, looking like?
- Tune into where you are — colours, smell, touch, busy-ness, sounds and atmosphere
- Write a wish list for CDs, cosmetics or clothes
- Turn on a radio and listen to it
- Focus just on breathing and accepting all thoughts
- Think of your last pleasant holiday (or other pleasant event)
- Read a favourite book
- Email or phone a friend
- Use a relaxation technique

### Method

This activity involves your client self-recording and runs over more than one session.

Explain to your client that intrusive thoughts are thoughts that come from nowhere, which are upsetting and hard to get rid of. Explain that you are going to show him or her a number of strategies that can help deal with these thoughts when they happen, and that they will have a mission to test some of these out to see which ones work best. Some of them are likely to work better than others, depending on circumstances.

First, read through the cards, explaining each one as necessary. Ask your client which distractions he or she thinks are most likely to work and when they are likely to work best. There may be others the young person thinks of, which are specific to them, which they can put on the blank cards. Ask if they want to try all of them or just some of them. Explain that although the task now is to try them out, it tends to take some time and practice for these strategies to work. However, it is useful to see which ones your client will feel most comfortable using.

Give the appropriate cards to your client to take away and suggest using a different one each day. Also provide a recording sheet (see Appendix 4) for writing down how successful each strategy was on the day. Ask him or her to bring this back to the next session, to analyse how things have gone.

### *See also*

- Fleeting flashbacks
- The PAT game

## CHAPTER 5

# Trust and safety

Your client has faced having all sense of trust and safety thrown out of the window. Often, the abuse has occurred over a significant period of time, and with someone who is in a trusted position such as a parent or carer. Your client has had to find a way to maintain attachments to people who are causing immense psychological (and perhaps physical) harm. To be dependent on someone who is untrustworthy, unsafe and/or negligent is to develop a sense of self that must defy reality while conforming to an abuser. Frequently, the only way to make sense of this is for your client to believe that he or she is unworthy of anything else. Learning to trust appropriately, and listen to his or her instincts for safety is very difficult in these circumstances. It involves having to learn new rules, new ways of relating and new ways of viewing the self and his or her past, while unlearning the old patterns of switching off, dissociating, avoiding and so on.

Once rapport has been established, it is time for demonstrating to your client that their safety is a priority for you. This will further enhance their trust of you, as you are showing that you are more concerned with them as a vulnerable individual than as a 'case' whose details are not yet fully known. It is also ethically advisable to establish your client's safety and protection early in therapy, to minimise risk of further abuse.

The activities in this chapter include topics around disclosure, the importance of feeling believed, secrets, getting in touch with our senses and building new skills for judging safety. Activities begin to look at stressors and the symptoms that can result from abuse, and continues to promote focusing on positive support.

## BEING BELIEVED

### Aim

To reassure your client that there are people around who do believe him or her. This activity can also be useful to get an idea of how much emotional support is available, since feeling believed is crucial to healing.

### Materials

Art materials, A4 paper and pens/pencils.

### Method

Talk about what it feels like to be believed. Ask how this might be drawn. It might be a big hug, or floating on a cloud with the burden taken off. Ask your

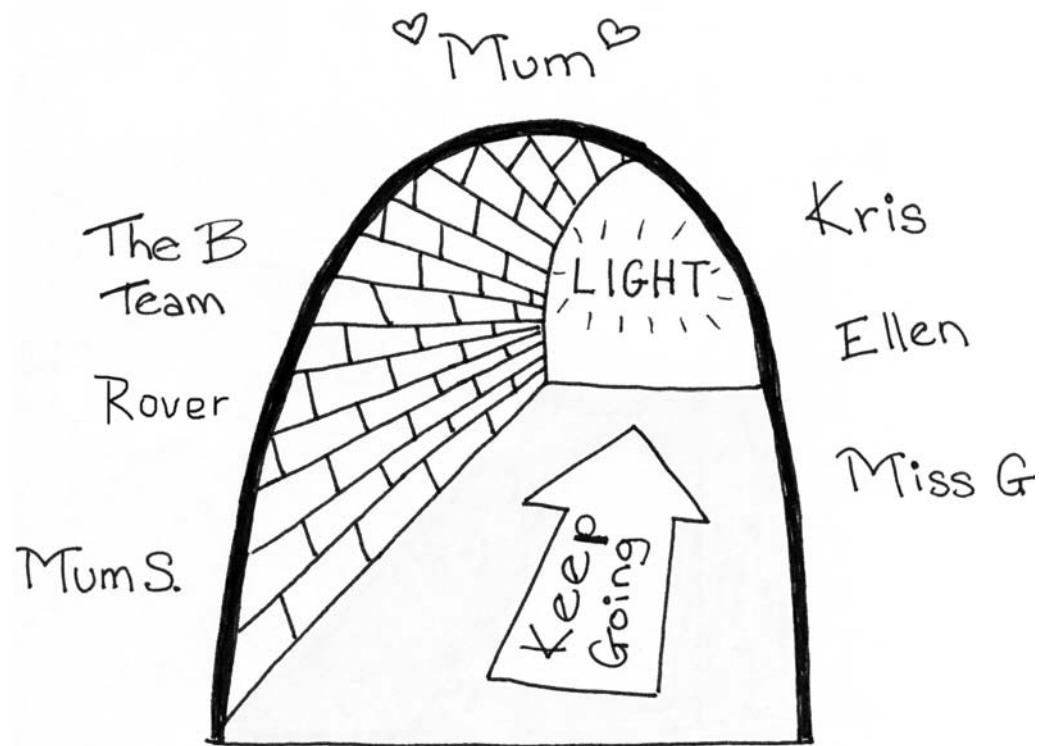
client to draw this with an area that is suitable for writing down all the people who believe them. Draw up the list, allowing your client to write 'I think' or a question mark if the young person is unsure whether they are fully believed. The activity will sometimes lead to a discussion about how sometimes people are torn by different loyalties and may be struggling to accept what has happened even when they believe it.

Be prepared for your client to be upset if he or she thinks of people who do not believe them. Help the young person to focus on those who do believe them, and if necessary suggest that the unbelievers may yet change their minds.

Talk together about the people who have believed your client's version of events, celebrating their support. The artwork can be kept and added to as more people who are involved show that they believe your client.

**See also**

- Positive support
- My family support
- My supporting friends



# I SHALL BE HEARD

## **Aim**

To promote meaningful and appropriate disclosure by your client.

## **Materials**

A4 paper and pens.

## **Method**

Introduce this activity by acknowledging how hard it is to tell someone about the abuse. Go on to explain that, often, so much effort goes into summoning the courage to tell, that the abused person doesn't always check that he or she is choosing the right person, place, or words to tell. If these important aspects are not right, then the outcome can be that the person told doesn't understand or appreciate the message (and its seriousness), or doesn't have time to respond to it in the way that they may like to. There are ways to make disclosure more meaningful, for both your client and for the person he or she wants to tell. Discuss and write strategies for:

- A good time – not when they're in a rush
- A good place – when they are not distracted
- Good words – don't overload the detail, but stress the impact
- Good people – someone you trust to take you seriously and not tell too many people (although they may need to share the burden themselves). You may choose not to tell people who are too close
- What to ask for – take me seriously, don't tell the world, support in sorting it out
- Who should be there – for example, your client may want you there when he or she tells their mother

Support your client during this difficult time, perhaps by phoning to see how things went. It may be that the time he or she chooses to tell is during an appointment booked with you. Your task then is to ensure that the relevant person attends the session with your client.

## ***See also***

- Stick your toe in the water
- My needs right now
- My little book of big secrets



# I AM NOT ALONE

## Aim

Inform your client that he or she is not alone, and that you as a therapist are aware of at least some of their experiences and of the common difficulties experienced by survivors of child sexual abuse. Do not use this activity if it will jeopardise a legal case.

## Materials

Eight cups, and about 50 strips of card. A4 paper and pens (optional).

## Method

Before the session put the following headings (below) onto seven of the cups. Have a spare cup marked 'No'. Prepare each strip of card by writing one example of how a theme may manifest itself. Some examples are included in brackets below. Also have some blank card ready in case your client has their own way of expressing that theme.

*1 Rage and anger* (sudden waves of anger; want to be left alone; irritable; hate everyone; use alcohol and drugs to stay calm; my rage is too big to manage)

*2 Anxiety* (nervous around new people; don't know what to say; can't go out on my own; scared at night; easily startled; restless; can't think straight; can't shake thoughts)

*3 Depression* (don't want to see anyone; nothing to look forward to; always tired; can't see any point in living; think everything is my fault; feel hopeless; have tried to kill myself; think about dying; can't see a future; have no energy)

*4 Low self-esteem* (feel like dirt; I don't know the real me; not worth knowing; have no future; I'm not good at anything; I can't be honest and likeable)

*5 Dissociation* (feel like I'm not me; lose sense of what's real; say things I don't mean; do things without realising I've done them; have periods of time I can't remember)

*6 Impaired relationships* (have difficulty trusting people; can't tell friends how I really feel; scared they won't like the real me; scared when someone gets too close; can't imagine good sex/kissing; can't imagine a good intimate relationship; hate members of the perpetrator's gender)

*7 Sleep and appetite disturbance* (difficulty falling asleep; can't let go of memories; wake up through the night; wake up early; bad dreams; can't eat; not hungry; eating makes me feel sick; eating all the time; eating for the sake of eating)

Explain that there are many ways in which abuse can show itself. Get out the cards and ask your client to put the cards that apply to him or her in the

relevant cup and the others in the cup marked 'No'. That way, the adolescent gets to label their symptoms, see that they often go together (thereby not so huge) and gain some control over them. After the exercise discuss how the symptoms your client experiences can be grouped together, understood and worked on to become more manageable.

Discuss how sometimes people can also have the symptoms that the client has placed in the 'No' cup. Ask if any of these used to be problems. If they were, then this is a good time to celebrate that your client has already overcome these difficulties.

Leave this activity on a positive, hopeful note. This can be achieved by talking about how you can begin to work together to help your client on one of the areas. Alternatively, try a quick task of writing out some good qualities or experiences (using your knowledge of the client to make sure many will apply to them) and re-label one of the cups 'Yes'. Use the 'No' cup as well but review those in the 'Yes' cup only.

## **Variation**

### **BANISHING SYMPTOMS**

Use all the cards but only three cups labelled 'Often', 'Sometimes', and 'Never'. Let your client sort the cards into the relevant cups for his or her own experiences. Look at the contents of the 'Often' cups and discuss how therapy can help move these items to 'Sometimes' and maybe to 'Never'. Open the 'Sometimes' cup and discuss progress made already and how to move forward. Then look in the 'Never' cup and celebrate that there are so many there.

Go through the 'Sometimes' and 'Often' cups again. Turn each of the statements into a positive goal, such as 'I feel like dirt' becomes 'I know I am a worthwhile person'. Make a table with the first column headed 'Work in progress', the next 'My goal' and a further three columns entitled 'Improving', 'Nearly there' and 'Reached the goal'. Write the goals in, tick where the client feels they are now, and put the date by the ones you are beginning to work on now.

The list can be revisited and updated as you proceed during therapy, remembering always to celebrate improvements.

Try to leave this activity with at least one strategy to move the client forward.

## **See also**

- Thoughtful feelings
- My personal goals
- Healthy choices

## Banishing those symptoms

Work in Progress	My goals	Improving	Nearly there	Reached the goal!
25.2.03	My anger is small enough to manage	✓		
	I can usually think straight			
	I'm no longer restless			
25.2.03	I know things are not my fault	✓	✓	
	I no longer feel like dirt	✓		
	I know I'm good at many things			
25.2.03	I know my friends like the real me	✓		
	I can make friends with a boy			
	I no longer wake in the night	✓	✓	

## SAFE SENSES

### Aim

To help your client recognise the positive aspects of their senses.

### Materials

Two sheets of A4 paper with a body outline (see Appendix 5) and pens.

### Method

Talk about the right a person has to feel safe. People know they are safe or unsafe because their senses tell them. This activity looks at how the senses do this when a person is unsafe (don't spend too much time on this part), and then how his or her senses react when he or she is safe.

Draw a body on an A4 sheet (or use Appendix 5), titled 'Unsafe' and then ask the client to think of senses on a person's face (to start with) that alert him or her when things are unsafe. These could include:

Ears	—	tune out, hear things we don't want to, being told this is a secret
Eyes	—	freeze; see things you don't want to see
Mouth	—	gets dry
Skin	—	feel flushed
Forehead	—	sweats
Hair	—	stands on end
Nose	—	smells are strong

Then go on to the rest of the body, such as legs (wobble), tummy (knots, sick), need to go to the toilet, body goes numb, shivers, and goes cold. Write down only those that apply to your client.

Then take another A4 sheet with a body outline, and title it 'Safe'. Ask your client to think about what all the senses can give them when they are feeling safe. For example, his or her nose can smell the roses, eyes can watch sunsets and read great books, hands can make sculptures, knees help them to curl up in bed, walk along beaches, mouths taste great food and feel yummy textures.

Discuss the fact that a person's senses give him or her both positive and negative information, and how good they are at indicating if a situation feels safe or unsafe. Stress to your client the importance of listening to his or her senses and learning to trust them. If appropriate, ask your client to keep notes for the next session about times when their senses worked well because they felt safe.

### ***See also***

- Here and now
- Feeling safe

# EARTHQUAKE

## Aim

To clarify the significant events that are current in your client's life. To assist in planning a therapeutic intervention that will take these issues into account.

## Materials

A4 paper and pens.

## Method

Explain that all people find different things stressful. For some people everything appears easy, but they may be quaking inside and for others they may appear anxious all the time but then cope beautifully. This activity will help to draw up a picture of all the things going on now and in the future that may cause your client stress.

Draw the analogy of stress levels being like earth tremors. When they reach a certain level it feels as though everything is collapsing, it's like being in an earthquake. Talk about measuring these stressors being like measuring earth tremors.

Your client can use the items to make a bar graph (the more stressful, the larger the bar) or draw a series of fault lines on the sheet of paper and fill each piece of land with each stressor (see illustration). If he or she needs prompting, you can include such stressors as:

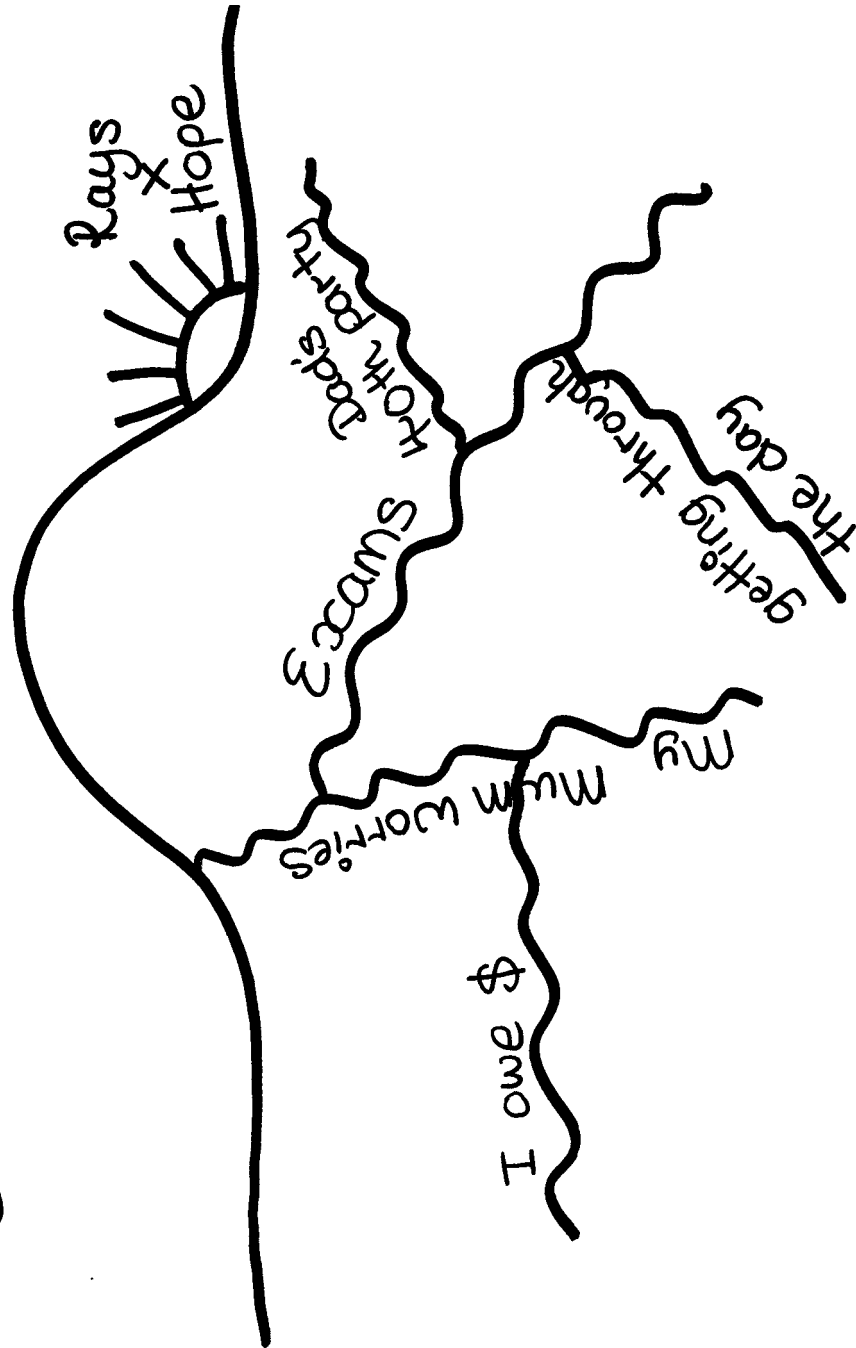
School projects, exams	Drug issues
School social events	Law issues
Other social events	In trouble with other people
Christmas	Friendship hassles
Holidays	Transport hassles
Meeting important people	Family hassles
Learning to drive	Accommodation hassles
Moving home	Abuse hassles
Cash problems	Something you are learning
Pets	Important dates or plans

Follow with a discussion of which issues are most important to the adolescent at this time, and begin to plan some strategies to deal with them, for example agreeing not to discuss details of the abuse until after the exams. Let the young person know that these stressors are likely to change over time. Try to finish on a positive note about some of the most positive events in his or her life.

## ***See also***

- My needs right now
- Cool and in control

# My Richter Scales



## **SECRETS GOOD AND BAD**

### **Aim**

To help your client discriminate between good and bad secrets. To reinforce the importance of telling harmful secrets.

### **Materials**

A4 paper and pens.

### **Method**

Introduce the idea of good and bad secrets – some are good and fun, while others are destructive and all about someone maintaining power over another person. Discuss the anxiety and burden of having these bad secrets locked up inside, and that although it is difficult to ‘break’ the secret and risk telling people, it will actually help to make him or her feel better in the long run. Disclosing the secrets will help in letting go of the past, and will help to get rid of all the negative feelings and hopelessness. All people who have experienced abuse have secrets that are a burden to them.

Introduce some of the common reasons why ‘bad secrets’ are kept, for example:

- Mustn’t tell because Dad would be sent away to prison
- Because Dad would hurt you or someone else
- Because Mum would be very angry
- Because this is our special time

Ask if these are similar to the reasons why they have had to keep secrets.

Ask if they wish to tell you some of the reasons they were given, and as each one emerges talk about it in terms of:

- Where the responsibility lies (with the abuser)
- How your client must have felt with that secret
- Acknowledging the burden your client must have felt

At the end, ask how he or she is feeling having spoken about the secrets, and process their feelings (label, acknowledge, provide optimism about the feelings over time). Finally, move onto a sheet of A4 and ask your client to write the heading ‘Good Secrets’ and encourage them to draw a couple of balloons or footballs and fill each with a good secret such as Santa, discovering at the shop that Mum had ordered the CD you wanted, saving up for someone’s present or a friend’s surprise party. If they can think of more secrets, add more balloons. If you have time, discuss the feelings that emerge when thinking about good secrets.

### **See also**

- Being believed
- No excuses

# MY LITTLE BOOK OF BIG SECRETS

## Aim

To develop an ongoing form of diary which your client can use over time to record progress on telling close people about his or her experiences.

## Materials

A little notebook covered in nice paper, pens. Some clients prefer to have a lockable diary or notebook for this piece of work, so that they can leave the book with you and take the key home.

## Method

This activity involves your client self-recording, and can run over more than one session.

Make the little book up, with your client perhaps drawing or writing on the front. On the first page, ask him or her to write something along the lines of ‘this book is confidential and not for public reading’. Inside, write on the first few pages:

*My secret*

*Who can I tell?*

*How can I tell them?*

*Date I told them*

*What happened?*

*How I felt*

Encourage your client to go home and write down some of their experiences that they have not told you as a therapist. Explain that this is your client’s own book to keep at home just for them, and give permission to withhold some secrets. As the young person learns the language required to disclose difficult things, he or she may feel brave enough to try and tell someone. This book will keep a record.

In future sessions you can ask the young person if they have had any success, and if they wish to say how it went. Do not probe for the secrets, but rather encourage the process of talking about them, and celebrate any new supports and good outcomes. If your client feels that home is an unsafe place to keep the book, offer to keep it for him or her.

## ***See also***

- I shall be heard
- My happy diary



## **MY CHOCOLATE CREAM EGG**

### **Aim**

To emphasise the support available to your client, and to promote thinking about different sorts of support – loving support and professional support.

### **Materials**

A4 paper and pen, coloured pens for jazzing it up, two chocolate cream eggs (optional).

### **Method**

Introduce the idea that support comes in different ways. There are the people who you know well who are there for you in different ways, and there are professionals who are able to help according to their area of expertise.

Draw two egg shapes (one inside the other) on an A4 sheet. Ask your client to put in the centre the people who offer them love, guidance, hugs and space when they need it, who are strong for them. In the outer egg shape, ask your client to think of other people they feel they could go to for extra support when they really need it – this could include Police, church, teachers, and agency staff.

Explain that this could be likened to a chocolate cream egg which has the soft, yummy, sweet, comforting stuff on the inside and the tough but good stuff on the outside that helps to hold it all together.

Open up the chocolate cream eggs to check this out together, and then enjoy eating them together as you discuss the people who offer the best support.

### **Variation**

## **SUPPORT CIRCLES**

For this variation, draw four rings one inside the other. Let the young person write their name in the middle. Then encourage him or her to fill in names within the other rings, of people who are close to them, with the emotionally closest in the ring nearest to the centre ring, and so on. Then discuss who, of all the identified people, can offer support by being ready to listen when the young person needs to talk. Underline these names in one colour, writing the key to it on the page. Do the same for other needs, for example underlining in a different colour anyone ready to meet him or her from school if they feel worried, or who are able to help your client relax when they feel stressed.

Use this piece of work to emphasise the amount of support that is there for your client.

### **See also**

- Positive support
- Control coordination

## JUDGING GOOD INTENTIONS

### **Aim**

To practise the analysis of behaviour, to promote safe decision making in the future.

### **Materials**

A4 paper, pens and an A4 sheet with three headings: 'Probably unsafe', 'Probably OK' and 'Depends'. Glue and scissors (optional).

### **Method**

Explain that people's behaviour is not always easy to read, and how people behave is not always a true reflection of their intentions. Ask your client (given his or her experiences) to think about whether the following behaviours are more likely to be unsafe or OK. If your client is up to it, discuss with them how he or she has come to that decision (you may want to back the adolescent up with knowledge you have, such as knowledge of grooming behaviour) and then the behaviour can be put under the appropriate heading. If your client is not confident with writing, you might like to put each behaviour (below) on a strip of paper for him or her to glue onto the chosen spot.

As your client does this task they may need to understand that some of the things may feel unsafe with some people, but they are fine and appropriate with others. Let them write who can do it in the chosen category, for example 'Offering to rub sunscreen into you (Mum)' might go into 'Probably OK' whereas 'Offering to rub sunscreen into you (My teacher)' would be more likely to go into 'Probably unsafe'.

Behaviours can include the following:

Phoning you often when you don't phone them  
Giving you gifts when it is not your birthday or Christmas etc.  
Offering to rub sunscreen into you  
Being awfully nice when they don't really know you  
Invading your personal space  
Being awfully nice to your parents for no reason  
Turning up all the time  
Suggesting you could join their club  
Taking no for an answer  
Being interested in your opinion  
Being happy to meet in public places  
Someone willing to share you with your friends  
Wants you with them all the time  
Wants to tell you what to do  
Gets upset when you disagree with them over something  
Wants special secrets  
Tells you to do as you're told

Urges you to eat well  
Gives too much eye contact  
Asks how you are feeling  
Is pushy  
Encourages you to do what you want

Stress at the end that no behaviour is always going to be OK, but that the context of it is important and above all, if it feels unsafe it probably is. It is also common to need further information before making a judgment, and your client should seek the information necessary, and if in doubt be cautious.

## **Variation**

### **SETTING SCENES**

Go through the above behaviours and ask your client to think of a scenario when this might feel OK and another scenario when it will feel unsafe. For example 'Is pushy' may be considered OK if they are urging you to go on stage on opening night. Pushing you to do things that you have said you don't want to do will generally feel unsafe. Emphasise the need to check out the context, for example:

*Are the people's intentions obvious?*  
*What are your senses and instincts telling you?*

Finish by thinking of times when your client has felt very safe and it has been proved over time that he or she was safe and free to enjoy him or herself.

#### ***See also***

- Feeling safe
- Understanding expressions
- Sensing safe progress
- Fishing for facts

## Understanding feelings

A history of sexual abuse leads to common feelings of confusion, distress, anger, guilt, depression, fear and anxiety. A person may find themselves feeling irritable, frustrated and angry over seemingly minor incidents. He or she may find they don't enjoy activities that should be fun. Anger is often so pervasive that it may pop up whenever there is any emotional arousal — even a pleasant surprise. Each of the body's senses can register something that takes your client back to a memory of the abuse, and this is likely to lead to a strong emotional response, ultimately influencing cognitions and behaviours as well.

Young people who have been sexually abused need to learn to link their feelings with their thoughts and beliefs, and to label their feelings accurately. Each of us has different things that will trigger an emotion, good or bad. Young people who have been abused are more likely to be triggered into strong, negative emotional states. They need to learn what stimuli will act as triggers for them, and to analyse the nature of the emotional arousal. They also need to practise thinking about how they feel on a frequent basis, to compensate for the avoidance of feelings that has gone on for months or years, moving on to experience positive emotions in safe contexts. All of this involves new learning, braving new experiences and fitting the new feelings with those experiences, to start to build a new way of viewing the world and relationships.

The activities in this chapter begin to explore your client's understanding of feelings, and how feelings relate to his or her abusive experience. The activities are designed to educate your client about their feelings, offer new ideas and strategies about dealing with and using their feelings, and learning to interpret other people more accurately. Many of the activities in this chapter (and subsequent chapters) offer examples of feelings and related symptoms, and ask the client to see which ones they identify with. However, if you suggest experiences to your client, you may jeopardise any legal case they are involved in. Therefore, be very careful, if a legal case is in progress, to only use the experiences that your client describes, so that you cannot be accused of leading or coaching him or her.

## FEELINGS FOR NOW

### Aim

To introduce the idea that having many feelings at the same time is normal, and to make the expression of feelings easy in this stage of therapy.

### Materials

An A4 sheet of paper with different feelings written all over it (see Appendix 6), and coloured pens. If you make up your own sheet, make sure there are more positive feelings than negative ones on it. Leave one little corner free to draw a kite, star or knot later in the session.

### Method

Explain that there are hundreds of different words used to describe feelings, and today you will look at a few of them. Introduce the sheet of paper and look over all the feelings written there. Explain that some are positive, some are negative and some can be either, such as 'childish'. If you have included any words that your client does not understand, offer to explain their meaning. Explain that feelings change all the time, and how a person feels one hour or one day may differ from how he or she felt yesterday or how they will feel tomorrow. Today you want to know how your client is feeling right now.

Explain that the activity has two main parts. First ask your client to choose a colour for circling all the feelings that he or she feels 'too much' (the ones he or she would like to feel less of), and another colour for circling all the feelings he or she would like to feel more of. When that is finished, he or she will need a third colour to highlight their favourite one or two feelings that they have at the moment.

Go ahead, with your client starting with the negative feelings, discussing as appropriate along the way. When the young person switches to the positive feelings, try to draw out some examples of when he or she has felt this way. Towards the end you can note how many positive feelings the young person has been able to circle. Ask your client how he or she found this exercise – was it fun or interesting? What surprised him or her about it? How has it made them feel?

Finish by asking your client to circle (with the third colour) a few of the feelings that he or she considers as favourites at the moment. Add strings (like a kite tail) to draw the favourite feelings together and into a corner where you can tie them together with a gold star sticker or drawing of a kite (as in Appendix 6). Be positive about the young person's choices of feelings.

### *See also*

- Spot the positives
- Feeling faces

# SCALES OF EMOTION

## **Aim**

To promote the concept of graded emotion. To assist your client to keep the intensity of their emotion in perspective.

## **Materials**

One sheet of A3 paper, cut in half along its length to make two long columns. Mark a scale along the length of each, from one to ten. Two thick pens for writing, and some A4 paper.

## **Method**

Introduce the concept of emotion having intensity. Some feelings are low in intensity, and have a small effect on our overall feelings. Other feelings are huge, and affect us very deeply. Many feelings are somewhere in between.

Show your client one of the paper columns and explain that it has a scale on it from low (one) to high (ten) which can represent intensity. Explain that this activity involves thinking about the intensity of two feelings, anger and happiness.

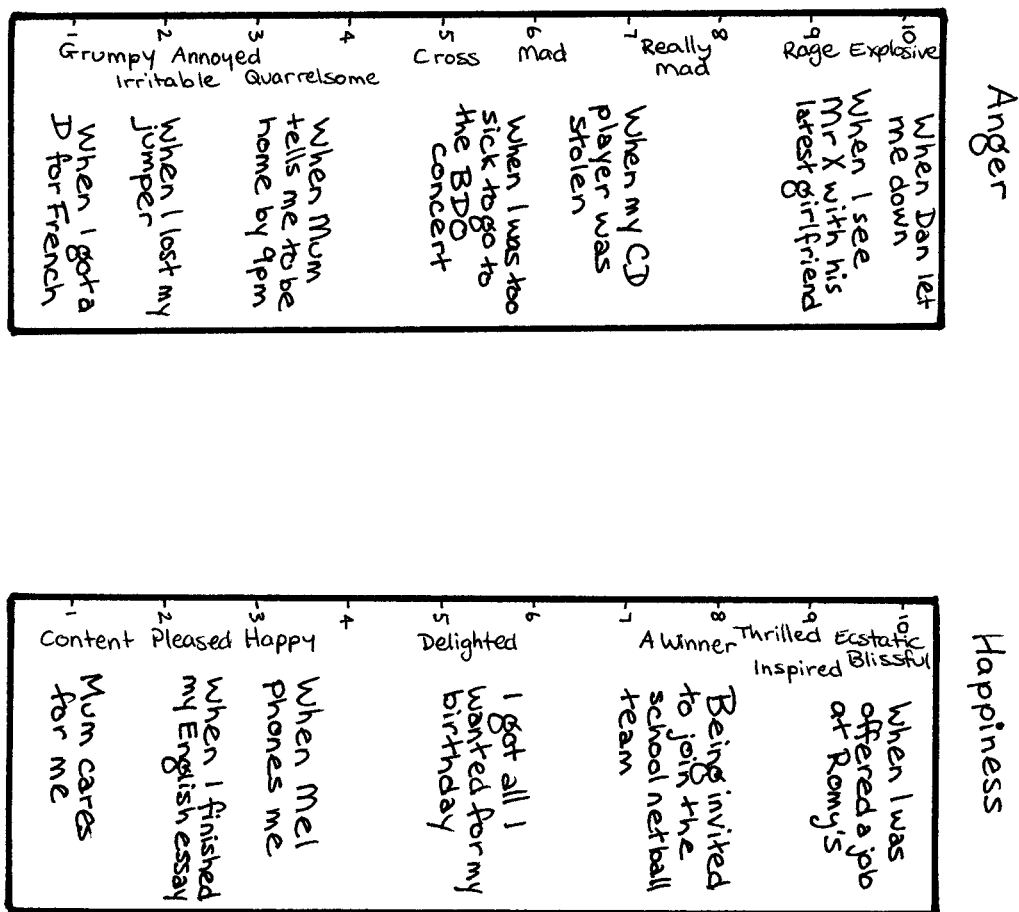
Title the first sheet 'Scales of anger'. Ask the young person to come up with some words for low intensity anger type feelings, such as 'annoyance', and write those near number one or two (or where the young person thinks they belong). Then ask about some really high intensity type feelings, such as 'rage', and put those up at nine or ten (or wherever he or she thinks they belong). Next, come up with all the other words the adolescent can think of that relate to anger (for example, grumpy, angry, cross, mad, unimpressed, irritable), and put them on the scale where the young person feels they belong. Try to impress that there is a range of feelings along the 'angry' continuum.

Next, ask your client to think of examples when they have felt each of these experiences, and write those on the sheets. While this is happening, highlight that anger comes in a variety of different intensities, and that it can be useful to assess for intensity before reacting to an event. It may be that more information is needed before you can accurately grade your anger; for example, if someone tripped you – was it an accident or did they intend to trip you? That way, your client is more likely to recognise over-reactions or under-reactions, and is more likely to deal with an incident appropriately.

Put that sheet aside, and bring out the 'Scales of happiness'. Ask your client to generate words related to happiness, from low intensity, such as 'OK' or 'content', to high intensity, such as 'thrilled' or 'ecstatic', and then fill in the middle range (for example, cheerful, joyful, delighted, pleased, satisfied, optimistic, inspired). Next, ask your client to fill the scales with experiences that have made them feel that way.

Tell your client that many things can have a positive effect on their mood, as witnessed by the many things he or she is writing down. If your client is having real trouble finding things that make them very happy, introduce another task of changing pen colour and writing those things that your client thinks they would enjoy in the future. Then you can comment about how bright the future is looking for them as they move forward in their life journey.

If you have time, transfer the happy words and experiences onto a new sheet, in an arty way, for your client to take home.



# PERSONAL ANXIETY PROFILE

## Aim

To teach recognition of symptoms of arousal, including physiological, cognitive and affective dimensions.

## Materials

Strips of card or paper, glue or other adhesive, A4 paper and pens.

## Method

Prepare the cards by writing one sign of arousal on each strip:

Faster heart	Louder heart
Sweating	Feeling restless
Shaking	Feel like you need to wee
Nausea	Dry mouth
Dizziness	Headache
Pain in stomach or chest	Tingling
Sounds or vision becoming fainter	Fear of losing control
Confusion	Fear of dying or fainting
Wobbly legs	Fear of going insane
Quick breathing	Feeling faint
Hot flushes	Numbness
Sense of unreality	Startled

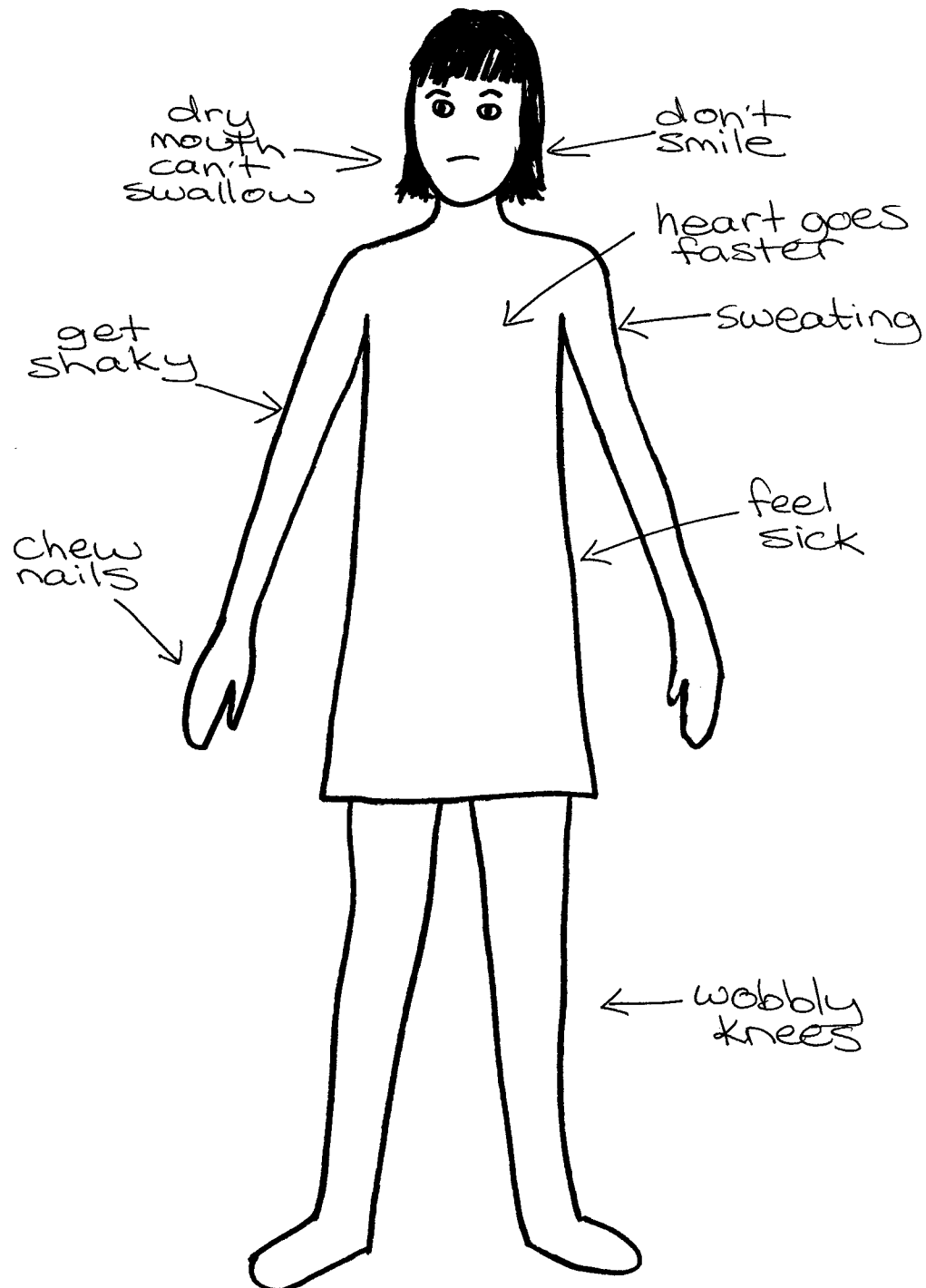
Ask your client to do a quick sketch of him or herself (or write their name) in the middle of an A4 sheet. Explain that you want to find out what body signs they get when they get flooded by panic or anxiety. Go through each card, asking if they ever experience that symptom. For those that your client does experience, ask them to stick it on the sheet around their body. Note this as their personal anxiety profile.

Finish by normalising their experiences, and closing with a relaxation or meditation exercise.

## *See also*

- Riding the waves
- Dropping through timeholes





# MY HAPPY DIARY

## Aim

To assist your client to focus on pleasant events, as a strategy to reduce anxiety and depression.

## Materials

A little notebook to be used as a diary. Some clients prefer something lockable.

## Method

This activity involves your client self-recording and may include review over subsequent sessions.

Explain to your client that with all the work he or she is doing on their healing, it is good not to lose sight of all the good things that are happening in their life. Documenting it can be useful for when he or she is feeling downhearted, and it also provides a lovely story of their progress as the young person learns to enjoy life more and more. By writing down their happy times, he or she is spending time remembering the good times (rather than the bad), and so eventually the good memories will far outweigh the distant bad memories.

Encourage your client to cover or jazz up the book as much as they like. Explain that it is his or hers to keep. Inside, provide structure to the diary if your client seems unsure. It may have something like:

*Day/date*

*What happened?*

*How did I feel about it?*

*What was the best thing about it?*

*What positive self-statement can I get from this?*

Alternatively, your client may wish to let loose with the writing, which is fine too. You may need to explain the idea of positive self-statements to your client. Illustrate with examples such as 'I am proud that I was able to buy a new dress' or 'I must be a good friend if John wanted me to go to the Mart with him'.

Invite your client to bring the diary to sessions to share the good news. They don't have to show you, but explain that you would like to celebrate their progress.

## See also

- Positively active
- A letter to me

## **DROPPING THROUGH TIMEHOLES**

### **Aim**

To help a young person understand that sudden mood changes and unusual behaviour might be because of his or her past experiences. This work is most appropriate when the young person is showing some sudden, seemingly unpredictable behaviour, which is often extreme or aggressive.

### **Materials**

A4 paper and a pen.

### **Method**

Talk to your client about reasons why people behave in unpredictable, angry ways or have sudden mood changes. Fill up a page with reasons dotted about randomly, and include some very unlikely ones among the more serious ones. For example:

*It sometimes feels as if they are somewhere else*  
*They sort of remember things in the past*  
*They feel churned up inside*  
*They are frightened*  
*They are thinking about things that happened*  
*It's a Tuesday*  
*They are unhappy in College*  
*They feel like shouting*  
*They don't really know*  
*They want to see what others will think*  
*They don't like what's for dinner*  
*They like it like that*  
*They get paid for acting up*

Make sure you include the first five of the above list, but that the items are in random order scattered over the page. Ask your client to circle any of the reasons that are relevant to him or her.

Explain that sometimes people can remember things from their past, and sometimes they cannot. If you feel able, illustrate this from your own experience, perhaps recounting something ordinary that you remember from your childhood and something others have told you about that same event that you do not remember. Discuss how sometimes you can react to others as if they were people you used to know, or who were important to you. The feelings can arise very quickly, even if you cannot remember where they have come from.

Draw a picture like the one illustrated. As you do so tell your client that it is a little like travelling through time. The picture you are drawing is a 'Timehole'. Get the young person's cooperation in indicating where 'Now' is,

and where the past is represented. Use the picture to show how the young person may be reacting now because of what has happened over time. For example, many years ago they may have really enjoyed a special day out with a friend but if the friend later turned against them, memories of that special day may make them angry (even though it was good at the time). Reassure him or her that it is OK to feel angry or cross, but that this anger needs to be directed to the person who has hurt them originally, rather than to the people around them now.

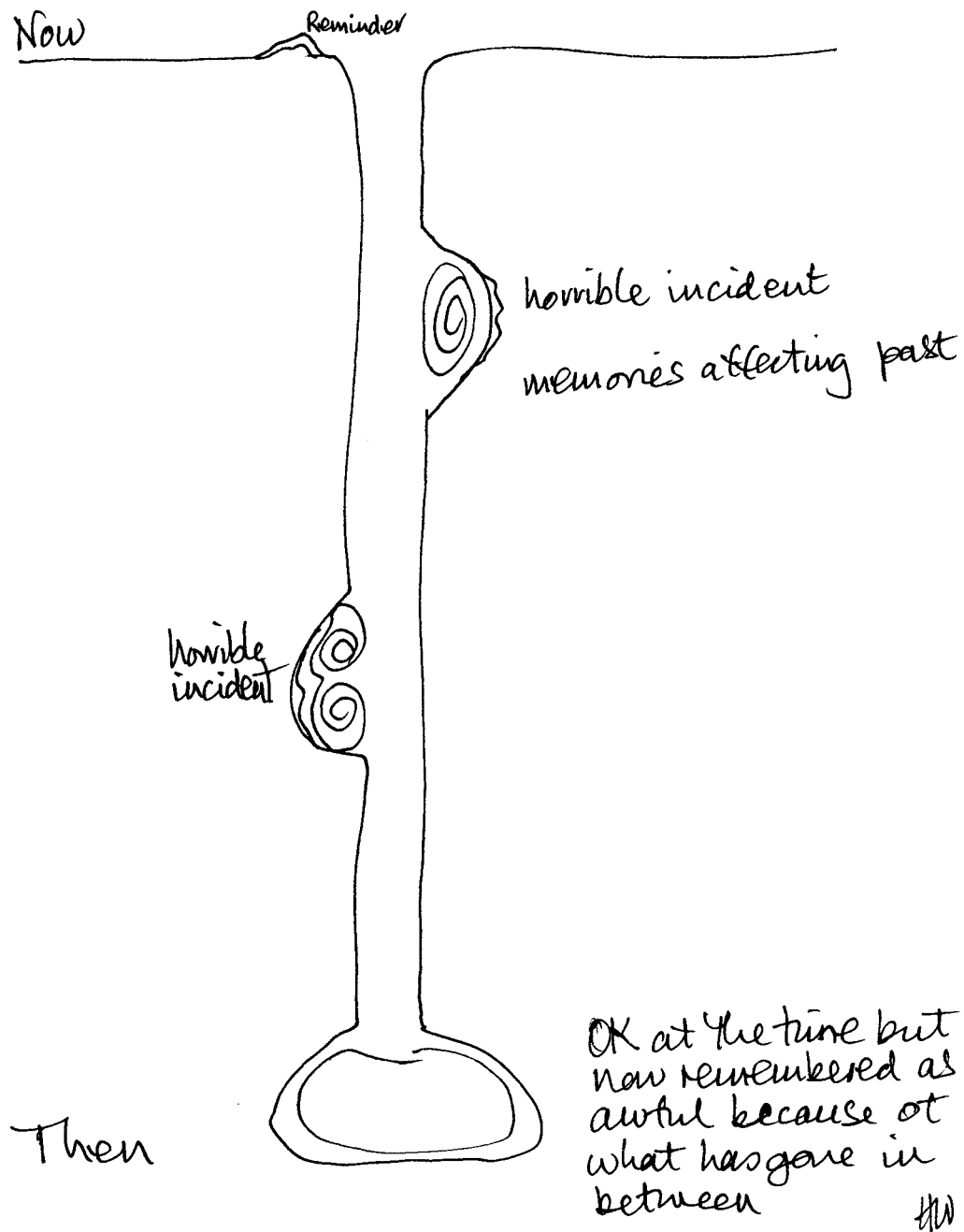
Ask your client to think of anything they can remember that happened in the past that might be having an effect now. Help him or her to focus on something that is nothing to do with the abuse, but which has made them angry, or causes them to feel frightened or churned up. Use this memory to indicate what happens in an unremembered Timehole. Ask them to try to catch themselves next time they experience those churned-up or frightened feelings that may mean they almost fall into a Timehole. Encourage them to try to talk to a safe person about how they feel.

This activity is most useful if it is also explained to a trusted support person in the young person's life, and they are given some guidelines about not being angry when the young person's mood suddenly changes, but instead offer reassurance and understanding.

***See also***

- Sorting out feelings
- Rightful anger

## Dropping through Time holes



## UNDERSTANDING EXPRESSIONS

### **Aim**

To practise looking at facial expressions and matching feelings with them.

### **Materials**

Collect a set of pictures showing different facial expressions from photos, drawings, cartoons and so on. You also need strips of paper or card (at least 10cm long), and a thick pen.

### **Method**

Introduce this as a fun activity. Go through each picture, asking your client to label the expression on each one, and writing each on a strip of paper. At times it may be ambiguous, and discuss that this is often the case, and that other information may be required to decide for sure. Decide together what other information you would need to understand that expression.

Explain at the end that sometimes when people have been abused over a period of time, they can lose sense of their own judgment and not trust themselves to be able to understand an expression. Go through the strips of paper and discuss which feelings were the easiest or most difficult to judge. Suggest that if your client is in doubt, he or she should seek extra information, such as looking at their behaviour.

Try to finish with some happy, funny or laughing faces to end on a positive note.

### **Variation**

## **WATCH MY EXPRESSION**

The preceding activity can be carried out as a role-play. Introduce the strips of paper with expressions written on them, and together spread them face down over the table or floor. Take turns in choosing one and making the appropriate facial expression. The other person then guesses the acted faces and sees if they match the description on the card.

Again talk about how some expressions are sometimes difficult to understand, so when a person is unsure he or she needs to look for other clues to ensure he or she can trust people.

### ***See also***

- Feeling faces

## THOUGHTFUL FEELINGS

### Aim

To help your client to link thoughts to feelings.

### Materials

A few A4 sheets cut into quarters, to make large 'cards', a poster sheet to stick some of these cards onto, some coloured pens and glue.

### Method

Using your knowledge of your client, write some maladaptive thoughts in thought bubbles on some cards, such as 'It must have been my fault'; 'I am dirty'; 'I will never get rid of the memories'. Then write positive thoughts on other cards, such as 'It was not my fault'; 'I didn't choose to be abused'; 'I have lots of help'; 'No child is ever to blame'.

First go through the 'negative' cards and ask your client to write the feelings that go with each thought on the card, all around the thought bubble. They may include 'bad', 'sad', 'scared', 'guilty' to name a few. Then go through the 'positive' cards and do the same, writing the positive feelings around.

Discuss how the thoughts (which are not reality but how a person views things) affect how people feel. To keep feeling positive, make a poster with the positive cards, with your client's artistic direction.

## Variation

### SQUASH

For this variation you will need two positive cards for each negative. You will probably need at least 18 cards, with each set of three having one negative thought and two positive thoughts relating to it. Squash is played like a memory game – cards are placed spread out face downwards on the floor or table. Each player takes turns to turn over three. Each time a 'set' of one negative and its matching two positive cards is turned over that player retains it. The message you are giving is that it takes at least two positive thoughts to squash a negative thought.

If a set is not turned up the cards are turned back face downwards in the same place as they were and the next player takes a turn.

During and after playing the game, discuss the need for more positive thoughts to redress the balance caused by thinking negatively.

### *See also*

- Sorting out feelings
- The PAT game

# FEELING FACES

## Aim

To practise linking facial expressions to feelings associated with events.

## Materials

Either a series of drawings of facial expressions, or the pictures of faces used in the activity 'Understanding expressions'.

## Method

Ask your client to choose from the faces presented, how they would feel in certain situations, for example:

They have to do their homework	Go to a concert
Read a funny comic	Read a good book
Hold a new baby	Get a prize
Get told off by a teacher	Coming to therapy
Leaving therapy	See the abuser at a distance
Someone trips them up	Win a million dollars

With those faces that lead to anger or anguish, ask your client to think about what they could do to improve the feeling. For those that make them feel good, help them to explore how they feel. Make sure you end on a positive feeling.

## ***See also***

- Understanding expressions



## HOW IT FEELS TO BE A SURVIVOR

### **Aim**

To explore feelings associated with overcoming the trauma of the abuse.

### **Materials**

Two sheets of A4 cut into quarters, pens, poster sheet and glue.

### **Method**

On each small sheet, write one of the following:

*What feels good about being a survivor?*  
*What feels sad about being a survivor?*  
*What feels scary about being a survivor?*  
*What is surprising about being a survivor?*  
*What is exciting about being a survivor?*  
*What makes me angry about being a survivor?*

Scatter these all over the table or the floor. Ask your client to do a review of feelings about coming so far, and being a true survivor.

When the young person has completed each sheet to his or her satisfaction, paste them all over a poster and assist your client to come up with a saying to sum up their feelings, for example 'Survivors Rule OK'. Write this in bold letters (the more positive the statement, the bigger it should be!) across or around the poster.

### ***See also***

- Surviving then, now and tomorrow

## **SORTING OUT FEELINGS**

### **Aim**

To teach your client the skill of separating thoughts, feelings and behaviour.

### **Materials**

The relevant cards used in 'I am not alone' in Chapter 5, five or six blank cards for writing on, three cups labelled 'Thoughts', 'Feelings', 'Behaviours'.

### **Method**

Using the cards that were relevant to your client, explain that abuse can lead to confusion of people's feelings, and that translates into their bodies responding in all sorts of strange ways that are not directly related to the traumas he or she has experienced. Ask your client to separate those cards into thoughts, feelings and behaviour. Discuss each one as they go, and if he or she gets stuck it may be useful to explain that sometimes an issue can fit into more than one category, in which case write up a second (or third) card. For example nightmares can be hard to work out so may go into both thoughts and feelings, and even into behaviour if they lead to the sufferer crying or letting out a scream.

Use this activity to show how people's feelings, thoughts and behaviours all influence each other. By working on one aspect (behaviour is usually the easiest, followed by thoughts), a person can change the other two systems.

Discuss this with your client until you find an example from his or her own experience. Try to leave this activity with at least one strategy to help a thought, feeling or behaviour become more positive.

### **Variation**

## **POSITIVE LINKS**

As above, but instead of using stress symptoms use changes your client has made, such as behaviour or positive self-statements and look at how these may have changed other systems. For example, self-statements may have led to better sleeping and a reduction in binge eating, and it may have started letting your client believe they are worthy of friends.

### ***See also***

- Thoughtful feelings
- The PAT game

## ANGER – FIRST STEPS

### Aim

To put anger into perspective, convey belief that anger can be controlled, and that your client can be the boss of his or her anger.

### Materials

A4 paper and coloured pens.

### Method

This activity involves your client self-recording and runs over a number of sessions.

Explain that there is lots of research and information on anger, and that learning to manage anger is really possible once you have been through the steps. For example, one important thing to remember is the difference between anger and aggression. Explain that anger is a normal emotion that everyone experiences on a fairly frequent basis (e.g. through frustration, having someone do something disrespectful, or seeing an unfair situation). Aggression on the other hand, is a form of behaviour. While feeling anger is OK and should be addressed, aggression is not OK (unless it is necessary to physically remove yourself from danger). Dealing with anger involves learning to calm down (not denying the anger), communicate your feelings in an appropriate way (perhaps by being assertive), and analyse the situation to improve it.

Present the steps in a poster format on an A4 sheet, something like:

- |        |   |
|--------|---|
| First  | Learn to control anger e.g. relaxation/meditation/distraction (pausing) |
| Second | Learn to analyse anger (who is thinking what)                           |
| Third  | Turn anger to its source (make it fair)                                 |
| Fourth | Decide on when and how to be angry (taking control)                     |
| Fifth  | Communicate anger without aggression (for example, by being assertive)  |
| Sixth  | Decide life is too short to allow anger to last (moving forward)        |

Suggest that you keep a record of how your client is progressing with his or her anger. Ask the young person if they would like to simply have a list to tick off, or draw something like steps or a ladder. Your client can make the sheet as fancy as they like, and prepare to start the first step in the same session, or in a following session.

Using the many texts and websites available on anger management (such as Feindler, 1995; Kellner, 2001), design an individual program plan to suit the needs of your client as they learn to take control of their anger.

### *See also*

- Scales of emotion
- Dropping through timeholes

## RIGHTFUL ANGER

### Aim

To give your client permission to be angry about his or her abuse experience.

### Materials

A4 paper and pens.

### Method

Explain that although your client is working on anger management (and praise where possible for this), it is also useful to look at where the rage comes from, because much of it may be tied up to their abusive experience. Suggest that often the anger will surge because the anger that occurs throughout people's daily lives actually triggers off *big* feelings (rage) because the underlying message, or something about the incident, touches your client's very core.

Move on to give an example of perhaps a minor incident at the shops that actually touched on your client's *big* feelings of being devalued, criticised, threatened or embarrassed. These *big* feelings of rage are perfectly legitimate because of his or her experiences, but are not so much to do with the incidents that trigger them, as they are to do with the abuse he or she has survived.

Using your client's anger diary if they have one, or based on your client's reports of recent anger triggers, ask your client to think of how these incidents touched on their *big* feelings. Draw a circle on a sheet of paper and write the incident inside the circle. Then draw lines outwards from the edge of the circle and add other circles at the end of these lines. In these outer circles write the *big* feelings that have been triggered by the initial incident.

After filling in the circles, discuss how the *big* feelings have actually become more important than the incident. By working on self-identity, and belief in him or herself, such incidents as those your client have written down will not seem so important in the future simply because they will not have this triggering effect.

Even at this stage, your client may be able to generate alternative ways of thinking about the minor incident. Doing this will help the young person separate day-to-day irritations from the deep rage felt about the abuse.

### Variation

## DROWNING IN RIPPLES

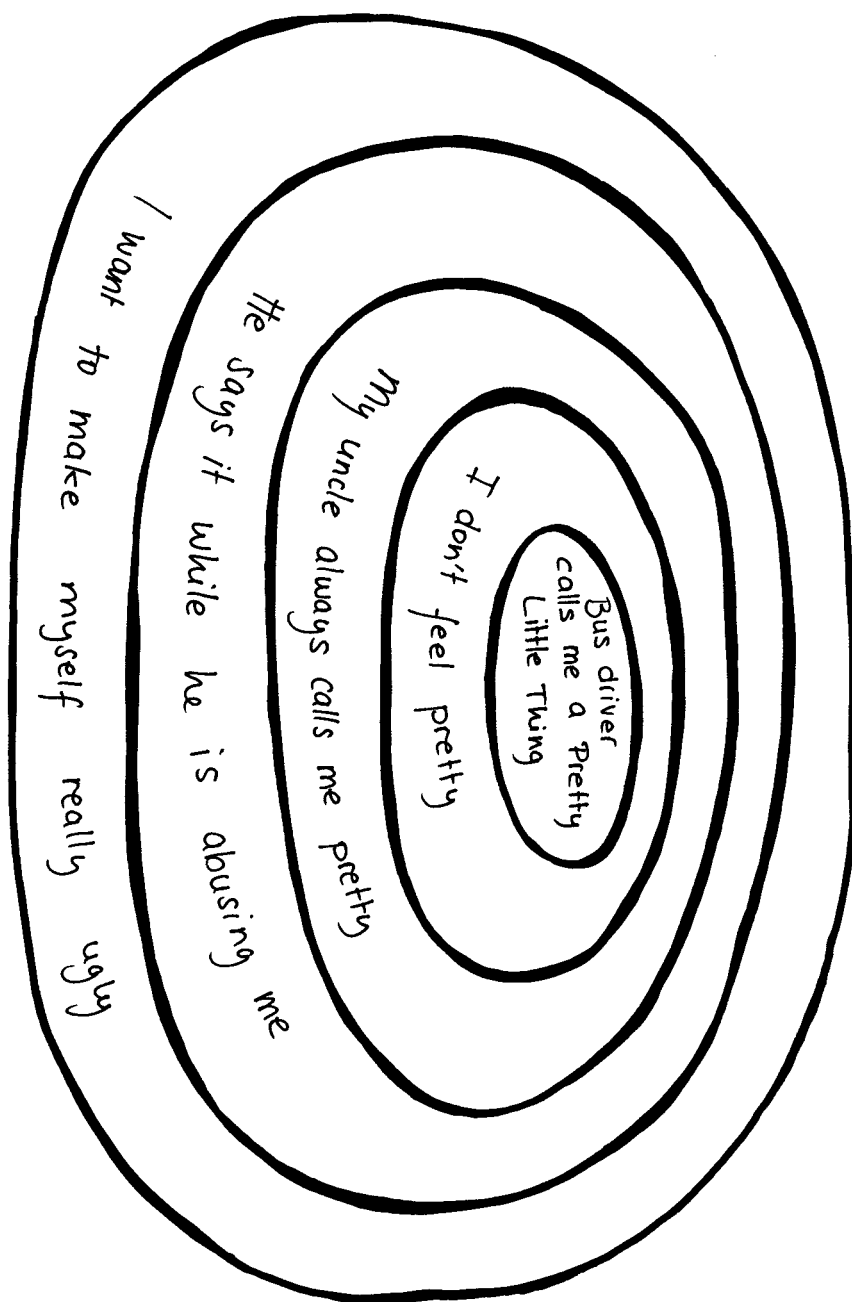
The activity focuses on one incident written in the centre of the page, with ripples drawn in circles around it. In each ripple zone write down the thoughts and feelings that are triggered. Talk about how the incident was not,

in the scheme of things, as big as the waves it created, which went on to make you feel like you were drowning. Discuss the feelings and thoughts that were specific to the incident.

If you or your client is artistic, one of you may like to draw a person in the middle, and a helicopter hovering to rescue your client from the thoughts. Then around the propeller write positive statements that would help your client see the incident more in proportion.

**See also**

- Scales of emotion
- Changing fortunes



# HIDDEN FEELINGS

## **Aim**

To help your client to realise how they manifest their confusion.

## **Materials**

Two sheets of A4 paper, glue, scissors, and pens/pencils.

## **Method**

This activity includes a review in a later session.

Take one A4 sheet and cut U shapes at random intervals that will act as flaps (like an advent calendar). Glue the edge onto another A4 sheet. Talk about how a person's behaviour can sometimes be totally off-track compared to how he or she is feeling. Ask your client for some examples of acting out or avoidance (or suggest some) that were not true reflections of how he or she really felt. For example, being really angry when he or she was confused about something, or ignoring a friend when he or she needed to be alone. Write the behaviour on the top of the flap and underneath (when you open the flap), write the feeling.

Discuss how the behaviour is all that people can see, but you need to find a way of showing them what is underneath – the feelings.

Go over the feelings, and discuss appropriate ways of expressing them. If your client enjoys role-play, then rehearse a few situations when he or she could have expressed their feelings to avoid confusion.

In a future session you may like to revisit the hidden feelings, and glue down the flaps on ones where the feelings expressed are now perfect matches for the feelings below (and so you don't need to lift a flap to know how they are feeling). Rewrite the new behaviour on the top in a positive way, and celebrate your client's growing skills and insight.

## ***See also***

- Sorting out feelings

## FEET ON THE GROUND

### Aim

To teach about dissociation and provide skills to prevent this. This activity is best used later in therapy when your client has developed insight into his or her impairments that have resulted from their abuse.

### Materials

Three paper cups, around 12 strips of paper or card, and pens.

Prepare by labelling the cups 'Yes', 'No' and 'Maybe'. Also prepare the strips of card by writing dissociative experiences on them, for example:

*Thinking you are someone else*  
*Not being aware that things have happened*  
*Referring to yourself in the third person*  
*Confusion about time*  
*Feeling like you are not you*  
*Losing sense of what's real*  
*Saying things you don't mean*  
*Doing things without realising you've done them*  
*Having times where you have no memory*  
*Having out-of-body experiences*

### Method

Explain that you are going to discuss a process called 'dissociation', which involves ways of detaching emotionally from yourself when things get too difficult for your knowledge base or emotional skills to cope with. Differentiate this from daydreaming, where you 'vague out' because of boredom or distraction, or from calming activities such as relaxation, mindfulness or meditation, where you achieve a similar state of being but it is a controlled state and adaptive. Dissociation is an active coping strategy that happens when you are in a highly emotional and stressful situation where your brain needs to find a way to escape. Explain that this is very common for people who experience stressful situations of all sorts, and that it can keep going even when the most stressful experience is no longer happening.

Go through each card, explaining what it means, and ask your client if it applies to him or her. Ask your client to put the cards in the relevant cup. Let them know that remembering and identifying dissociative experiences can be very difficult, and he or she may not realise they have dissociated (and some people do not dissociate). But even so, learning to label and understand such experiences can be valuable – if they arise.

From the 'Yes' cup, go through the cards and, with your client, generate positive self-statements, such as 'It's alright, I am safe', that can be used at these times to try to prevent the dissociation.

### *See also*

- Changing fortunes
- Strategies for strength

## CHAPTER 7

# Understanding the abuse

Once your client has begun to correctly recognise bodily sensations and feelings, they can begin to address the consequences and issues of the abuse more directly. These exercises involve putting the abuse into a personal context, which includes looking at different components of his or her life, and looking at where the blame for the abuse lies – wholly at the abuser.

Many of these activities involve development in conceptual thinking, which relates not only to your client developing new cognitive constructs, but also to adolescent individuation. This is a stage of development often missed out on because the arrest of emotional development acts as a coping strategy, which minimises the trauma for your client. Now, in a timely and sensitive manner, it is appropriate to begin to address these issues.

Some of these activities are quite strong in their emotional content, so you may want to suggest them and see if your client is feeling ready for a particular activity. It is recommended that you have a gentle activity up your sleeve for days when your client is feeling emotionally fragile.

## THE LOPSIDED QUIZ

### Aim

To help the young person to understand some basic facts about sexual abuse, particularly regarding keeping safe and dealing with their feelings.

### Materials

Two copies of the quiz without answers, but with blank lines underneath the choices for each question, or blank A4 paper, one copy of the quiz with answers, and a pen.

### Method

Before starting this activity, you may wish to adapt the quiz from our example to include questions that are relevant to the young person's experience. If you include scenarios (as in questions three and six) then make them sufficiently different from the young person's experience for them not to think you are writing questions about him or her to use with other people. Also, it will be easier for them to think of answers if it is more objective.

Explain to the young person that you will be doing a 'lopsided' quiz. It is called this because there are more right answers than wrong, and more than



one multiple-choice answer may be appropriate. Make sure the young person understands that this is not a test, but more an opportunity to share ideas.

Go through the quiz, reading it out if necessary. If you do not read it out, then use the second copy to do one at the same time, encouraging the young person with comments such as 'I think there are several right answers to question three. What do you think?'

When you go through the answers, encourage your client to tell you what he or she has put and why. See how your answers and the suggested ones match up. The young person may then want to write a few questions themselves, to 'test' you – or even to get answers to things they have not been able to ask.

Always end this activity by asking the young person if there is anything that was not covered by the quiz that he or she needs to know.

### **The Lopsided Quiz**

*Remember: This quiz has many answers — look out for them all!*

#### **Question 1**

*Who is to blame for sexual abuse?*

1. The child who is abused ☐
2. The abuser ☐
3. The social worker ☐
4. The parents ☐

*The right answer is 2, the abuser. It is never the fault of the child who was abused. Sometimes parents feel to blame, but they are not responsible for the abuser's actions unless they were involved in the abuse. Sometimes people are angry with parents or themselves for letting the abuse happen, but it is not their fault.*

#### **Question 2**

*What feelings are experienced by people who are being abused?*

1. Upset ☐
2. Confused ☐
3. Happy ☐
4. Miserable ☐
5. Angry ☐

*Any one of these is right, or several, or all of them. (Now you see why it's called a lopsided quiz!) Feeling 'happy' may be difficult to understand but abusers sometimes make a person feel special as part of their trickery. That can cause some unhappy children or young people to feel happy. Feeling happy and miserable at the same time is normal, and can be very confusing!*

#### **Question 3**

*Jenny tells her friend Sue (aged 15) that Sue's Dad has started stroking her bottom whenever she goes past him. She says it feels quite nice. What should Jenny advise Sue to do?*

1. Tell her Mum or another trusted adult ☐
2. Slap him ☐
3. Wait to see what happens next ☐

*1 is right. Jenny needs to tell Sue to get some help. Her Dad is already acting in a wrong way and he needs to be stopped. Jenny could offer to go with Sue to tell the person Sue chooses as a trusted adult.*

#### Question 4

*What should someone do if they are being sexually abused?*

1. Tell someone they can trust ☐
2. Tell the abuser 'No' ☐
3. Keep it to themselves ☐
4. Hope it will go away ☐

*It is very important to tell (1). Telling the abuser 'No' is good but might not be strong enough to stop the abuse or stop the abuser abusing someone else.*

#### Question 5

*Why do some people never tell?*

1. They are too afraid ☐
2. They want to protect the abuser ☐
3. They feel ashamed or embarrassed ☐
4. They don't think the abuser is doing wrong ☐

*Usually it is one of the first 3 reasons. However, if someone is being abused they should not feel ashamed. It is not their fault. If they think that the abuser is not doing wrong, then they have been told lies and tricked.*

#### Question 6

*Tom is 12. His Uncle Fred invited him round to have a pizza and watch a video. Tom did not know the video would be a porno until it was switched on. Tom felt disgusted and excited at the same time. Uncle Fred made him promise not to tell. Do you think:*

1. Uncle Fred was abusing Tom by showing him the videos? ☐
2. Tom was bad to feel excited? ☐
3. Tom should tell someone about Uncle Fred? ☐

*The answer to 1 and 3 is a definite 'yes'. Tom was not 'bad' to feel excited when he was watching sexually explicit material, because his body was reacting normally. However, his Uncle should not have tricked him into watching it. This is a promise that is right to break and Tom should tell a trusted adult.*

#### See also

- I am not alone
- No excuses

## POWER SCALES

### Aim

To emphasise that your client held little power against the perpetrator.

### Materials

Two sheets of A4 paper, coloured paper or card, glue, scissors, and pens. Prepare by cutting out (but not gluing onto paper yet) two sets of weighing scales (see illustration), with a separate central piece, crossbar and two weight holders. Also cut out strips of different coloured paper on which you will later write.

### Method

Introduce the activity by talking about power, and how in situations of abuse, the abuser always has more power and control than the survivor. With your client's assistance, glue the central scale piece in the middle of the A4 sheet. Place the crossbar and weight holders onto the paper without gluing them at this stage. Explain that you are doing an exercise to look at who had most of the power in your client's abusive situation. Title the scales 'Then'. Ask your client which side of the scale they would like to have as their side, and ask them to write their name on that side. On the other side, ask your client to write the name of the perpetrator if they feel OK about it – or use some other way of identifying the perpetrator such as 'That person'.

Talk about how there are many ways that a person could hold power over you. Start with physical attributes such as height and weight. Write each attribute on a separate strip of paper and as you do, ask which side of the scale – your client or the perpetrator – held the power in this regard. Go through as many attributes as you can think of, such as taller, bigger, older, well-respected, bossy, violent, in a higher status position (e.g. teacher, priest, friend of Dad's), frightening, threatening. Encourage your client to come up with some others, perhaps even ways he or she found to hold some power, such as coming up with excuses, having friends sleep over to avoid the abuser, finding ways to stay away from home, demanding expensive treats.

When you are finished with the attributes, glue them all where they belong, and comment on the amount of power the perpetrator held. If your client was able to come up with any elements that led to power, then praise them for their survival tactics and creative thinking. Put that sheet aside.

Move onto a second set of scales on a sheet of A4, with the title 'Now'. Comment about how the power no longer lies with the perpetrator, but mostly with your client. Write up some more strips of paper with new positive attributes that suit your client, such as:

Stands up for him or herself  
Knows how to keep safe

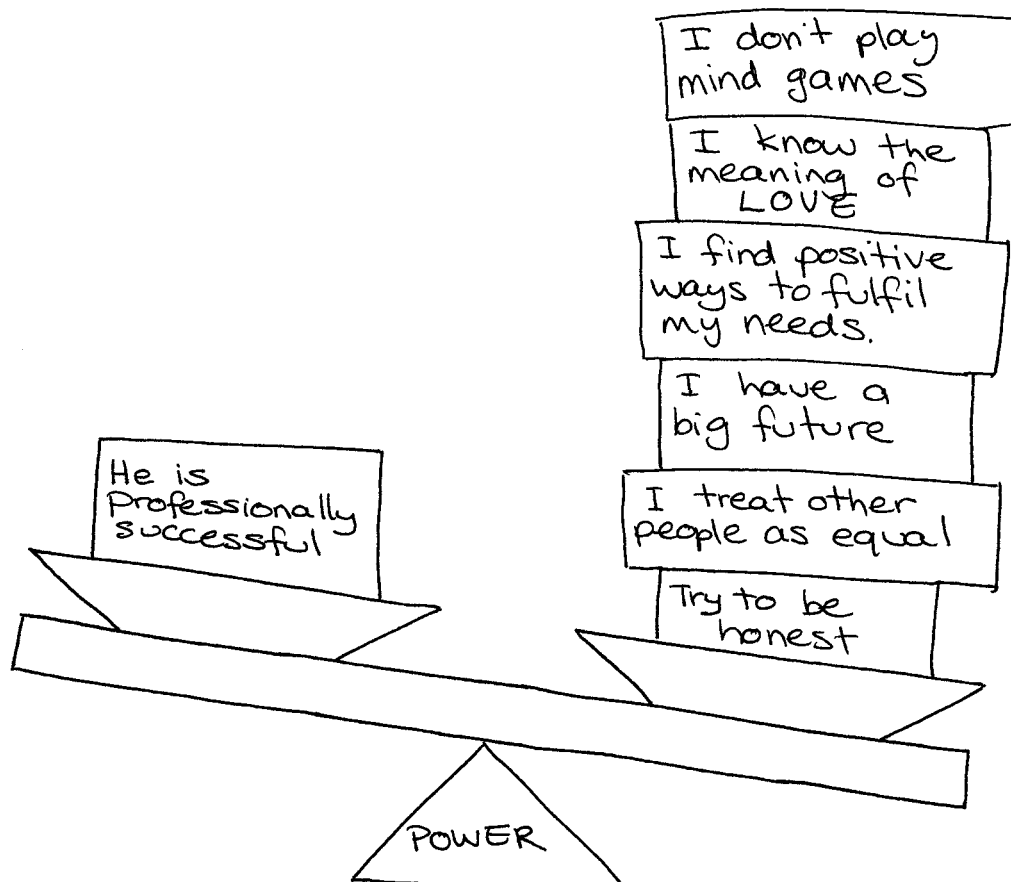
Has a future  
Uses their skills positively  
Treats people fairly  
Has positive relationships  
Knows how to love  
Understands feelings  
Cares for people

Put these strips on the scale and talk about how your client now has the positive power. Glue these into place. Suggest they take the 'Now' scales with them (if appropriate), but explain they do not need the 'Then' scales. If your client really wants to take the 'Then' scales, make sure he or she writes 'NO LONGER!!!!' or something similar, across them.

***See also***

- I am not alone
- No excuses

## Power Now



## CHANGING FORTUNES

### Aim

To demonstrate that coping strategies used in the past may have different effects now.

### Materials

A4 paper and pens.

### Method

Explain to your client how when they were abused he or she may have used some coping strategies that protected him or her in some way, but these strategies may be getting in the way now.

Help your client to identify any of these maladaptive strategies – write a list of his or her coping strategies down the side of a portrait sheet of paper, such as:

- Waiting until 1am before going to my bedroom to sleep
- Yelling at Mum
- Taking drugs
- Acting like a bitch/lout

Put two headings along the top of the sheet of paper – ‘Then’ and ‘Now’. Under the ‘Then’ heading, discuss how these coping strategies helped your client to get through the day/night/incident. If your client doesn’t know, tell him or her about some reasons why others have used these strategies. This may help them generate answers. However, don’t pressure them to choose a reason. ‘Don’t know’ may be the truth as far as they understand it.

Decide with your client what to write on the sheet. Then ask the young person if these coping strategies are helpful or problematic for him or her now. Try to get across the point that what may have been helpful in the past may now be getting in the way of being who they really want to be. For example, he or she may like to have a relationship with Mum where they never yell, and he or she may want to have a good intimate relationship where they are loved and feel valued as a person.

Do not leave this activity without giving your client some idea of how to move forward and develop new positive coping strategies.

### ***See also***

- Dropping through timeholes
- Balancing trick

## **STRATEGIES FOR STRENGTH**

### **Aim**

To teach strategies to reduce anxiety, flashbacks and negative thoughts.

### **Materials**

A4 sheet of paper, a pen and one piece of card to fit in a wallet. You may wish to use the list of distressing symptoms from the activity 'I am not alone' (page 58).

### **Method**

Explain that worrisome feelings and thoughts, including flashbacks are a natural consequence of bad experiences. They can also be dealt with by using some simple techniques. Ask your client to list his or her distressing symptoms and write them down the left hand margin. If they are not forthcoming, it may be appropriate to offer the young person a list of potential symptoms to use as prompts.

Break the symptoms down to behavioural and cognitive components; such as racing heart, sweating palms, 'Thought I was going to faint or die', 'Thought I couldn't cope'. Write these next to the list so that they make up a second column. Then go on to educate your client about each symptom by asking if he or she has successfully dealt with each one. If so, explain how it worked for them and then write a list of positive strategies down the right hand side of the sheet. This last bit may require some re-educating – for example if avoidance of school has been successful for reducing anxiety. You may need to explain why it worked but also that it is not a long-term positive solution, so he or she needs to try other ways.

Do not write down strategies that are not in your client's long-term interest, but stick to positive strategies instead (after explanation of why). Praise your client along the way as much as possible for attempts to cope, and emphasise that these strategies will gain power over time with practice.

Finally, copy your client's preferred strategies onto the piece of card, so that they can carry around their coping strategies, for looking at when required. On the other side of the card they may want to draw something (or stick on a picture or photo) that symbolises peace or strength.

### ***See also***

- Thoughtful feelings
- Coping cards

# Strategies 4 Strength

## What happens

Get quiet at school

- 
- Feel I'm unimportant
- 
- Feel I can't cope with joining in.

## Break it down

Get scared when men come near me

- 
- Get my anxiety symptoms, visual memories, FREEZE
- 
- takes time to get calm again

## Strong Strategies

- 
- Choose to be strong and brave
- 
- "I do have good ideas"
- 
- "Nothing scared nothing gained".

- 
- Ride the wave.
- 
- Can't my breathing "I'm getting there"
- 

Getting going in the morning is really difficult

- 
- It is normal even for young people who haven't been through hell
- 

- 
- Stop looking for excuses to be slack.
- 
- Ask Sam if she wants to walk to school together
-

## **MANY ROLES THAT MAKE UP ME**

### **Aim**

To promote the understanding that people have different roles, and behave differently in different situations. This concept is a developmental milestone normally achieved during adolescence, but may be delayed in clients with a history of abuse.

### **Materials**

Two lots of six blank cards, a pen, coloured pens to jazz them up. Before the session, write up the cards to suit your client. Suggestions include:

#### *Situations:*

- Just got caught in the rain and ran into the building wet
- Have been asked to do something but am bursting for the toilet
- Played some music and got caught dancing on your own to it
- Someone just ran off with your bag
- A friend yells loudly 'I saw who you were kissing last night!'
- You are running late
- You desperately need to make a phone call
- You're about to make a speech to a small group and someone yells 'nice legs'
- You've run madly for the bus, but it drove away just as you got there

#### *Roles:*

- School pupil – with teachers around
- Son/Daughter – with parents around
- Friend – with friends around
- At RSPCA where you do some work – with a boss and some animals about
- Soccer/Netball refreshments/first aid provider – with team members and coach around
- Library assistant (helping your aunt out) – with the public about

### **Method**

Explain that everyone tends to behave differently depending on where he or she is and whom he or she is with. For example, most people burp readily when they are on their own, but will try to control the urge if at an important meeting. Stress that this is normal, and that everyone has a number of sides to himself or herself as a person. Each of these sides (or faces) is perfectly valid. Introduce this activity as a game where you have to think about how you would behave among a certain set of people. One set of cards has situations on them and another set has roles on them. The idea of the game is to realise how people change their behaviour depending on whom they are with, and that this is normal.

Spread the cards out in two columns. You start by picking one of the situation cards, and one of the role cards. Explore how you might feel in that role, given



that situation, and also how you are likely to behave (making sure you model thinking aloud about different ways). Then it is your client's turn to choose and have a go. Have fun role-playing or coming up with ideas on what sort of behaviour would be most appropriate, and what might be funny.

Once your client is familiar with the contents of the cards, they may enjoy pulling them out of two boxes, and trying to imagine the situation with the role.

Finish by stressing the positive side of people being able to adapt their behaviour to the situation.

***See also***

- Setting scenes
- Different places, different ME

## **ANGER IN ANGER OUT**

### **Aim**

To explore different ways of expressing anger, and to separate them between anger directed inwards, and outwards. This invites a discussion on which ways your client tends to use.

### **Materials**

An A3 sheet or manila folder that has been laminated. Sticky notes or card that can be temporarily stuck onto the poster. If you know your client is unlikely to generate ideas, prepare some cards before the session.

### **Method**

Introduce this activity as a way to look at the many ways in which anger can be expressed. Draw a line down the A3 sheet and write the two headings 'Anger In' and 'Anger Out'. Remind your client that anger is a normal feeling.

Ask your client to come up with examples of when anger is expressed, and write these on the cards. Then he or she can place them on the poster as being inward (e.g. cutting myself, headaches, not eatings, smoking) or outward (e.g. shouting, writing a letter, pottery class, aerobics). Depending on your client's ability to recognise and understand his or her anger, you may want to discuss this more fully. Discuss which methods they tend to use most often, which are most harmful for them (or others), which ones the young person feels are best for them and how he or she has changed over time in the way they have expressed anger. If he or she is ready for it, you may wish to discuss the consequences of each method of expressing anger. The exercise can be revisited, and cards can be added or taken away, depending on changes made.

Finish the exercise by focusing on one of the more appropriate ways they use to express their anger.

***See also***

- Anger – first steps
- Changing fortunes

# THE PAT GAME

## Aim

To help your client turn negative thoughts into 'Positive Automatic Thoughts'. To promote more positive thinking, and a reduction in negative automatic thoughts.

## Materials

About eight strips of card (large enough to write a sentence on), A4 paper, coloured pens, and a stopwatch. (Thin string or nylon thread, modeling wire optional.)

## Method

Start the activity by explaining to your client that you will be working on thinking positively. Introduce ways to do this, particularly by completing coping sentences. Make a list of phrases and ideas that will help in turning negatives into positives, for example:

*I know I can cope because ...*

*My friend would advise me that ...*

*Next year it won't worry me because ...*

*Things won't be as bad as I think because ...*

*I know my mother/friend/aunt/teacher will help me because ...*

*I can get things back in proportion by ...*

*I need to remember that ...*

Set this list to one side and discuss any negative thoughts that the young person has been having. Write each of these thoughts on a separate card. Then put them in an envelope or hat and let your client pull a card out (one at a time), read it out and, come up with two positive statements using your prepared coping sentences, timing how long this takes for all the cards. Repeat, aiming to think quicker and do the task in less time. If your client is enthusiastic, he or she may want to run through them all again. Finally, the task can be tried with remembering the sentences, not looking at the list.

If your client wants to, then writing the coping sentences on to interesting shapes of card and making it into a mobile to hang at home can complete this activity.

## See also

- Strategies for strength
- False feelings

## **FLEETING FLASHBACKS**

### **Aim**

To recognise, label and take some control of flashbacks. This activity is only relevant if your client does experience flashbacks.

### **Materials**

A4 paper and coloured pens.

### **Method**

Explain how flashbacks (vivid memories often involving all the body's senses, that can seem to take over the present situation) can interrupt daily life and be very intrusive. Explain that this activity will help your client to understand them, and feel more in control.

Talk through any recent flashback experiences. Together write down enough to identify the content of each flashback without evoking a trauma for your client, for example 'I keep thinking of what they did when Mum was out'. Then write 'Plan of Action' underneath. The plan you work through and write down with your client could include:

- Tell someone you are having one
- Remind yourself you can cope and it's already getting better
- Breathe and orient yourself
- Acknowledge your thoughts and feelings and ride them
- Use distraction techniques
- Remind yourself that you are a survivor
- Give yourself positive messages

You will need to help your client practise this. They may need help with the breathing, positive messages and the distraction techniques. Explain that using these techniques will help turn the flashbacks into fleeting thoughts rather than overwhelming experiences.

### ***See also***

- Dropping through timeholes
- Strategies for strength

# OVERCOMING AVOIDANCE

## Aim

To help your client recognise anything they are avoiding. To encourage the use of graded desensitisation to overcome avoidance.

## Materials

A4 paper, pens, scissors, glue, access to a photocopier, to provide a copy for your client to take with them.

## Method

This activity will require review over many sessions, although it need not take up all of subsequent sessions.

Identify with your client anything that they are deliberately avoiding. This may be something connected to the abuse, or may be an activity that is connected to generalised anxiety resulting from the abuse. Choose one thing that strongly affects the young person's everyday life and discuss how to work on it. You may want to choose something that is likely to work easily, in order to give your client a taste of success.

Talk about how when difficulties are broken down into very small steps, they will be easier. Write down one major goal, for example, going shopping, and then put very small steps towards it. For example, the steps may include getting ready as well as the young person ringing a friend to go with him or her. Have a brainstorming session, writing down all the small steps you can think of that will build up to the goal. Make sure you include 'Talking about how to work on it' as a small step. Then cut all these out and encourage your client to arrange them in order, with the easiest item first. Different clients will arrange steps in different orders; so do not assume that one hierarchy fits all.

Take a piece of A4 paper and put three headings across the top: 'Task', 'Started' and 'OK now'. Under the 'Task' heading, glue the steps in the client's order. The final item can be the overall goal. Even at this stage you will be able to mark some progress on the chart, because your client has talked about how to work on it and has started to work on the major goal.

Your client then chooses a small step (usually one at the easy end of the hierarchy) to work on before the next session. Discuss with your client how to cope with taking the small step. Also explain that some steps will take longer than others, and that some of the ones they have identified as more difficult may turn out to be easier as they go along.

Revisit the hierarchy at subsequent sessions, updating and celebrating the achievements that the young person has made.

### ***See also***

- Banishing symptoms
- Problem solving

## Overcoming Avoidance

Task - Going to Club	Started	OK now
Talking about how to work on it	5 <sup>th</sup> April	5 <sup>th</sup> April
Ringling Jane	6 <sup>th</sup> April	6 <sup>th</sup> April
Arranging a date with Jane	12 <sup>th</sup> April	12 <sup>th</sup> April
Asking Jane to pick me up here	12 <sup>th</sup> April	12 <sup>th</sup> April
Find out the nights when it's not too crowded	6 <sup>th</sup> April	9 <sup>th</sup> April
Go to club on a quiet night for part of evening with Jane	2 <sup>nd</sup> May	
Go to club on a disco or special even night with Jane		
Go again for a whole evening with Jane	9 <sup>th</sup> May	
Go again for a whole evening without Jane		

# NO EXCUSES

## Aim

To promote understanding that abusers tell lies and give false messages to pressure the child into letting the abuse happen. This activity also stresses that the responsibility lies totally with the abuser.

## Materials

Two cups labelled 'No excuse' and 'Unsure', and ten or so strips of paper.

## Method

Explain that abusers lie to trick you into accepting the abuse, and they use lies to stop you telling. None of them are excuses for abuse. Ask your client to think of what sort of things the abuser said to him or her, to let the abuse happen, and to keep it a secret. As the young person comes up with each lie, write it onto a strip of paper and ask them how they feel about it as an excuse. Whichever box the lie goes into, accept how they feel and also explain the possible reasoning behind the lie (as detailed below). Stress that, ultimately, no excuse counts. Some examples:

<i>The Lies</i>	<i>Why</i>
<i>All fathers/mothers do this ...</i>	They trick you into thinking it's normal and OK taking advantage of your desire to follow your parent's requests.
<i>I'm teaching you about sex</i>	They pretend they are doing you a favour.
<i>It's all your mother's/father's fault ...</i>	Blaming someone that you want to protect. Makes it hard to disclose to Mum/Dad.
<i>It's our special secret/game</i>	Tricking you into thinking you must not tell, and that you should like it.
<i>It's not full intercourse</i>	Minimising their behaviour, denying that it is abuse.
<i>You didn't say 'no'</i>	Tricking you into thinking that you must have liked it because you didn't speak up. Blaming you.
<i>You led me on</i>	Making you think you deserved it, and they carry no responsibility.
<i>I was just showing affection and got a bit carried away</i>	Pretending that their intention was good, and that they did not intend to abuse.
<i>It will be your fault if I get sent to jail</i>	Putting the responsibility of keeping them out of jail on you.
<i>You would cause the family breakup</i>	Making you think that you have done wrong; puts responsibility on you.
<i>I won't look after you or love you anymore</i>	Blackmailing you and twisting the definition of love and care.
<i>I didn't hurt you or do any harm</i>	Minimising the effect of the abuse. Pretending they care what you think or that they would stop if asked.

Encourage your client to carry the thought 'It was not my fault' and to use that thought whenever there are flashbacks or difficult moments. Return briefly to themes concerning the young person's identity, to future plans and positive things in his or her life, and finish on a positive note.

## See also

- Power scales

## CREATIVE COPING

### Aim

To encourage the young person to identify when he or she feels they are not coping very well and to recognise that sometimes they cope better than they think. To help your client make plans to cope better when necessary.

### Materials

A4 paper, a record book, and a pen.

### Method

This activity involves your client self-recording over a number of sessions.

Talk to your client about the benefits of self-monitoring objectively, without criticising. This can highlight particular triggers, indicate which times and situations are happiest, and can provide a snapshot idea of how well your client is coping from day to day. Explain that sometimes it may help if they keep a record in a notebook of what they have done in a day and give themselves scores out of 100 for how they have coped. Keep it positive by always making 'coping very well' the higher score.

Discuss with the young person what the score would be if he or she felt they are not coping well at all. This may be below 30 or may just be 10 or 0, depending on your client. Devise a key to use in the book, such as:

- a) How my body feels*
- b) My behaviour*
- c) Time of day*
- d) Where I was*
- e) Who was there?*
- f) Strategies I have tried*
- g) What I might try next time*

Encourage your client to record all his or her positive coping times as well as difficult times. For non-coping incidents, he or she may choose to leave g) for when you next meet, if they have not come up with any creative coping ideas.

At the next session help the young person plan strategies to help him or her have a positive focus and move on. The items under g) may include how to escape from inappropriate or risky situations as well as positive thoughts and actions to promote coping. However, if the client's coping strategy has always been to avoid, then introduce 'Overcoming avoidance' (p. 101).

Keeping a daily record may also help your client understand that some things that feel difficult to cope with are not really as bad as they may seem, when they look back on them. Try to find some examples and then together think of some future occasions when remembering that they did cope will be useful.

### See also

- My happy diary
- Strategies for strength

## **DIFFERENT PLACES, DIFFERENT *ME***

### **Aim**

To highlight the importance that environment plays in how a person can feel, and assist your client in taking responsibility for decision making about places and people.

### **Materials**

Paper or notebook for recording, a pen, A3 paper for decision flowchart and coloured pens.

### **Method**

This activity involves your client self-recording and runs over a number of sessions.

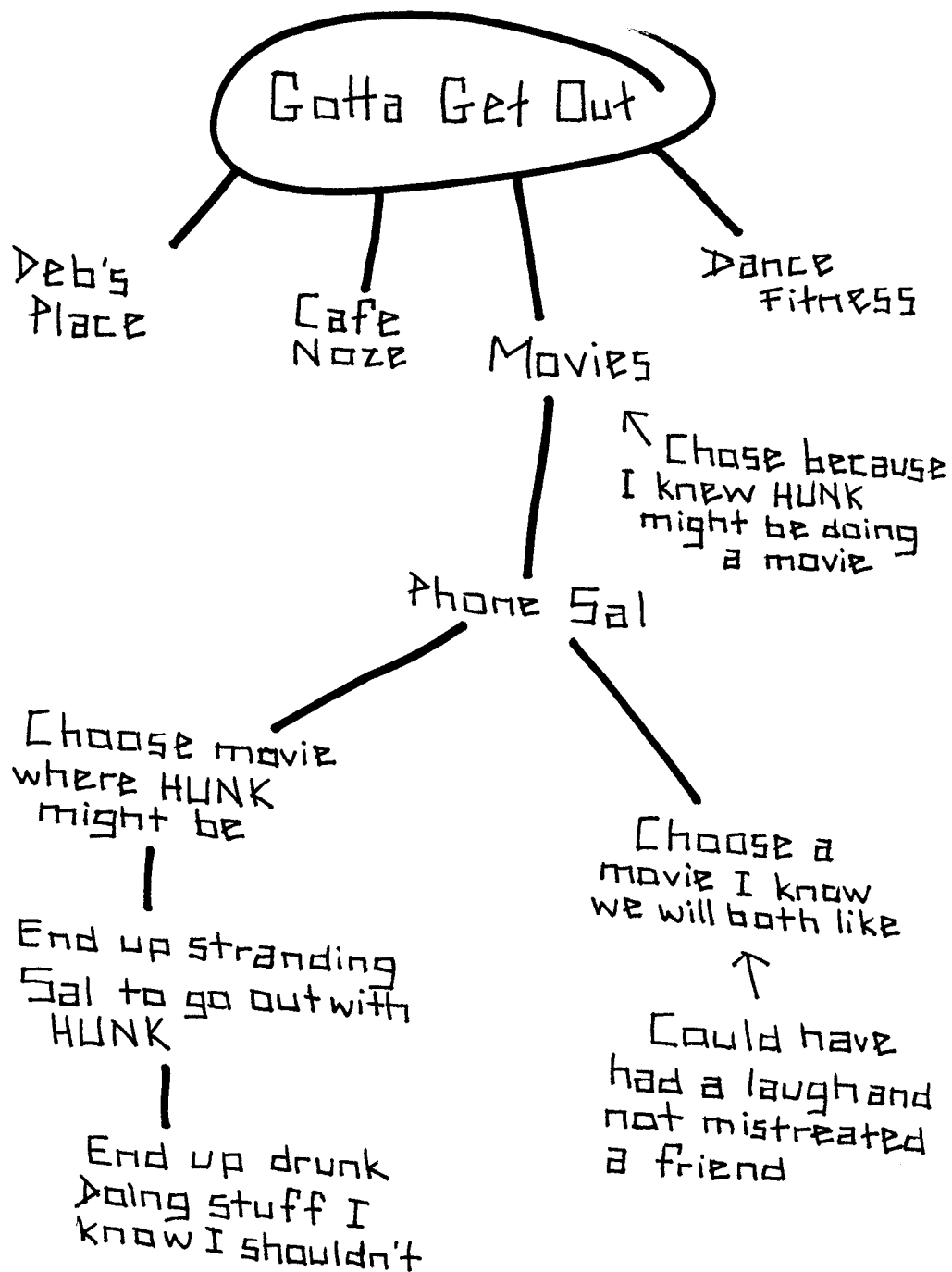
Using the key provided in the previous activity ('Creative coping'), track how feelings change according to the where and who of your client's environment. Concentrate on sections a), b), d) and e), asking your client to keep a daily record.

Discuss the impact of places and people, and about the choice your client can make about avoiding places that result in poor consequences for him or her. The young person's right to go where he or she wants, needs to be balanced with the knowledge of how a place is likely to impact on them. If appropriate, it can be useful to make a flowchart of decision making regarding where your client goes. This flowchart can include a number of forks in the road, where critical choices are made. This helps your client to recognise that they don't 'just end up' in a place, but make active decisions.

### ***See also***

- Many roles that make up ME





## CHAPTER 8

# Coping skills

Until rapport is established and some safety and coping skills are mastered, it is important to promote coping strategies that help your client get through each day. When your client has learned to recognise and appropriately label their feelings, and is able to start reclaiming his or her life, they need to look at what they want for themselves as individuals in their own right. Many strategies that have been effective in coping with the abuse now become maladaptive because the abuse is no longer occurring. Your client now needs to learn to define what they want, and develop skills that help them to move forward with more adaptive coping strategies.

The activities in this chapter are designed to help the adolescent acquire problem-solving skills and personal coping skills. These will assist them through the adolescent developmental processes of individuation and learning to make appropriate choices for their future. Importantly, they need to learn that they do have skills to deal with issues and incidents as they emerge, that there is more than one way to view a problem, and that there is generally more than one possible solution to each problem.

## FISHING FOR FACTS

### Aim

To teach your client to discriminate between thoughts and facts.

### Materials

Six or more cardboard fish, with paper clips and a toy fishing rod with a magnet at the end. A4 paper and pens. On some of the fish (keep a few blank) write a negative thought or self-statement on one side. Base the thoughts or self-statements on your knowledge of your client, such as:

- I will never get over this
- I am not worthy of friends
- This is too hard
- I can't stop lying
- I'm not attractive
- I can't cope
- I'll never have a steady girlfriend/boyfriend

If your client is likely to feel too grown up for a fishing game, simply write the headings 'Thoughts' and 'Challenges' across a sheet of A4 paper.

## **Method**

Introduce this activity as a game where you and your client try to sort out the difference between thoughts that you say to yourselves, and facts for which you both can seek evidence. Talk to the young person about how their thoughts are not necessarily truths, and tend to be based on his or her past experiences. With a difficult past, it is easy for all the thoughts for now to become negative, even if the truth of the moment is not negative. For example, if a friend offers you a jacket he or she has outgrown, you may be suspicious about why and about what they want from you, when the truth may be that the friend notices that you like the jacket and they have no more need for it.

Go through the 'fishy thoughts' that you have made up and ask the adolescent to come up with some challenges to each thought, and write them on the other side of the fish (or second column). For example, for the thought 'I will never get over this', a challenge could be 'I am back at school and eating properly', 'I am no longer being abused', or 'On some days I feel like I am over it'. Give any assistance that is necessary. Once he or she has completed this, ask if there are any other thoughts that are particularly relevant to them at this time, that he or she would like to put on some blank fish (or add to 'Thoughts' on the A4 paper). Ask the adolescent to write them down, and generate a challenge on the opposite side.

Once your client has finished writing on fishes (if they wanted to), scatter them all on the floor in your room and take turns to go fishing. When you 'hook' a fish, read the thought and see if either of you can remember what is written on the other side, or come up with some further challenging thoughts. Stress that your client has good reasons for their thoughts, and should accept them as thoughts related to his or her past, but also acknowledge that the future now may be very different.

Finish the activity by transferring the thoughts and challenges onto a sheet of A4 paper for the adolescent to take home with them.

### ***See also***

- A cloudy sky
- Thoughtful feelings

# **BALANCING TRICK**

## **Aim**

To help the young person understand that some unacceptable behaviours may have arisen because of the abuse, but that they can be overcome.

## **Materials**

A4 paper and colouring pens or painting materials.

## **Method**

Begin by talking about balance and seesaws. Draw or encourage your client to draw or paint a seesaw on the page. Then introduce the idea that life can begin to feel rather lopsided and difficult as people try to overcome abuse. The abuse can show itself in various difficulties such as:

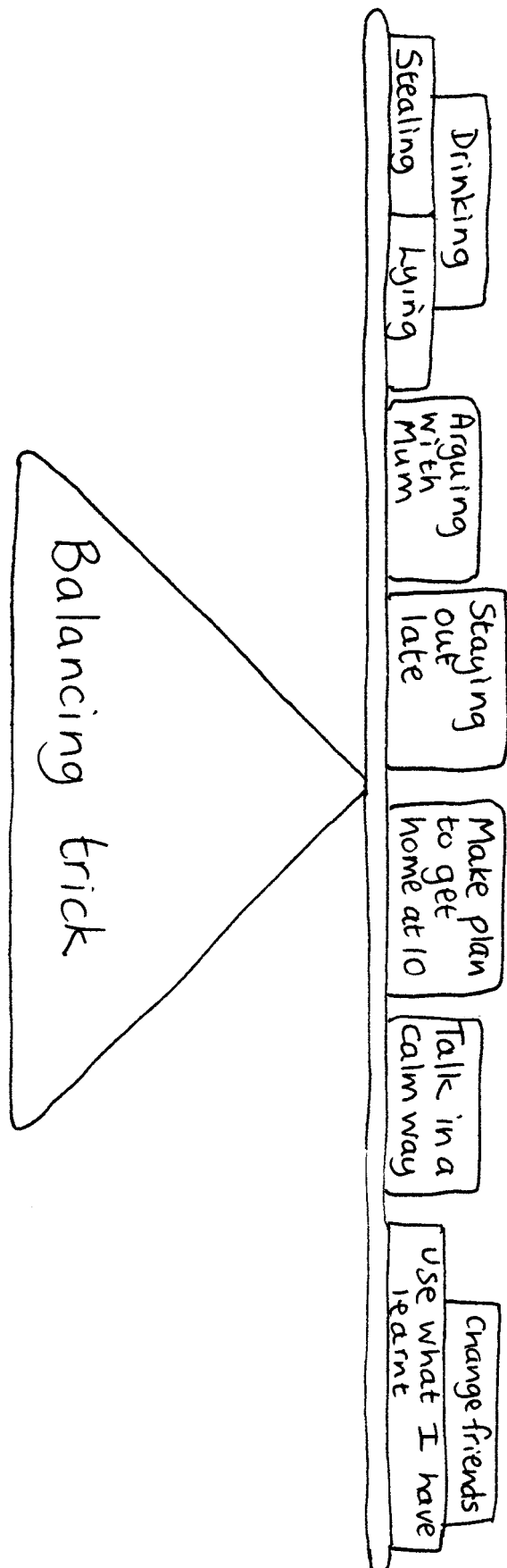
- Eating problems
- Drinking
- Drugs
- Sex
- Gambling
- Spending
- Lying
- Relationship difficulties
- Social problems
- Educational difficulties
- Excessive anger or emotions

Any of these that are a big problem for your client need to be written on one side of the seesaw, with the worst problems near the end and the smaller difficulties near the midline. Tilt the paper down on that side as you talk about how these difficulties pull someone down. Then quickly move on to restoring the balance by thinking together of new ways to deal with the issues that stray most from the midline. For example, positive self-statements about deserving good food, finding a good group of friends, spending time talking to Mum, booking an appointment at the drugs advice centre. Write these on the other side of the seesaw.

A good activity to follow this is 'Healthy Choices'. However, make sure you tailor the activity to pick up on information you have already gained. Do not pressure the young person to change, but emphasise that it is his or her choice.

## ***See also***

- Changing fortunes
- Healthy choices



# MY PERSONAL GOALS

## **Aim**

To teach your client to set manageable and achievable personal goals.

## **Materials**

Coloured pens, a large sheet of paper and A4 sheets.

## **Method**

This activity can be set up and discussed in one session, and can then be reviewed and revised as a small part of subsequent sessions, as appropriate.

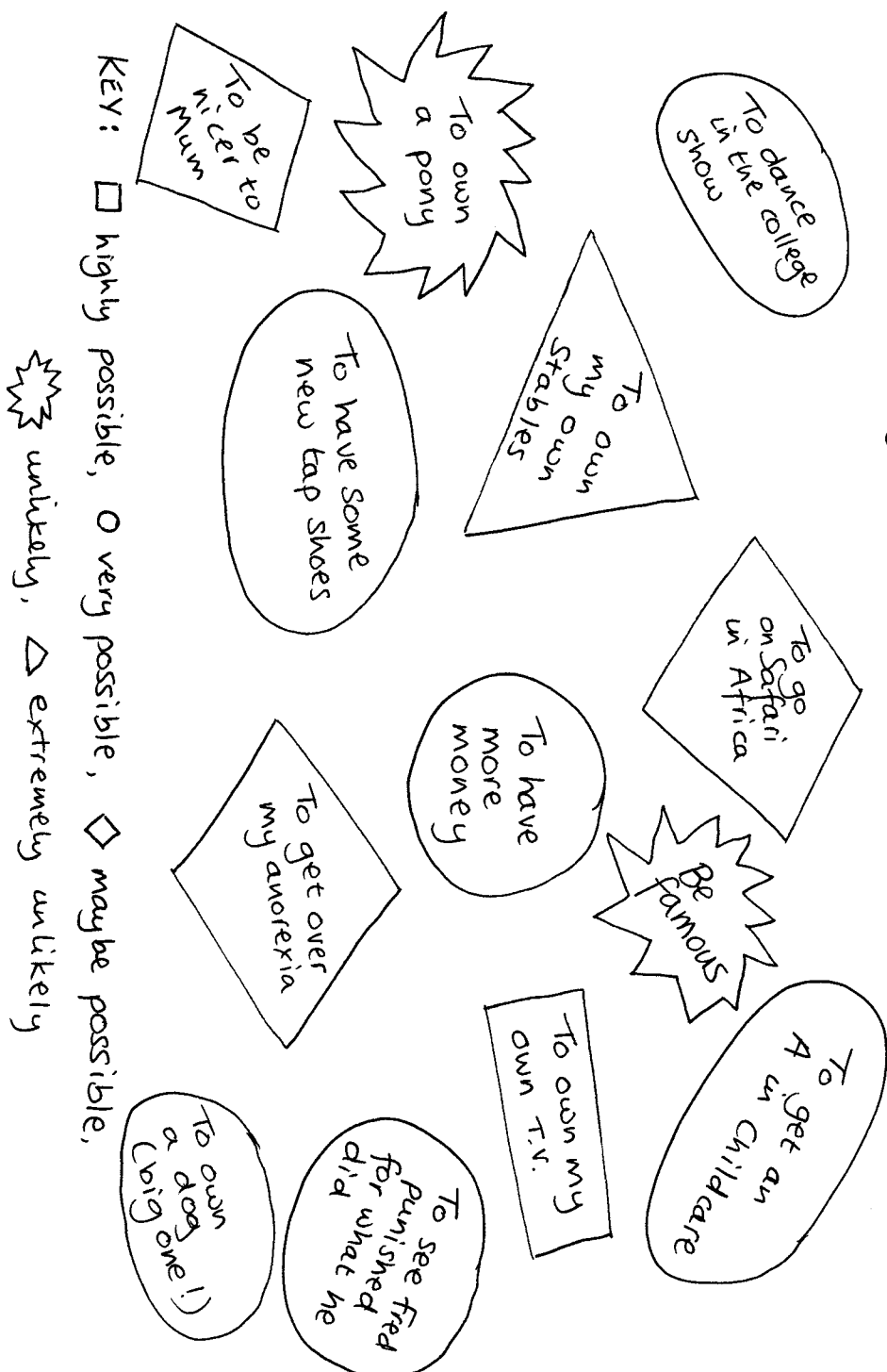
Brainstorm together on the large sheet of paper, all the things that your client wants in life. Use your knowledge of your client to give appropriate reminders of ambitions and needs that have been mentioned in previous sessions.

Next, use different coloured pens to circle the brainstormed items into grades of being able to achieve the goals. Choose colours to indicate 'Highly possible', 'Very possible', 'Maybe possible', 'Unlikely' and 'Extremely unlikely'. For example, if a goal is to travel in a spacecraft, then the possibility is virtually nil whereas completing all my homework on time would rank as 'Maybe possible'.

Discuss how each item needs to be categorised. Then choose items from the 'possible' grades to write on a separate sheet, with a plan of small steps towards achieving each goal.

Decide which of these small steps will be possible to achieve by next session. Don't forget to review progress and help your client choose the next steps as part of each of your subsequent sessions.

## My Personal Goals



## Variation

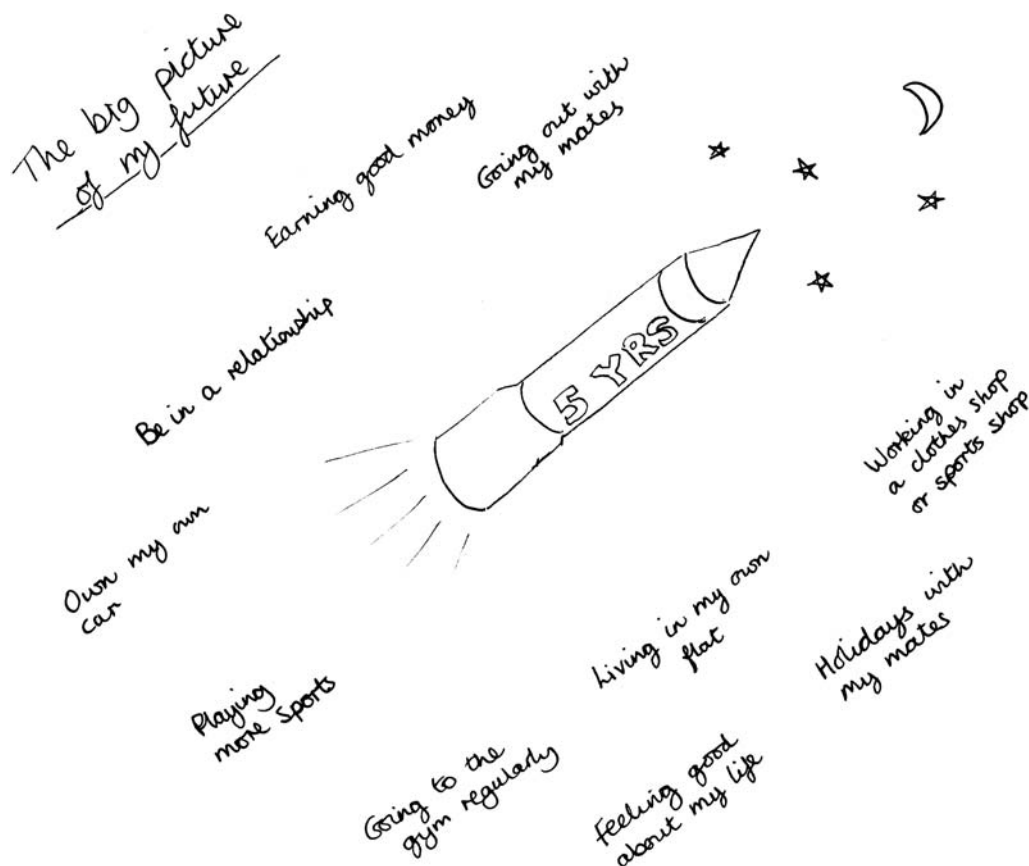
# THE BIG PICTURE

Introduce this activity as looking at the big picture of your client's life. Your client may wish to draw something in the middle of the paper, such as a shining sun (preferably something they see as positive) and write examples of where they want to be in two or five years time all around; or they may prefer to draw columns with 'Now', 'Two Years' and 'Five Years'. Ask them to think of different issues that are affecting them now such as where they live, what education they are involved in, lifestyle, relationships, family issues, finances, hobbies. Then think about them in terms of how your client would like to see their future.

Discuss the outcome in terms of how good changes can happen to him or her, and they can plan for some of them. Note that future goals may change over time, for example if he or she was offered an employment opportunity that they never thought about. Finish the session with a comment about the excitement of possibilities, and your client's strengths that may assist them.

### ***See also***

- Banishing symptoms
- Beautiful horizons





## GETTING THROUGH TOUGH TIMES

### **Aim**

To assist your client to plan a way through crises. This activity is especially useful if your client is feeling overwhelmed by current events in his or her life.

### **Materials**

Two or more sheets of A4 paper, and pens.

### **Method**

Ask your client to discuss the current crisis with you, and map the main points down on paper. Try to draw main themes together (if their safety is an obvious theme, you may need to raise this, but try to let your client think for themselves). Ask the young person to come up with some goals related to these themes, and plans that will 'get them through'. Try to tie the main issues to a small number of goals – asking them to focus on the next few days or week rather than looking for a long-term solution.

Write the goals and plans down on a new sheet of paper, and brainstorm together about potential problems that may evolve, and what to do about them, so that your client can have the plan as watertight as possible.

Finish this exercise with comments about your confidence in your client getting through (at least until the next session!).

### ***See also***

- My needs right now
- Problem solving

## SAFE MESSAGES

### Aim

To create a set of positive messages for your client which will be found in times of need, to prompt the seeking of support and safe action.

### Materials

Small pieces of card, coloured pens, sticky tape/Blu-tack for attaching the cards onto surfaces. Being able to laminate the cards may help them to last.

### Method

This activity requires review at the next session.

Introduce this activity as coming up with ways to help your client avoid risky behaviours when they are feeling down. Ask him or her to make a list of the sorts of things they do when feeling depressed. Try to be specific, because this will help in getting the right messages in the right spots! Once you have a list, break these down into places they might go to engage in risky behaviour. Try to come up with places where little notices might be seen:

<i>Places</i>	<i>Where to put a message</i>
Medicine cabinet	On the door to the medicine cupboard On the pill bottle itself
Spirits cupboard	On the bottles of spirits
In the bedroom	In the photo album you look at when sad
At the cassette/CD player	On the covers of tapes/CDs that you listen to when sad
Razor in the shower	In the razor box, or soap dish
Going to the disco	On your membership card or in your purse

Once you have a list of places, it is time to make the right messages. Ask your client to think of lots of messages – they can be positive sentences, words of warning, or a phone number. Then ask your client to decide which to use for each spot.

Finally, ask your client to imagine how he or she is going to attach the messages to the required spot – and whom he or she could ask for help if they get stuck. Offer a checklist of each message, and suggest that he or she could tick them off as she places each message, and bring it back to the next session.

### See also

- Escape plans
- Different places, different ME

## **PROBLEM SOLVING**

### **Aim**

To teach the structured steps of problem solving.

### **Materials**

A4 paper and coloured pens.

### **Method**

Introduce the idea that there is a skill to problem solving – your client's fate is not something out of their control. There are a number of steps and by learning to follow them, a sense of control can be felt, and better decisions are likely to be made.

Draw a diagram of steps (as in illustration) or stepping stones in a circle. Label the steps:

- 'All I know about the problem'
- 'Write the parts of the problem'
- 'All possible solutions or impacts'
- 'Which appeal and why'
- 'The chosen solution'
- 'The outcome'
- 'What I learned'
- 'Reviewing the problem'

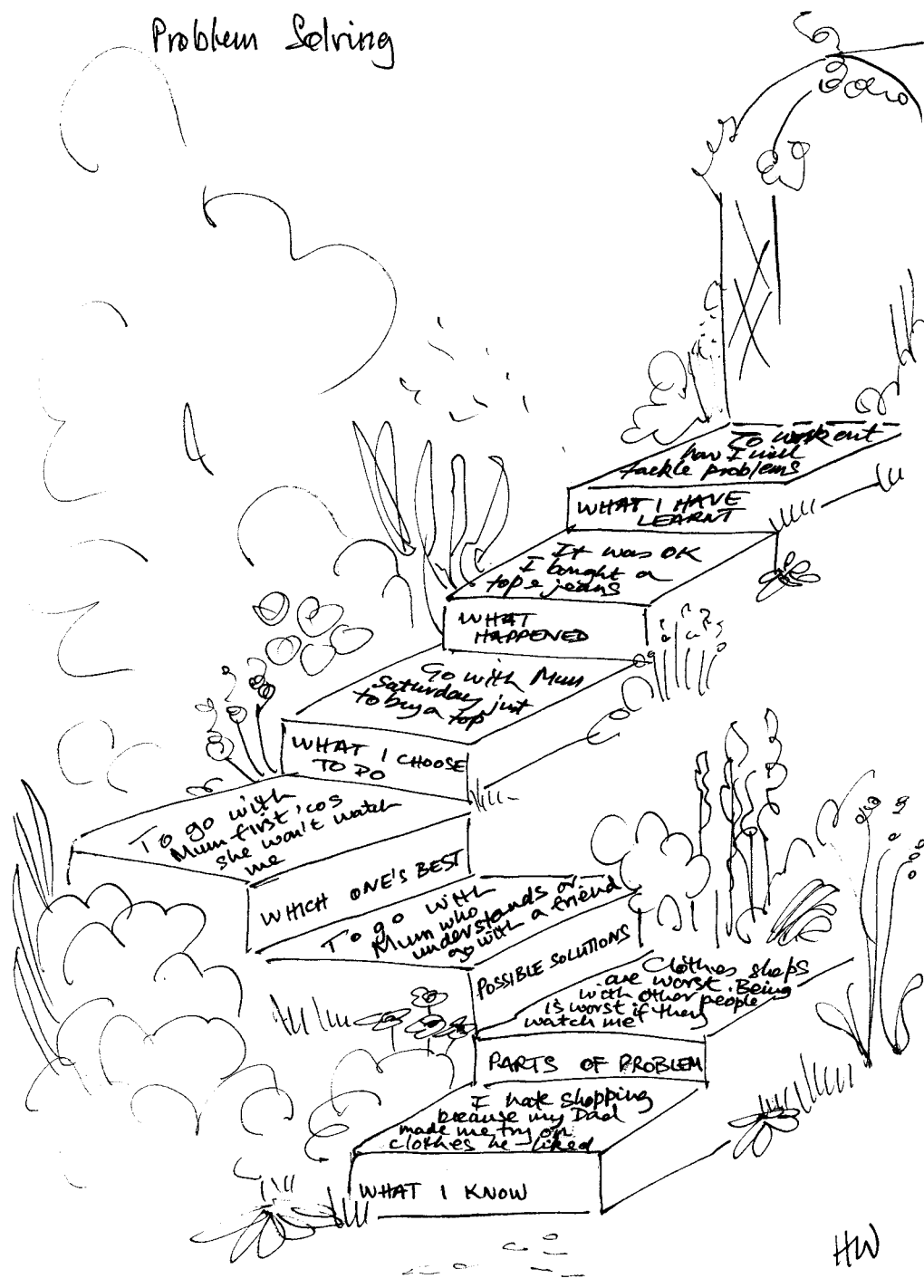
Suggest that many people use this strategy without even realising it, on a day-to-day basis, although they may miss out some of the steps. Doing all the steps is important because understanding why you have chosen a solution and checking on how it went are important for making sure decision making gets easier as time goes by. Ask your client for a problem (help him or her choose something simple to start with). Practise going through the steps with them, and ask them how they find it. Stress the benefit of filling steps one and two with as much information as he or she can think of – this is to stop them from jumping to conclusions, and can help you and your client to come up with a greater variety of solutions that can help in the long run.

Praise your client as they go through and demonstrate their ability to follow the steps. In follow-up sessions, ask the young person about how he or she has dealt with any problems, and try to link it back to the stepping stones, so that the value of problem solving is enhanced.

### ***See also***

- Creative coping

# Problem Solving



## **COPING CARDS**

### **Aim**

To introduce your client to the many ways there are of coping with any given situation.

### **Materials**

Pieces of blank thin card (about credit card size), two different coloured pens, a hat or something else to draw cards from.

### **Method**

Brainstorm different positive ways of coping with difficult situations. See if your client can come up with some ideas and if they are not quite right, see if you can work them into an acceptable coping strategy. Write each of these on a separate card. The sort of strategies to look for may include:

- Planning, for example making lists
- Seeking emotional support from others
- Seeking practical support from others
- Describing and showing emotions
- Stopping something that is making it difficult for him or her to cope, such as flashbacks
- Getting out of risky situations, such as walking away
- Ignoring people who are upsetting you
- Using distraction techniques to help him or her through, such as imagining their favourite place
- Showing restraint, for example counting to 10 before answering
- Thinking positively about the situation
- Clarifying the situation by asking questions or explaining your perspective
- Using his or her spiritual side, for example praying about it, or meditating beforehand
- Using humour, for example imagining someone he or she is scared of trying to swim in a mug of melted chocolate

Put all these cards into a hat and then take turns to think of difficult situations people might experience and use three cards pulled out of the hat to describe exactly what can be done using these ideas. As therapist, you will not want to reveal any sticky situations in your own life, so rely on experiences that anyone finds difficult, such as going to the dentist or taking exams.

When your client has become familiar with the exercise, try to focus on any difficult coping situations he or she has told you about, or that you know about from previous sessions, and discuss how you would use the strategies. You can either continue pulling cards out of the hat or spread them all out and select the most appropriate ones for the situation.

Your client may wish to take the cards away with him or her and look at them several times before the next session so that he or she becomes fluent in remembering and applying the strategies.

***See also***

- Strategies for strength
- Fleeting flashbacks
- Escape plans

## **ESCAPE PLANS**

### **Aim**

To help your client develop some positive problem-solving skills related to getting out of unsafe situations.

### **Materials**

Two or three sheets of A4 paper, and a pen.

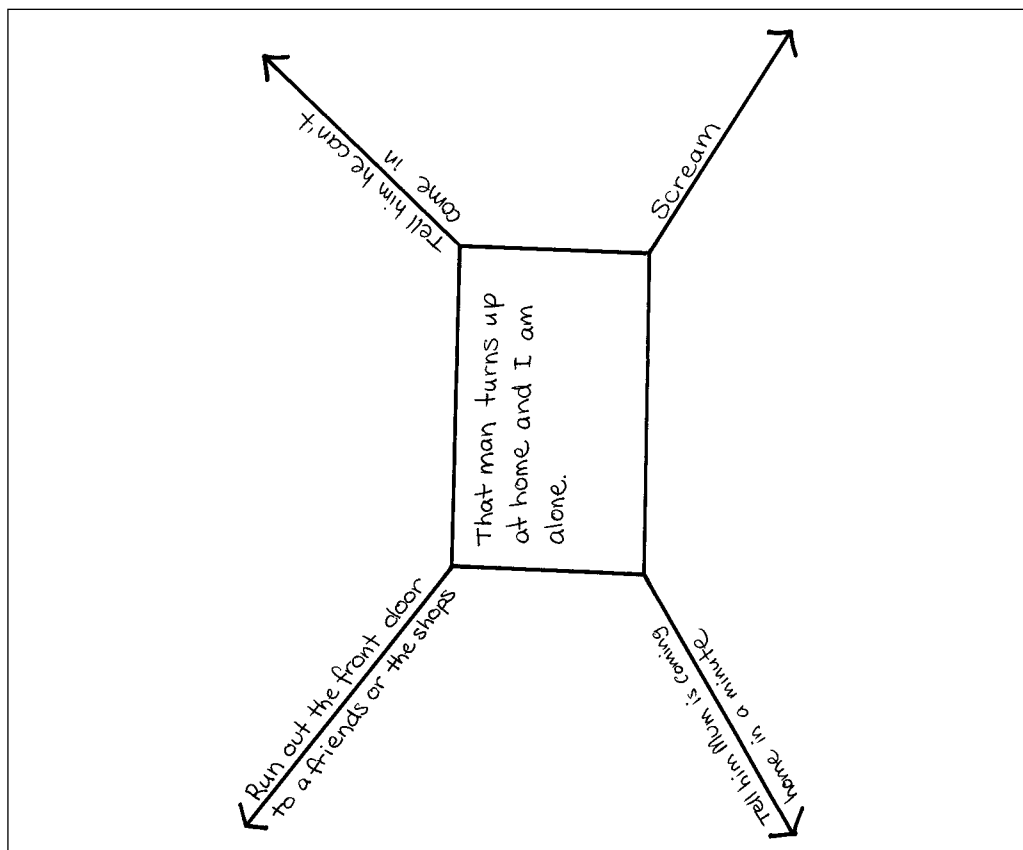
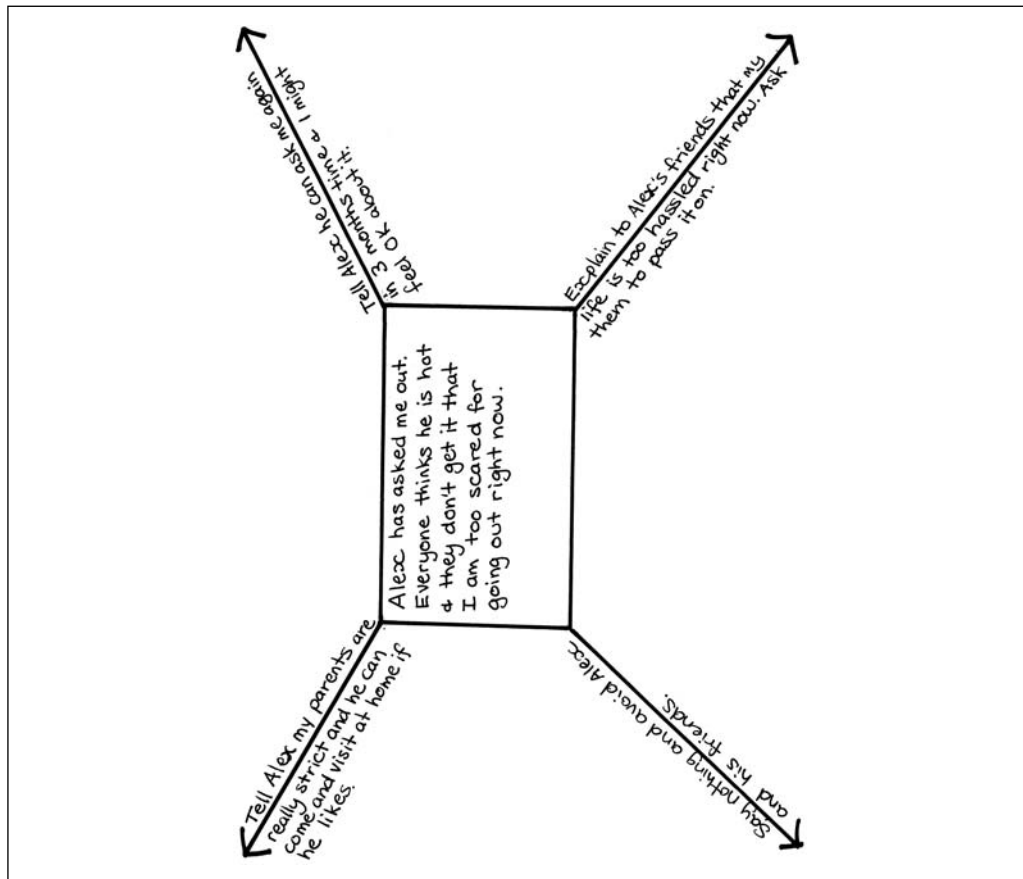
### **Method**

Together with your client, write up a scenario that is applicable to your client's history, in the middle of an A4 sheet (for example, someone picks a fight with you). Circle the scenario and then ask your client to come up with some ways to escape from the situation. Prompt as required. Draw four arrows from the scenario to each corner of the page, and write the possible escape plans along the arrows. Discuss which plan is most likely to work in different cases, for example screaming might not help if no one is around.

Repeat with another one or two scenarios, so that the task of problem solving to escape becomes more familiar.

### ***See also***

- Problem solving
- Different places, different ME





## CONTACT SAFETY BUBBLE

### Aim

To help your client feel confident about any planned contact with the abuser.

### Materials

A4 paper, pens and drawing materials.

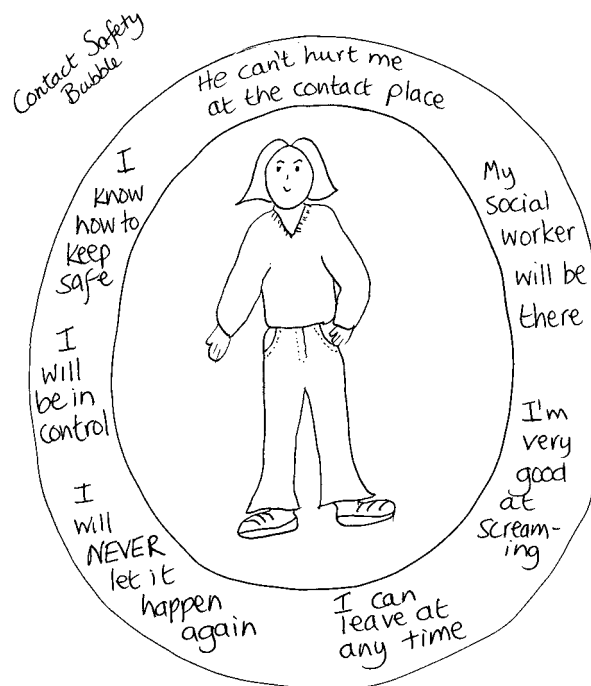
### Method

Encourage your client to draw a picture of him or herself, with a large double bubble around it (see illustration). Talk with him or her about all the external reasons why they will be safe when they meet with the abuser. For example, the presence of other trusted adults or the setting is in a public place. Write these down in the bubble, leaving space for more examples.

Then move on to think of all the personal reasons why they can keep safe. Hopefully these will be some of the strategies that you have worked on with your client plus some personal qualities. For example, he or she now knows how to say 'No', or is strong enough to defend him or herself. When these are written in the safety bubble, make sure they are written to portray the young person's strengths. For example, 'I have the power to protect myself'.

Talk about how your client has made him or herself safer through these thoughts and external factors.

This activity can lead on to rehearsing different scenarios to practise making positive statements to the abuser to show that they can be safe.



## **Variation**

### **MIXED FEELINGS**

The same activity can be used to talk about feelings when meeting the abuser, rather than safety statements. Draw a bubble that wiggles in and out, so that the negative feelings towards the abuser can be on an outward part of the bubble, and the positive ones closer to the person (see illustration).

Help the young person to understand that it is quite normal to have mixed feelings about the abuser.

## **Variation**

### **TO MEET OR NOT TO MEET**

If a decision has to be made about whether or not the young person will meet the abuser, then a combination of all the areas from the two activities above can be used in a pros and cons exercise. Head the paper 'Should I meet with ...' and underneath draw two columns, one headed 'For' and the other headed 'Against'.

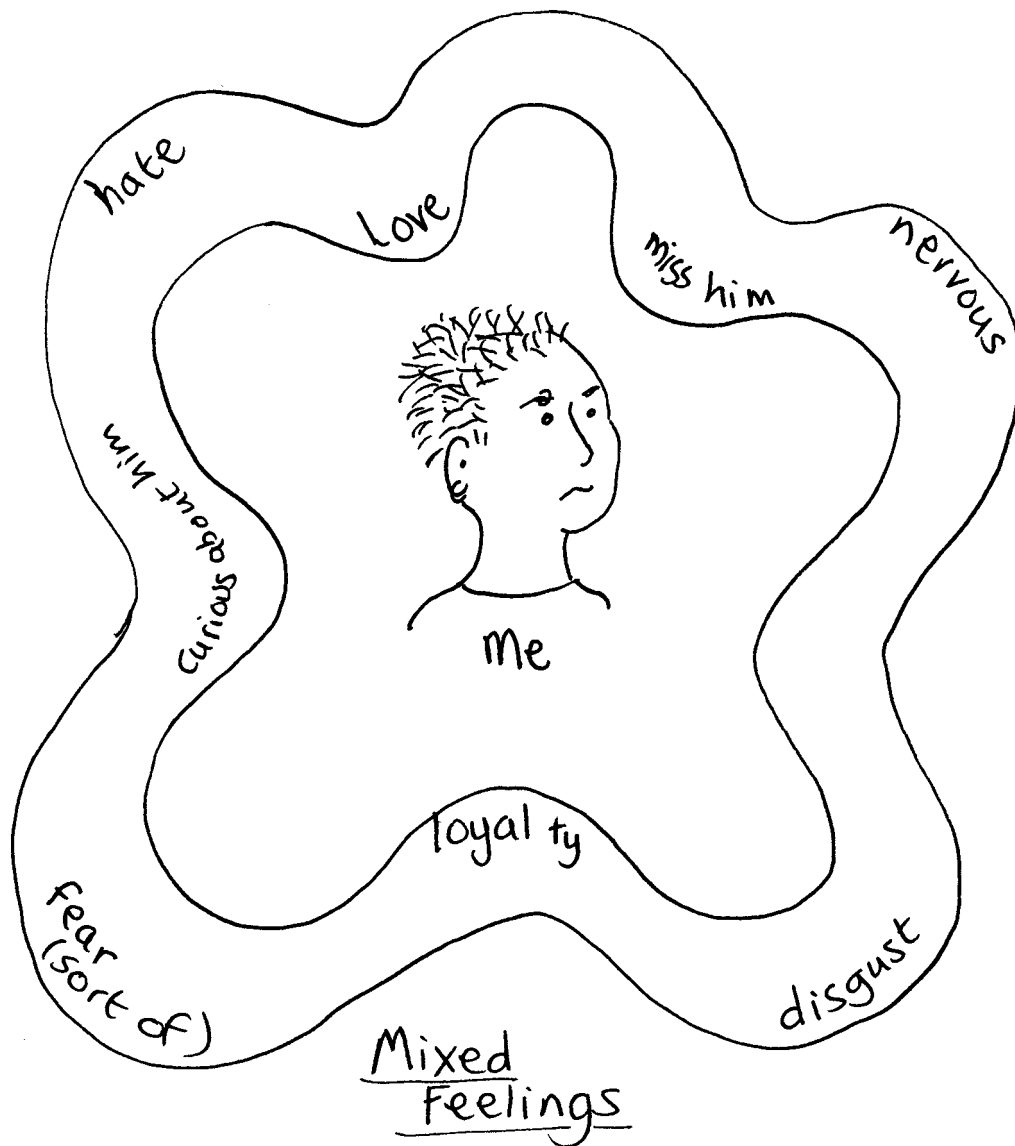
Ask your client to write down their thoughts about the pros and cons. Include other important thoughts such as 'I really do not think I am ready' or 'I feel he is making me want to see him'. Each time there is a reason that is 'For' ask if there is one against, and vice versa, helping the young person to understand that it is not exactly a clear-cut decision.

When the young person has thought of all the 'Fors' and 'Againsts', see if he or she can rate them for importance out of 10, with 10 being a very important reason. They can then add up the scores representing the two sides of the argument.

At this point it would be easy to say that the young person now has a decision. However, our experience is that doing the exercise sometimes helps the client to come to a conclusion that may not fit the score! If this is the case, congratulate them on the decision they have made and back them up in following it through, helping them to keep safe throughout.

#### ***See also***

- Visiting rights



# HEALTHY CHOICES

## Aim

To help your client feel empowered to make decisions that they feel are best for them.

## Materials

A4 paper and pens.

## Method

Discuss with your client how choices come up all the time, and that now he or she is freer than ever to make the choices that they want – that are best for them in the immediate and long-term future. Link the idea of choices to his or her set of personal goals.

Draw up some achievable personal goals (for example, 'Eat a small breakfast each day') under the words 'I choose to'. Two to five goals are usually sufficient. Write these goals down the page and then across write some choices that help achieve those goals. Leave plenty of space between each item, so that you can add sub-goals or perhaps use a time line across the sheet of paper. In either case, emphasise small steps over time, as new choices can take some getting used to. Topics to draw from may include:

- Eating
- Exercise/activity
- Social life/Having fun/Seeking fun
- Engaging with the community
- Dealing with anger
- Alcohol and drug use
- Following interests
- Sex life
- Education/Vocation
- Forming better relationships

This activity can be reviewed as you progress through therapy. You could then make some suggestions to help with achieving the next step. For example, in the illustration the young person may need some encouragement about what to say to a friend. It is useful to follow the activity up several months into therapy with a list of choices that have been achieved. A fresh list can then be made with new choices and steps to achieving them.

<i>On 21.5 I chose to:</i>	<i>Progress:</i>
Eat a small breakfast	Always do now. A bowl of cereal or toast.
Start talking to boys	I chose Mark because he's quiet and kind. He asked me out last week and I'm really excited. I feel safe with him.
Start doing exercise	Susie & I go to dance fitness most weeks when she can go.
Find something I like doing	Dance fitness!!!
Give up smoking ganja	I only smoked it twice last month

## See also

- Balancing trick

## COOL AND IN CONTROL

### Aim

To promote a sense of control within a chaotic life context.

### Materials

Three cups labelled 'Easy control', 'Possible control' and 'No control', pens and 20–30 pieces of card.

Make up lots of cards with the following examples (adding or deleting as appropriate).

Time of sunset	Time you go to bed
What toothpaste you use	Who you talk to
Believing what you hear	Doing as you're told
Who you hang around with	What education you want
Who will phone you	Where you live
Whether you take drugs	With whom you live
Planning positive events	What pets you have
To work out if something feels safe	
Whether to have an escape plan up your sleeve	
Whether you plan ahead and always have money for a taxi	
Whether you will be offered drugs	
To know your support team (help and hope)	
Whether you talk to uncool people	
What you want to do for a living	
What morals and values you have	
Learning to cope with difficult feelings	
To be connected to or disconnected from people	

### Method

Explain that you may not be able to control the weather, but you can control lots of things. Introduce this as a fun activity where you are looking at how much control your client feels he or she has. Talk about the difference between sense of control (the amount of control you think you have) and real control (the amount of control you do have) – sometimes people feel more out of control than they really are, and sometimes they end up controlling things more easily than they thought possible. You can ask your client which things are important for them to have control over, and which things they would most like to increase control over.

Read each card with your client, explaining if required, and then give your client the card to put in the box he or she thinks is right for them. Finish by emphasising those aspects in life that they do have control over, and suggest

that with a little more work on survival skills, he or she will gain even more control over time.

Finish this activity by together brainstorming ideas for small changes that will help your client feel he or she is already beginning to achieve more control.

## **Variation**

### **INCREASING ORDER**

Using the cards from 'Cool and In Control', ask your client to order the cards from the issue he or she feels they have most control over to the issue they have least control over. Some cards may have to go in together as a tie, and there may be a whole bunch at the bottom where no sense of control is felt. If this happens, you can talk about it being a bit like a mountain, climbing to the top where you can control things. You can discuss which things are important for him or her to have control over, and which things he or she would most like to increase control over.

#### ***See also***

- Strategies for strength
- Overcoming avoidance

## My sense of self

A sense of self relates to knowing about yourself, understanding your own history and motivations, and also where and how you fit in with your local (and broader) community. In adolescence, the young person begins to integrate the many different 'selves' that they have, and they create for themselves a sense of self as a stable personality and identity. Social isolation is a common problem for people who have been abused, and this can be especially wounding for adolescents trying to establish their own identities and join social sets. Self-esteem is very sensitive at this age, so the effects of abuse become compounded, especially if borderline personality traits have emerged. An individual's self-esteem is not created in a void, but within a social context, so a positive social scene with which your client can identify is very important. Learning to make choices for oneself, and having a sense of control over creating a new future (free from abuse) are crucial goals for developing a healthy and positive sense of self.

### ME MYSELF I

#### Aim

To promote communication with your client, and to help you to find out about your client's personal identity.

#### Materials

A4 paper and coloured pens/pencils.

#### Method

Explain to your client that for this activity you will be finding words or pictures that describe him or her. For example, what things they like or are good at (school, sports and hobbies); what they look like; what clothes, music, lessons, people they like; what sort of person they are; what are they passionate about; are they shy, 'in your face' or funny – or a mix. Stress that there is no right or wrong.

Put a title 'Skills, qualities and preferences' across the paper and then quarter the sheet and put four sub-titles:

1. I have always had these
2. I have recently acquired these
3. I plan to gain these in the foreseeable future, and
4. I would love to gain these at some time in my life

Ask your client to fill each quarter as much as possible. Prompt only if required, with information you have picked up in previous sessions. Follow with a discussion of how many strengths and good qualities the young person has, and how you can see the strength of identity he or she already possesses.

***See also***

- Likes and looks
- My bookshelves

## **FALSE FEELINGS**

### **Aim**

To help the young person identify any untrue or confusing thoughts, and find more positive ways of thinking.

### **Materials**

A3 paper, a pen, a thick black pen, and a few small cards.

### **Method**

Together with your client identify any untrue, confusing or negative thoughts they have about themselves. Be prepared as you start this activity for the young person to be unable to recognise that the thoughts are confusing or untrue. Some thoughts that are often encountered with survivors of abuse are:

- |   |   |
|---|---|
| • I am to blame                               | • I must always be available              |
| • I can't trust myself                        | • I am special to the abuser              |
| • I have no power to change things in my life | • I have to please the abuser             |
| • Nobody will believe me                      | • If I make a fuss, there will be trouble |
| • I feel dirty                                | • I am worthless                          |

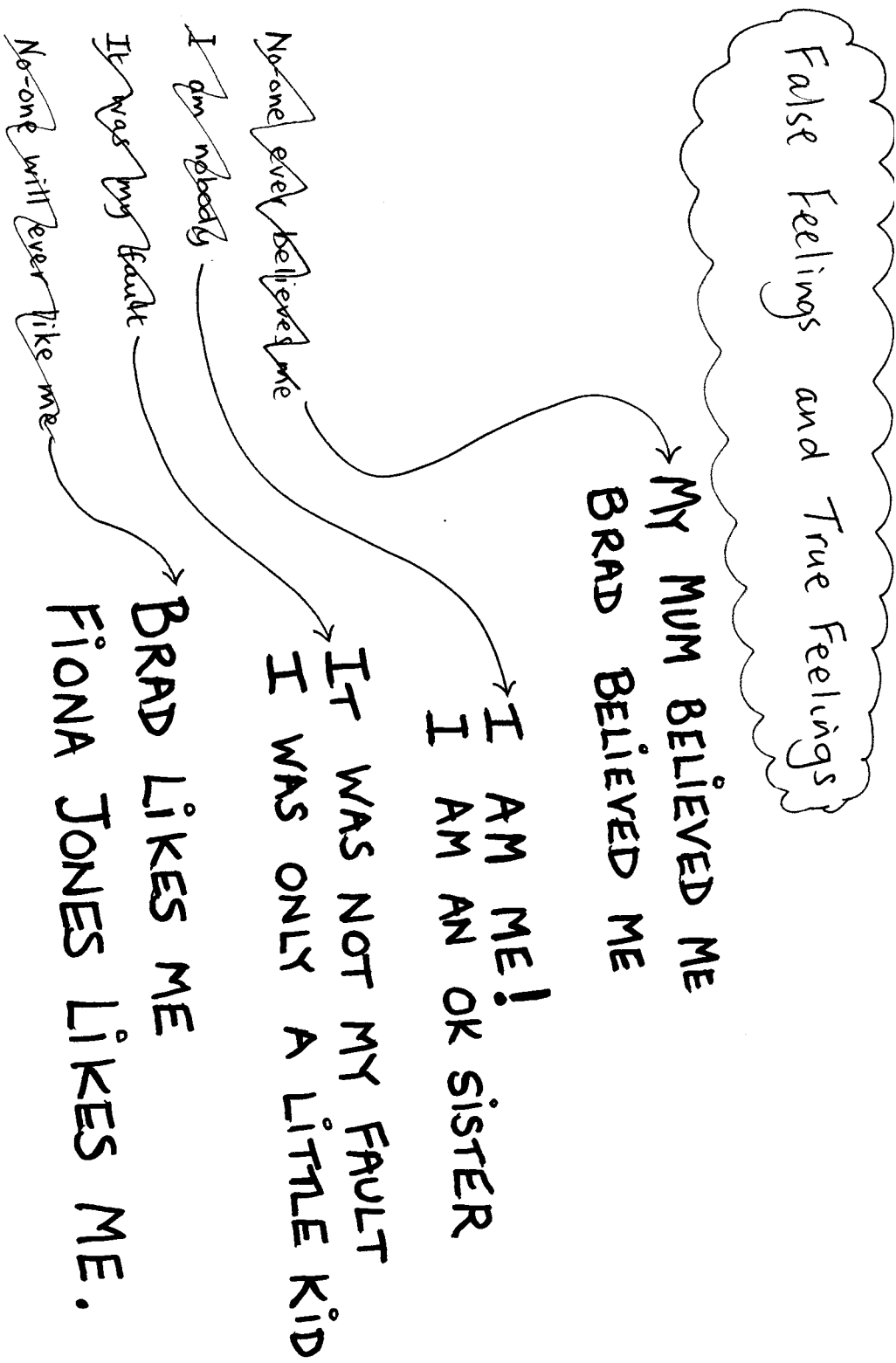
Write any of the untrue, confusing or negative thoughts down on a small area of the paper, in small writing. Then tackle them! As together you find a more positive thought, for example IT IS NOT MY FAULT, write it in capitals on the paper. These are the 'real me' statements. Give your client a thick black pen to score out the negative thought as you do so. If you can find two positive phrases for each of the negatives then this activity will be even more useful. Also try to pull in reasons why your client can know that the positive phrase is true, for example I KNOW PEOPLE WILL BELIEVE ME BECAUSE WHEN I TOLD MY MOTHER SHE BELIEVED ME STRAIGHTAWAY.

Complete this piece of work by writing positive statements on the small cards for your client to carry with them. Every time your client makes a negative or confusing statement in subsequent sessions, see if you can remind them of this piece of work and make a fresh card for them to carry.

***See also***

- |                |                     |
|----------------|---------------------|
| • Coping cards | • Fishing for facts |
|----------------|---------------------|





## MY BOOKSHELVES

### Aim

To enhance your client's sense of personal identity.

### Materials

A4 paper, pens and drawing materials.

### Method

Talk to the young person about how sometimes books on a shelf reflect the needs, talents or skills of the person who owns them. Explain that you will be doing a 'bookshelf activity' with the spines of the books showing on your imaginary bookshelf. Together you will be able to make up witty titles or use those from the classics that reflect the young person's future vision of himself or herself.

Together draw a bookshelf with 6 to 8 book spines on it (see illustration). Encourage your client to think of good titles to reflect how they would like to be. Some useful titles are:

Great expectations  
Black beauty  
I'm a survivor!  
Winning through  
Winning streak

Your client may want to leave one or two blank spines for filling in once they are more certain of their future aims and ambitions.

### Variation

## MY VIDEO/DVD/MUSIC COLLECTION

This activity can be varied to be a video, CD or DVD collection. Exercise caution in using it this way if filming or music were used as part of the abuse.

It may be better to draw CDs or DVDs scattered around with titles on them, to give more room to indicate the titles, or allow more scope for an artistic young person to design the covers.

### *See also*

- Scattered stars

# My Bookshelves



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## POEMS PLUS

### Aim

To introduce the client to the use of poetry for expressing feelings related to the abuse.

### Materials

Have a poem, such as the one below, ready to read and discuss. Paper (the young person may prefer lined paper) and a pencil and eraser. Drawing materials (optional).

*Go, I said, go  
But still he held me,  
My voice no longer mine.  
I heard a cry,  
But silently.*

*But now I am shouting,  
I want all to hear!  
No one can hurt me,  
No one I fear!*

*I am ME!  
I have rights,  
I shall carry on growing,  
I'll be wise and all-knowing.  
I'll teach others to tell,  
With loud voices to YELL ©Annie Try 2003*

### Method

Read the poem, then discuss how well it fitted for your client. Emphasise the importance of the positive ending. Ask if they feel comfortable in trying to write one for themselves. He or she may prefer to take the task home, or think about it for the next session. Again, stress the importance of the positive ending.

An artistic young person may want to take the positive end of the poem they have written and turn it into a piece of art by illustrating it. He or she can then turn it into a poster to remind them of their positive approach.

### *See also*

- The emerging flower

## THE EMERGING FLOWER

### Aim

To celebrate and acknowledge each new discovery of a good quality within your adolescent female client. If 'flower' was a name used during abuse, use different words or try the variation below.

### Materials

Paper, pens and craft materials to enhance the picture.

### Method

Explain to your client that this piece of work will illustrate positive qualities that she has already, or that she is acquiring. Draw, or encourage her to draw, some grass along a landscape sheet of paper, and one plant stem just off centre, with some leaves on the stem. Alternatively your client may wish to begin to draw large flowerheads all over the page (see illustration). Fill in petals for each good quality that your client can recognise about herself, labelling the petal in an arty way. Use about 8 petals for one flower, and if that is complete, draw another stem to start a new flower. This exercise can be revisited in future sessions, to add petals as new positive traits and qualities are experienced.

By the end of the therapeutic journey, the poster will hopefully be covered in flowers.

### Variation

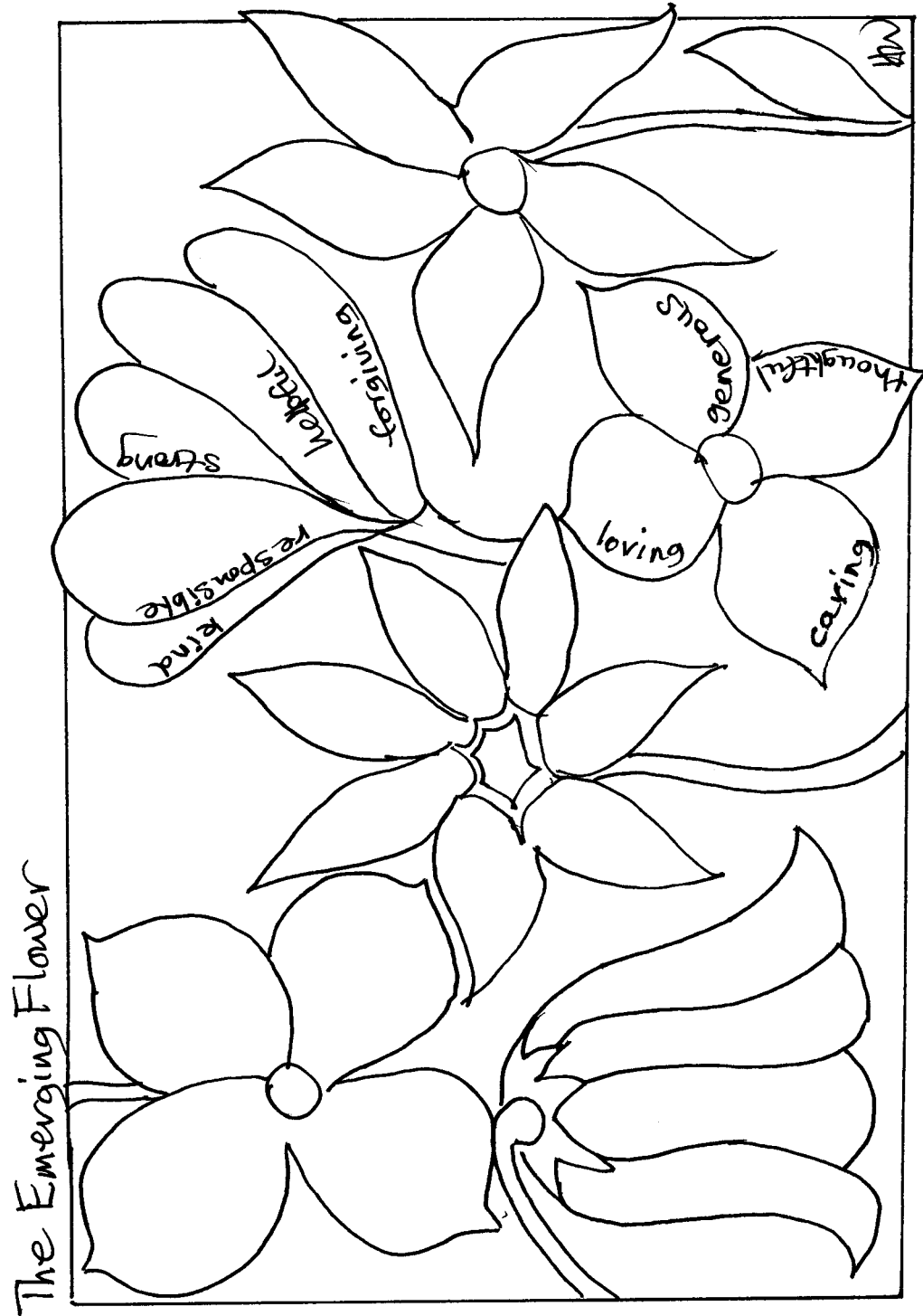
## MY STAMP COLLECTION

This is a similar activity to 'The Emerging Flower', using stamps instead of petals and may be suitable for male adolescent survivors of abuse. Instead of having a price and country on each stamp, write a theme, for example 'Speaking up', 'Helping others', 'New social scenes', 'Remembering positive statements'.

Again, build this up like a record of achievement, as your client proceeds through therapy.

### ***See also***

- Qualities



## **SOLID FOUNDATIONS**

### **Aim**

To promote a sense of building strong internal resources.

### **Materials**

A4 paper and pens.

### **Method**

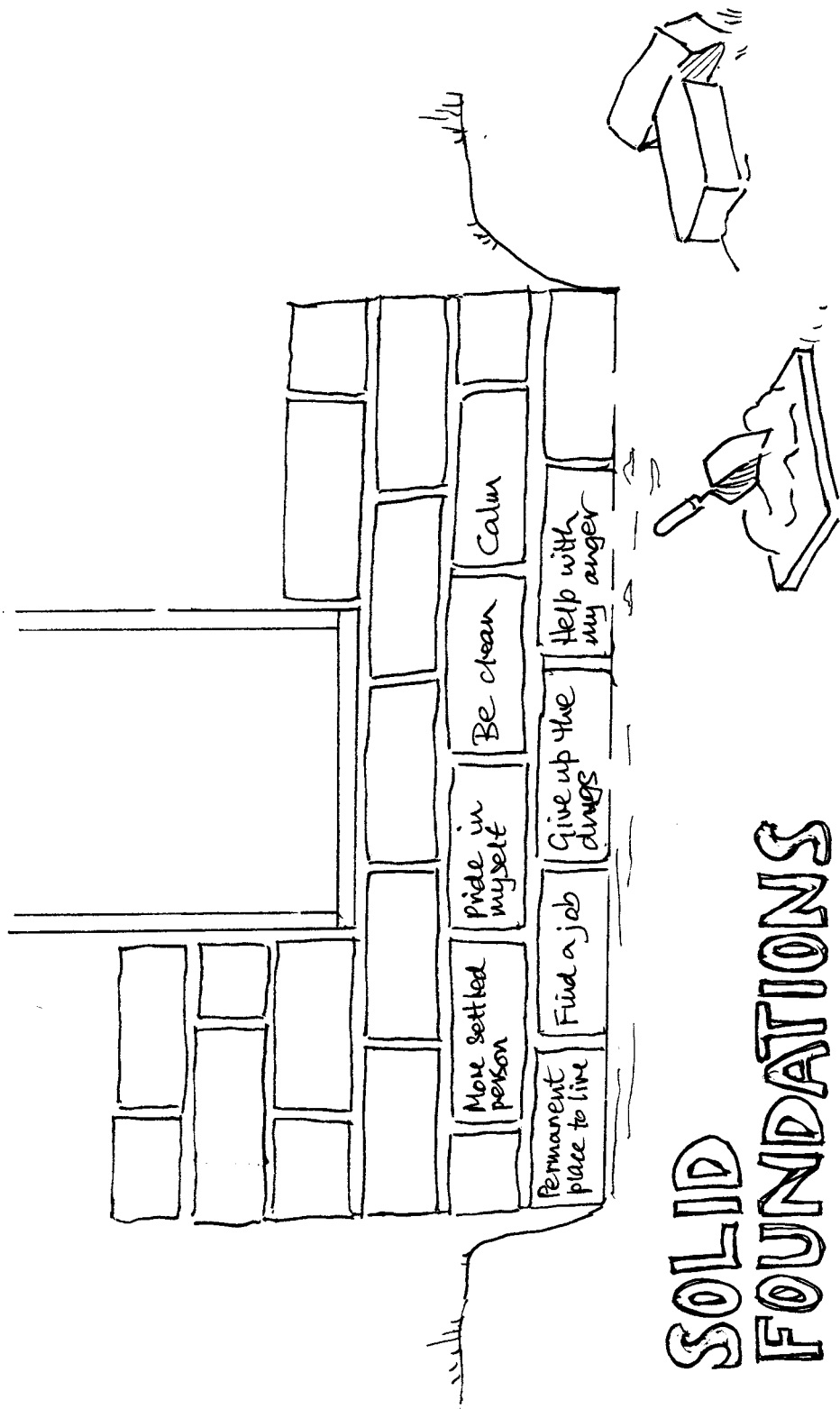
Encourage your client to draw about four bricks across a portrait sheet of paper. Start talking about how these are the foundation for a wall, and maybe indicate ground level slightly above them. Talk about what foundations your client needs as he or she now rebuilds their life. It might be that he or she feels they need a strong relationship with their carer, or a secure home, or someone who understands.

When they have written these in the first row of bricks, ask them to now add a wall of perhaps eight more bricks. In these can be written qualities that come from these good foundations. Talk about any of these things that are already in place, and about how your client can acquire or work towards building the rest.

If there are obvious gaps that will always be there in his or her experience, then talk about these too. Explain that walls can be built with gaps in them (windows) but that they may need extra support. This can lead on to a discussion about the support the young person receives in his or her life.

### ***See also***

- My personal goals



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## WHERE I FIT

### Aim

To help your client strengthen his or her sense of identity.

### Materials

A4 paper, pens and a ruler.

### Method

Introduce this activity by talking about how everybody is different, and that each person has a variety of strengths, preferences, cultural influences and values that make them the individuals that they are. Divide a sheet of paper into up to eight sections. If it is eight, you can do this by folding the paper in half three times.

Together choose a heading for each section. The kind of heading that would be appropriate for this activity would be:

My ethnicity  
My cultural background  
My economic status  
My religious beliefs  
My ethical values  
My political values  
Clubs I belong to  
Clubs I support  
My school/college  
My hobbies  
My family

Under each heading invite your client to suggest one sentence that is appropriate about him or her. For example, 'Ethical values' may include 'Eating meat is barbaric so I'm a vegetarian'. Or for 'My family', your client may put 'The eldest child'.

When the grid is completed, talk through the results emphasising that being in that group includes them or gives them a special place rather than excludes. For example, they are one of many vegetarians, and have a special place within the children of the family as the eldest.

Try to make this a positive piece of work, looking at the benefits of their status and encouraging him or her to be proud of who they are.

### ***See also***

- My values and sex

## LOCAL LINKS

### Aim

To promote a sense of being a part of the local community, and to reduce a person's sense of isolation. Choosing to participate independently with local services is an important step for someone to take towards defining their individuality.

### Materials

Sets of brochures (from the local library or council) on what local groups operate in the area. A copy of previous work highlighting your client's strengths. A4 paper and pens. An outline map of the locality that can be written on (optional).

### Method

Introduce this activity as looking at how your client is a part of the local community and, how he or she can offer their skills to others and use services for him or herself. Explain that you will be looking for ways he or she can connect with their community.

Review your client's positive skills and traits (or write up a new list) and use the following ideas to identify any links with the local community:

How do you use local services (tradesmen, buy/sell using local paper, library, support group)?

Are you part of any local team e.g. sports?

Do you offer assistance to a local organisation?

Do you support any local business (by shopping there, getting your hair cut etc.)?

Do you ever help any neighbours?

Are you working to support yourself or supporting your family/significant others?

How do you seek community support – organisations, neighbours, family, school, drop-in centres etc.?

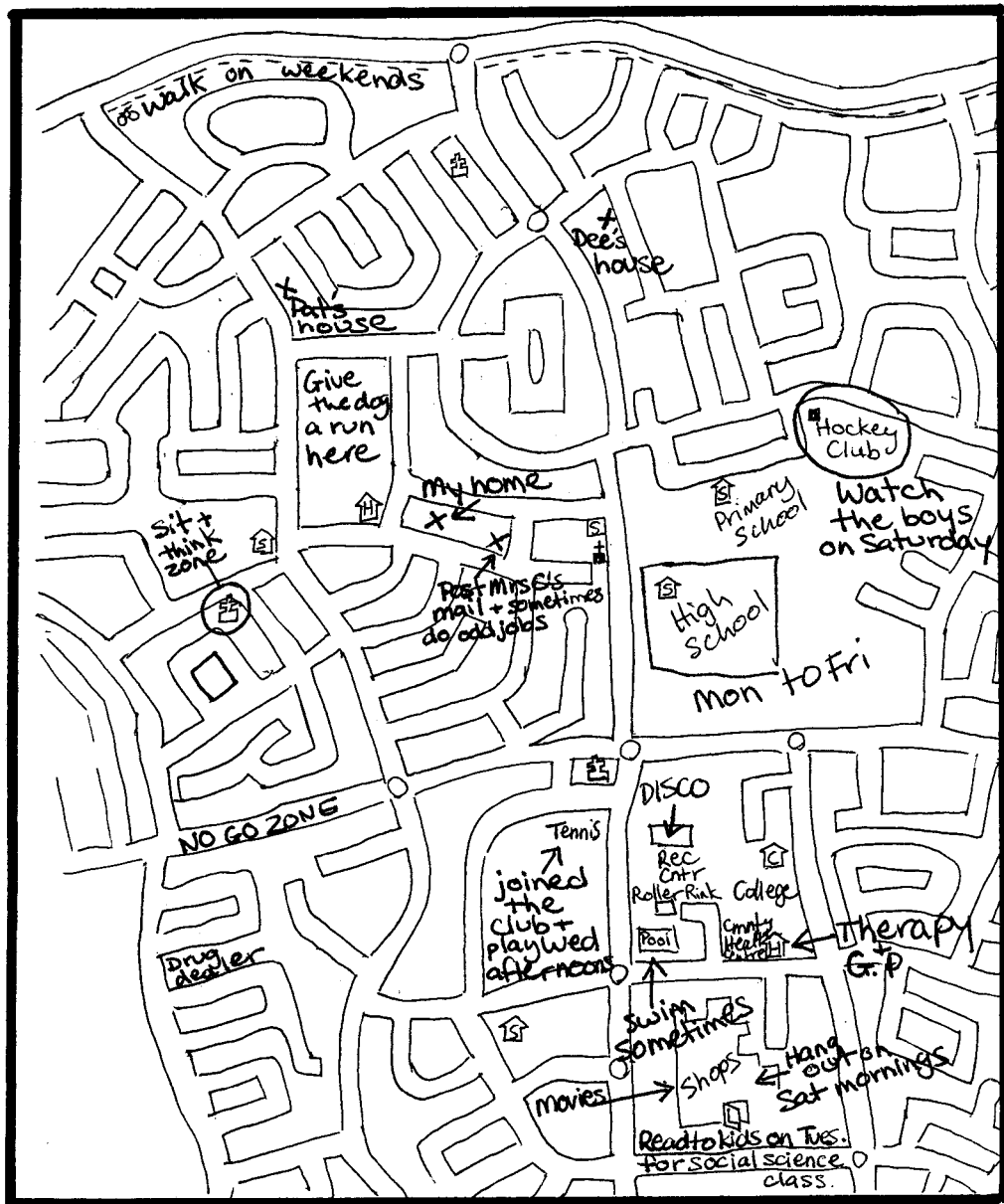
Your client may want to express this graphically by drawing themselves at the center of a web with services, teams and suchlike on the end of a line and some links between these services to indicate other connections. Alternatively, your client may like to trace lines along a copy of the map of their local community, with threads linking people or organisations that they support, use or enjoy.

You may want to leave this activity by talking about it being a constantly changing and growing experience to be involved in a local community. Would your client like more local links in the future? Would he or she prefer to be linked to a whole new network? Maybe your client would like to identify the most important links to them now.

### ***See also***

- Positively active

## MY LOCAL LINKS



# INDEPENDENCE GAINED

## Aim

To crystallise thinking about what it means to be an independent adolescent.

## Materials

A3 paper, other bits of paper to make 3 pockets, up to 20 strips to put in the pockets, and coloured pens.

## Method

Introduce this activity as some fun looking at how your client has developed their independence over the last few years. One of you can draw a satchel (or pair of combat trousers), and staple or tape 3 pockets on the outside. Write on the outside of the three pockets 'Pushed', 'The Right Age', 'Earned'. Ask your client to think about these three categories, and how they have achieved different sorts of independence. If prompting is required try the following suggestions:

- Responsibilities for the house or other people
- Being exposed to advanced sexuality
- Gaining self-control
- Emotionally independent
- Drinking alcohol
- Going out at night
- Going out without an adult
- Deciding how to have your hair
- Driving a car
- Voting
- Choosing what I wear
- Putting a down payment for something in a shop
- Opening a bank account
- Accepting consequences for my behaviour
- Making my own decisions about who I mix with
- Earning money
- Understanding how to plan for the long term
- Interested in healthy relationships

Write your client's suggestions on strips of paper and put them into the pocket that he or she feels is the best fit. A strip can be written twice to go into two pockets. Discuss what areas of development the young person feels he or she still needs to work on, or would like to give up on for a while! Acknowledge that the responsibilities that come with being independent can be hard, and encourage your client's thinking about how to get back into a safe space (who to talk to, what to do) when he or she wants to be supported instead of supporting themselves (when it all gets too much).

## *See also*

- Caring concerns

## REGAINING LOSSES

### Aim

To help your client begin to form plans to replace losses he or she feels have occurred because of the abuse.

### Materials

A4 paper and a pen.

### Method

Use your knowledge of your client to identify together any losses he or she feels as a result of the abuse. The types of losses usually experienced include:

- Innocence
- Childhood
- Firm friendships
- Being able to trust
- Enjoyment of sex or the thought of sex
- Having friends of the opposite gender
- Being treated as valuable
- Caring parents

Make a list to be kept in your records. Talk about these, and pick one or two that your client can work on to minimise the effects of the loss. Then, on a fresh sheet of paper, put a heading 'I can begin to regain ...' or 'I will overcome ...'.

Under this heading write the first loss you will be working on, such as 'Firm friendships' and work out plans and guidelines to forming some good friendships. Write these down, with practical suggestions about how and when to do this.

Add other losses over future sessions and work out plans to triumph over them. Be aware that not all losses can be overcome, so in some cases the young person will need to learn to grieve for them, but move forward with his or her life.

### ***See also***

- Problem solving
- Recovering childhood

# MY LITTLE BOOK OF PERSONAL FORGIVENESS

## **Aim**

To help your client overcome any guilt they may be experiencing. To prevent them internalising mistakes and sinking into low moods. This activity is very useful for those who continually feel they are failing or that they are guilty or bad, or if all other efforts at getting rid of the misplaced guilt have failed.

## **Materials**

Small notebook, pen and colouring pens (optional). Your client may prefer something lockable.

## **Method**

Explain to the young person that this is a small diary for when they feel that they have done wrong. Explain the importance of forgiving him or herself and moving on. Also talk about how sometimes people do wrong not because of present circumstances but because of past hurts and injuries.

Practise a few examples, using the headings:

- What I need to forgive myself for?
- How do I explain it to myself?
- My plan forward

Explain that your client does not have to show you the diary, but that you are there not to judge but to support him or her. If your client will allow you to see what they have written, review the diary at subsequent sessions, helping your client to practise acceptance, forgive himself or herself and move forwards rather than dwelling on their mistakes.

## ***See also***

- A cloudy sky
- Dropping through timeholes

## RECOVERING CHILDHOOD

### Aim

Give your client permission to regress in a safe way, to make up for some lost childhood.

### Materials

Access to art materials, and such things as chocolate crackles, toys, bubbles, space to 'play'.

### Method

Introduce this activity as an exploration of ways in which your client can let themselves go and act as if he or she were still a child. Explain as necessary that he or she may have missed out on some aspects of childhood, and that it is absolutely fine and healthy to want to do childish things occasionally – even adults who have not suffered abuse can benefit from acting 'childishly' sometimes, and best of all, it can be fun.

Talk about those things from their childhood that your client misses. Choose one or two that he or she would like to revisit. Plan how to do so. Even within the session you could eat chocolate crackles, blow bubbles, play with some children's toys such as hammering pegs, sculpting with play dough or threading. In order for your client to remain feeling safe in doing such activities, it is suggested that you join in as the adult, in the way an adult would play with a child, for example, take a turn with blowing bubbles but let the client lead.

Do not direct this activity beyond emphasising the fun your client seems to be having, and perhaps a brief discussion on where else he or she could 'let go' for fun.

**Note: If your client has an emotional reaction that takes him or her back to the abuse, then you will need to set aside the activity and attend to dealing with the flashback. One way of doing this is to acknowledge the feelings and thoughts, accept them, focus on breathing and relaxing, talk about how and why the flashback happened, and congratulate them on dealing with it so well.**

### *See also*

- Regaining losses

## Relationships

Adolescents often have problems being aware of their relationships with other people, and are very self-focused and self-absorbed at this time of their development. These young people have an emerging ability for abstract thinking, but still fall into short-term, self-centred thinking when pushed beyond their confidence zone. At times they may present as caring, considerate, articulate and mature, only to regress to dependence and ‘acting out’ when they feel anxious or threatened by a situation. While they are becoming increasingly autonomous, and seeking independence, they are also often unable to discriminate well within relationships.

Adolescents are particularly sensitive to peer evaluation, and are beginning to conceptualise each other’s inner thoughts and feelings as well as self-reflect – this can result in moments of excruciating self-consciousness. When a history of sexual abuse is also present, a client’s sense of isolation and of ‘being different’ often makes the achievement of peer acceptance appear out of reach. The young person not only needs to put all their communication skills into practice, but they also need to learn that relationships do normally include some level of conflict, and that no parent, family or partner is perfect (just as they should not expect to be) and that reciprocity rather than power is what maintains healthy relationships.

The need to foster basic attachments while offering the freedom sought requires careful and sensitive approaches that need to fluctuate according to the adolescent’s current needs. This is true for any adolescent, but it is even more difficult for a young person who has been sexually abused. There are issues of broken trust, often with a close adult relative, which make the task of relating to other adults in their lives even more difficult.

The activities in this chapter try to address some of these difficulties and promote positive relationships, and awareness of the dynamics that can be involved in all of his or her relationships.



## **FAMILY FOIBLES**

### **Aim**

To take a 'big picture' look at your client's family, with all the different issues and dynamics involved, and how they impact on your client (for better or for worse).

### **Materials**

A3 paper, coloured pens and/or drawing materials.

### **Method**

Explain that this activity involves drawing a kind of family tree, and looking at all the important things about each person, to get a picture of who is who, who does what and so on. It can be useful to look at patterns and stresses from an eagle's perspective.

Assist your client as necessary to draw their family tree, including anyone or anything (such as pets) that are important to him or her. Encourage your client to make it large so that writing can go around each person's name. Once all the people (and any others) are written in, ask your client to write a bit about each of them – whatever seems relevant to him or her (there is no right or wrong).

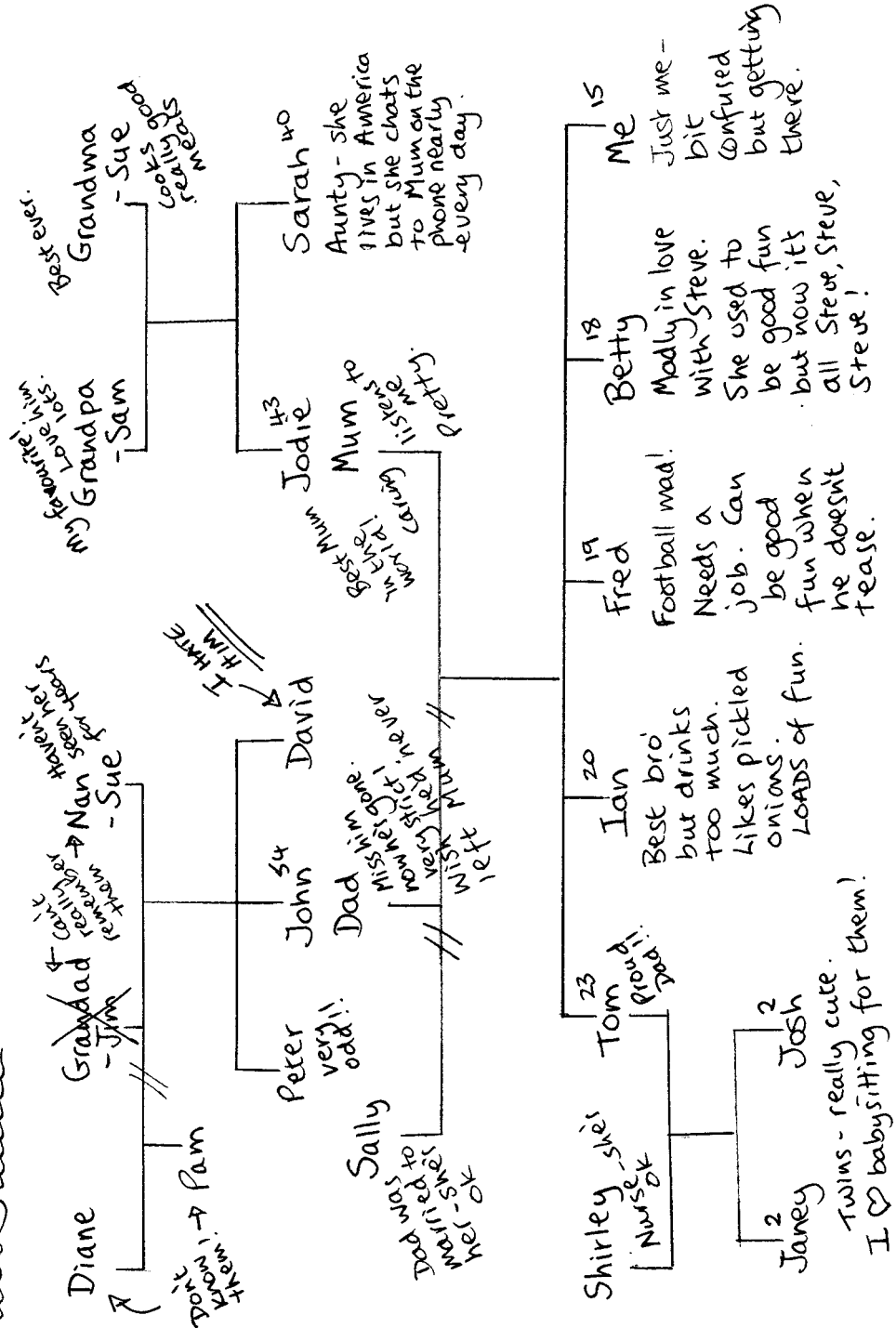
Afterwards, ask how each member fits in with the rest of the family, and in particular with your client. What seems to be most important to the family? What does that mean for your client? How does your client feel about his or her family? If there are many members who cause stress to your client, explain that people don't get to choose the family they are born into and ask them which members he or she would keep if they could choose.

Try to finish on a positive note, such as: *Which members does your client have the most fun with?* Emphasise that your client can choose not to be involved with family members who are not supportive.

### **See also**

- Positive support
- Contrary emotions

# Family Foibles



## ME AND MY MUM

### Aim

To strengthen the roles of mother and daughter (or son) to promote positive family dynamics. This activity is more useful for those clients who have a dependent relationship with their mother.

### Materials

Two sheets of A4 paper; pen, glue (or tape), 30 strips of paper – each with one of the following on it (and a couple of spares):

#### *For Mum*

---

Protects the children  
Encourages me to get help  
Listens to problems  
Gives useful advice  
Likes me to dress decently/nicely  
Makes sure I am home at a reasonable hour  
Pays the phone bill  
Gets upset if I don't come home when we agreed to  
Encourages me to eat properly  
Doesn't like me drinking  
Provides my 'taxi' service  
Makes sure we have food in the house  
Helps us get to school  
Looks after me when I am sick  
Helps with my homework

#### *For your client*

---

Listen to Mum's advice  
Let Mum tell me what to wear  
Let Mum limit my time on the phone  
Eat food that Mum prepares  
Contact Mum when I am running late  
Try not to drink too much  
Let Mum know when things go wrong  
Tell Mum when I am sick  
Try to limit my phone calls myself  
Tell Mum if I get into trouble  
Let Mum pick me up from places  
Get ready for school on time

Add and amend to suit the individual situation for your client.

## **Method**

Introduce this activity as one looking at the sorts of ways Mums and daughters (or sons) relate to each other and the different roles they each have. On a landscape sheet of A4, ask your client to draw a line down the middle. On the left ask your client to write 'Mum does', and on the right, 'I wish Mum did'.

Explain that you have some strips of paper with different sorts of things Mums sometimes do. Ask your client to go through them and allocate each one to the section that is right for them, or discard it if it does not apply. Explain that occasionally some strips belong in more than one section, in which case you can quickly write another strip. If your client has more ideas on what their Mum does, then these can be made up into strips as well. Glue the strips in place when satisfied.

Next, take the other sheet of paper and again split it into two, titling the two sections 'I do' and 'I would like to'. Go through the other set of strips and ask your client to put them where they belong (and discard if appropriate). Again, if your client wants to make up more strips, do so and encourage them to be thinking about their role as an adolescent.

When complete, ask your client to compare each sheet and look at the differences in how your client sees him or herself and Mum. Also discuss about how both your client and his or her Mum do things for each other – a sign of caring for each other.

Discuss how roles can change with age. As the young person becomes more independent, so their mother will adjust the way she parents. Some examples may be when your client moves out of home, becomes financially independent, or can drive.

## **Variation**

### **ME AND MY DAD**

The same activity as above can be used to focus on the relationship with your client's father. You may want to include more traditionally fatherly roles such as 'Fixing my things when they break', 'Teaching me things on the computer', 'DIY around the house', 'Putting the bins out', 'Taking me to the footy'.

#### ***See also***

- Caring concerns

## **IDEAL FRIEND**

### **Aim**

To explore the qualities of friendship.

### **Materials**

A4 paper and coloured pens.

### **Method**

Introduce this activity as an imaginative task, looking at an ideal friend. Stress that there is no one best way to be a friend – some people want to share a lot of stuff, and others are happy to do things together without so much sharing. Some give you lots of laughs, while others appreciate how you are feeling. Spend time talking about the young person's past and current friendships. Talk about how these have worked out for him or her including the strengths and weaknesses of each friendship.

Explain that your client's idea of what makes a good friend will probably fluctuate a lot depending on how he or she is feeling, and on the people and events in their life at any one time. Still, encourage him or her to make up their 'ideal' friend as it is at the moment. Write all over a sheet of paper, the qualities of a friend that they have appreciated over the years (and it doesn't matter if they contradict each other). If they require any prompting, you may want to refer to the qualities listed in the activity 'Qualities' (p. 164).

Remind the young person that no one is perfect, and there is no 'perfect friend' in reality. The qualities a person needs in a friend changes over time, and what a person can offer a friend also changes over time. Nevertheless, many qualities are generally seen as positive within any friendship, even if their importance varies.

Finish by asking which aspects of friendship your client thinks they can offer to other people, and how do they see themselves as a friend.

### ***See also***

- Qualities

# PERFECT MATCH

## Aim

To help your client to think about his or her future partner, including qualities that will help to make him or her feel safe in the relationship.

## Materials

Drawing materials, A4 paper, pen, whiteboard and whiteboard pens (optional), access to a computer (optional).

## Method

If the young person enjoys art, begin by asking them to draw their ideal partner or person who will best match them. If not, you or your client might try using graphics on the computer, or you can draw a man or woman for him or her. As he or she does so, you can begin to ask them if looks will be an important aspect of the ideal partner. Then discuss other areas of a person's qualities, for example:

- Attitude to life
- Personality
- Intelligence
- Gender
- Beliefs
- How romantic they are
- Ideals
- Aspirations
- Ability to be a parent
- Ability to earn money

The young person can write these around the picture, maybe drawing out the really important qualities by circling them when you discuss them. Throughout the exercise talk with the young person about how he or she will know that their ideal partner has these qualities.

If the young person has a girlfriend or boyfriend then this person can be used as a starting point and can lead to a discussion about whether they are likely to remain partners for long. Try to extend the activity beyond just a description of the latest romantic interest by looking ahead to when the young person is older.

If you have used a whiteboard, it is good to make a copy of the list of qualities, for the young person.

Sometimes it is useful to have another piece of paper on which you write the most important qualities, with indicators for these qualities next to them, for example:

<i>Qualities</i>	<i>Indicator</i>
Caring	I shall see how he is with his parents
Wants a career	I shall know by how hard he works at college
Respects me	Listens to me if I tell him I don't like or don't want something e.g. sex
Loves children	Depends how he is with my nephews
Fairly romantic	Maybe he'll sometimes buy me a present for no real reason

Finish the exercise by helping the young person decide which of the qualities of a partner are absolutely essential for the young person's future safety and emotional wellbeing. Some young people like to date, sign and keep this piece of work for future reference.

***See also***

- Qualities
- Sensing safe progress
- Ideal friend

## **VISITING RIGHTS**

### **Aim**

To promote and accept the idea that some people are more welcomed than others, for a variety of reasons.

### **Materials**

A4 paper and pens.

### **Method**

Introduce the idea of giving people visiting rights to the client's home. First draw up a long list of all the people in your client's life. Use pen and paper and draw four columns 'Never', 'Cola', 'Day visit' and 'Spend a week'. Explain to your client that some people are such good friends or so supportive that you'd like them around for a long time, whereas others are maybe 'all right' and would be OK to have a drink with, but you wouldn't want them there much longer! Your client can sort the people into the right groups. If you have some empty groups, ask if they know anyone else who would be placed in there.

This can be followed up by the same activity, with your client pretending to be his or her carer. Who would they see as suitable for your client to have round for a day visit? If there is a big discrepancy between the two completed sheets, see if your client has any explanations as to why this is and what they think of the reasons.

Be careful to be accepting throughout this activity and discuss with them the reasons, not stepping into the parent or carer role.

***See also***

- Agendas and opinions

## CARING CONCERNS

### **Aim**

To promote the belief that accepting care is still OK in some aspects of your client's life.

### **Materials**

A4 paper and coloured pens.

### **Method**

Begin a discussion about how everyone has people in their lives who care for them, and how different people will show how they care in different ways. Some parts of caring tend to normally fall on parents or carers, and some on friends, and sometimes these don't always work out as they should. Introduce the idea to your client of looking at who offers care of one sort or another to him or her.

Down the margin of a sheet of paper, ask your client to think of all the aspects of his or her life where people can help from time to time. Now that they are becoming increasingly independent he or she may not always want any assistance (emotional or physical). If they require prompting, you could include:

- Financial security
- Driving me to places
- Cooking for me
- Sharing good times
- My laundry
- Buying clothes
- Dealing with my health needs
- Pocket money
- Providing emotional support
- Giving consent for operations
- Making educational choices
- Checking that I'm doing OK
- Listening to me when I'm stressed
- Giving nice hugs
- Helping me laugh
- Providing accommodation

Next to each category, ask your client to think of all the people who assist in one way or another.

Finish by reviewing the amount of care on offer, and how your client feels about the people who offer each aspect. Then briefly talk about what care your client offers to other people. See if your client agrees that to get the most out of caring, it is important to give as well as receive, in abundance!

### ***See also***

- Positive support
- Me and my mum
- Ideal parent



## RESPONDING TO OTHERS

### Aim

Introducing the idea of your client responding appropriately to other people's troubles.

### Materials

A4 paper and pens (not essential).

### Method

Start with the topic of how much your client has learned about disclosure, of finding the right supports, and of moving forward. Then introduce the hypothetical situation when someone he or she knows discloses a bad secret to your client. Explore what he or she would do:

- How would you like to deal with it?
- Do you expect that you would do this?
- Would you come up with a plan?
- Do you expect that you will be thrown back in time to when you disclosed?
- How would you deal with that if it happened?

Encourage your client to assist the person to find appropriate supports, but not take responsibility for that person's problems. Try to finish on a positive note about how your client's understanding and sensitivity have been increasing.

### Variation

## WHAT WOULD YOU DO?

### Materials

Several scenarios written briefly on small cards. These can be linked to your knowledge of your client. (When preparing the cards make sure that there is nothing connected to the abuse on them.) Some example situations may be:

- *Your friend comes to you upset because they have a low grade in an essay*
- *Someone you don't know very well asks you to sponsor them in aid of Save the Children*
- *Your best friend has had a really big row with her Mum and says she is never going home*
- *Everyone is ignoring the new boy in college because he wears odd clothes*

### Method

Explain to your client that you are going to use your imagination to practise or discuss helping other people. Show him or her one of the cards, and explain that the rest all have little situations from everyday life on them.

Take turns picking a card and reading out the situation. Then see if your client is able to come up with some ideas of how to help the person on the card in an appropriate way. Discuss it as you go along, being sure to validate all the ideas your client has which may increase their ability to help others.

Some young people may like to role-play the situation, adding their solutions into the scenario.

***See also***

- Ideal friend

## **MY FAMILY SUPPORT**

### **Aim**

To promote the recognition and use of family support. This activity only works when at least a part of the family is intact.

### **Materials**

A4 paper and coloured pens.

### **Method**

Talk about how lots of different people have different things to offer your client. Review briefly how the two of you have looked previously at different forms of support, and this activity is similar and involves looking more closely at family members.

Take a sheet of paper and ask your client to spread across the sheet the names of all the relatives who offer support of one sort or another. It may be his or her sister or mother who offers loads of emotional support, or it may be a three-year-old cousin who makes your client laugh. Put a different coloured circle or other fancy design around each person, and write around the border about the sort of support the person offers. Encourage your client to decorate the sheet as he or she wishes.

Finish with a summary of the support that is received from your client's family. You may want to emphasise that this is only one area of support, and he or she seems to be doing well.

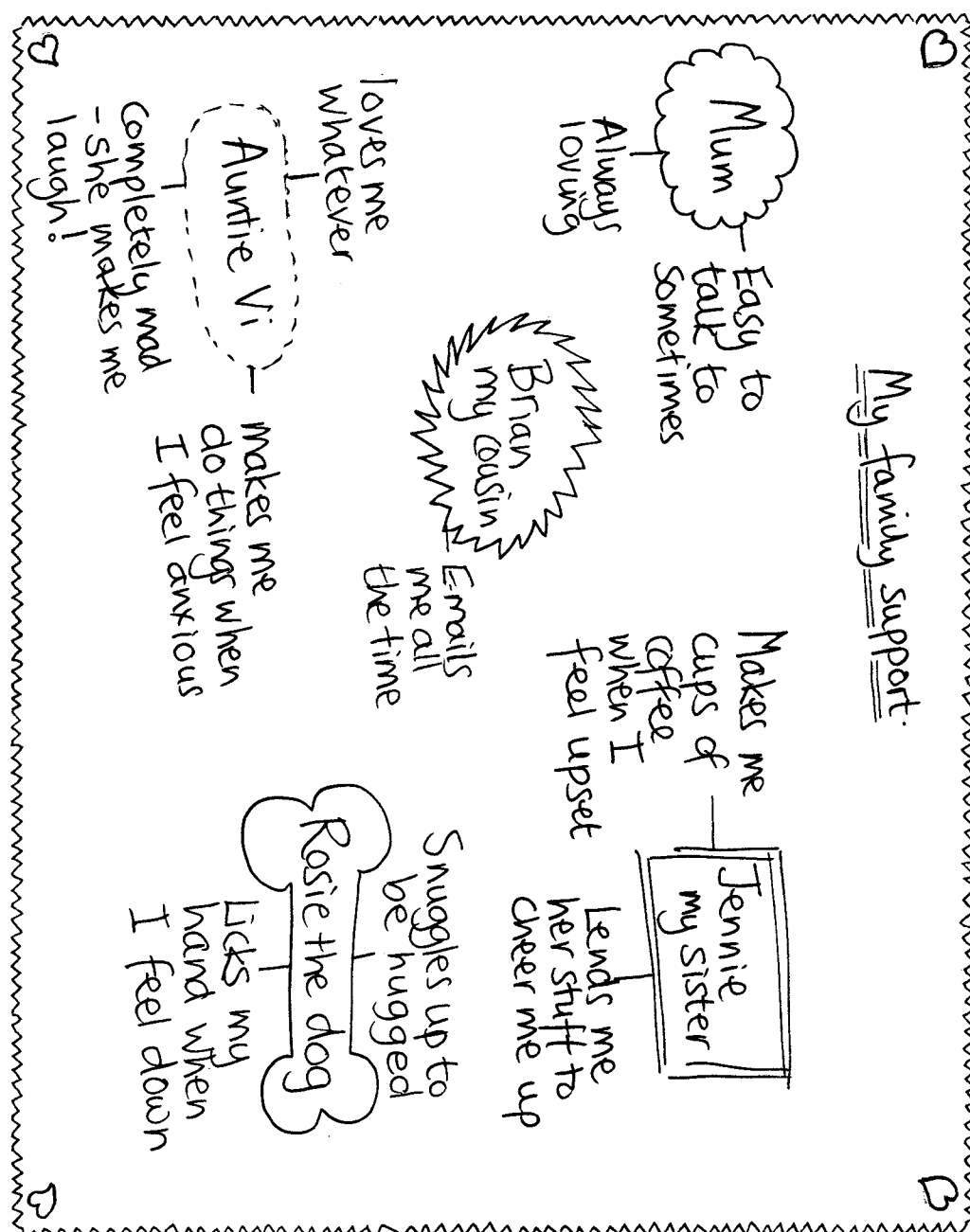
### **Variation**

## **MY SUPPORTING FRIENDS**

As above using friends rather than relatives.

***See also***

- Positive support
- My chocolate cream egg



# IDEAL PARENT

## **Aim**

To help the young person think about how he or she would like to be as a parent.

## **Materials**

Paper, pens, and drawing materials (optional).

## **Method**

Explain to your client that this activity will cover many aspects of his or her life, helping the young person to see what their own idea of 'perfection' is for a parent. Note that no parent is perfect, but the qualities you think are important are worth working towards. Ask your client to think about the ideal parent's attributes and how he or she would behave.

If your client enjoys drawing, he or she may want to draw a parent of the same gender as they are and write round it. Otherwise make a written list or description. Explain that this is not his or her own mother or father, but rather how the young person would like to be as a parent. This is then more likely to produce a description of a good parent, if your client has had experience of not being kept safe by a parent.

Help your client to include all aspects of the ideal parent, but particularly focus on the young person's future relationship with his or her child. If prompts are required, refer to 'Caring concerns' on page 153.

If your client becomes upset during this activity, be sure to address his or her grief at the fact that their own parent was less than ideal. Show that you understand and be prepared to leave the activity for a while to talk about your client's experiences. Introduce the idea that he or she can make sure their own children have a better deal, through having an idea of the qualities and roles of a good parent.

Try to leave the activity on a note of optimism for the future.

## ***See also***

- Caring concerns
- Me and my mum

## WHY DID THEY LET IT HAPPEN?

### Aim

To help your client realise there are many possible reasons for people not responding to his or her needs.

### Materials

Three cups labelled 'Yes', 'No' and 'Sort of', 15 strips of paper with the following written on each one (and leaving a few blank ones):

- Had their own problems
- Didn't understand your messages to them
- It was too well hidden
- Believed the abuser over me
- Protected the abuser (through 'love' or fear)
- Didn't want to upset anyone
- Didn't think they could cope if it came out
- Felt powerless
- Felt frightened
- It felt too upsetting to believe
- Didn't want to believe it
- Didn't think anyone else would believe it

### Method

Talk about how there are many reasons for people letting the abuse continue. Ask your client for his or her thoughts on their situation. Explain that you are going to consider some of the more common reasons for adults not protecting the young person. Ask your client to think of the adults who he or she spoke to who did not respond by believing and supporting them (he or she may or may not want to disclose who they are).

Then introduce each of the strips of paper and the cups. Ask your client to think if the reason on each strip was the kind of reason why the adults may have let it happen. Emphasise that these are not excuses, but they may help explain why the adult did not respond appropriately.

Explore your client's thoughts and feelings about these, probing as to why these people may have behaved as they did. Together brainstorm responses the young person would have liked to have heard at the time of disclosure. Finish with stressing that your client did have the right to be protected, and that it is the duty of others to protect and care for him or her.

Make sure your client understands that what he or she did by telling about the abuse was right.

### *See also*

- I shall be heard
- No excuses

# CONTRARY EMOTIONS

## Aim

To help the young person understand how complicated emotions can be and how they can feel love and hate at almost the same time.

## Materials

A4 paper, pens, large piece of card that has a different colour on each side (or two different colours stuck together), and scissors.

## Method

Introduce this activity by asking your client to think about their feelings towards various significant people in his or her life.

Cut four or five diamond shapes from the card. Together with your client, think of some opposite emotions to write on the diamond shapes, choosing one colour for the negative emotion and one for the positive. So one side of the diamond will have one positive emotion on it, for example 'love', and the other side will have 'hate'. Try to keep the same colour codes throughout.

Possible opposite emotions could be:

- Love/hate
- Proud/ashamed
- Pleased/horrified
- Angry/calm
- Condemning/accepting

However, let your client come up with as many as he or she can, cutting some more diamonds if necessary.

Then make a list of important people in the young person's life. If it is relevant, the abuser may be among them. The young person can then select a diamond, or several if they want and say when they have felt like that towards the person, talking about both sides. The young person is allowed to say that he or she has 'never' felt the positive or negative emotion, but may be surprised to think of some positives about people they feel they do not like.

If appropriate, this activity can be extended to think about how others feel towards your client. Use the diamonds in the same way, with the young person suggesting how the significant people feel about him or her.

## ***See also***

- Mixed feelings

## DIFFERENT VOICES

### **Aim**

To look at the different ways in which people handle conflict. To provide practice at reflecting on how other people think and do things.

### **Materials**

A4 paper and pens. Drawing materials are optional.

### **Method**

Introduce this fun activity with the idea that different people have different personalities, different ways of communicating and dealing with conflict. Discuss how different personalities cope with conflict in different ways – there are people who go quiet, sulk, write letters, want to talk about it together, go for a walk, rant and rave. Some people feel the need to win, others want to sort it out even if it means giving in; some get over it quickly, others mull over it for days or weeks. Some care about upsetting other people, others will say things they don't really mean and don't care about it because of the state they are in. Ask your client to fill an A4 sheet with different words or pictures (such as cartoon faces) to describe ways of dealing with conflict.

Next, ask your client to take some of the people in their life and 'analyse their personality' during times of conflict. Use the sheet to help come up with words. For example, are they 'shouters' or 'sulkers'? Go on to confirm that there is a whole range of responses to conflict, and that the type of conflict may influence how a person behaves. Ask your client to think about which style he or she likes the best and why. You may want to ask your client about the consequences of a particular style of dealing with conflict.

Stress that, although this has been fun, it is only part of understanding the whole person.

Your client may like to move on to thinking about how each family member expresses joy, shows they are relaxed, or shows they are anxious.

### ***See also***

- Qualities

# Different voices for Dealing with Conflict

Slams doors ①

Criticizes everyone else

Silent treatment

Swears

Yells ①      Cries

Avoids everyone

Goes for a walk ②

Throws things

Brings up the old stuff

Takes a shower - washes off stress ②

Phones a friend for support ②

Tries to solve the problem ②

Gets busy to ignore problem

Accuses everyone of everything ①

① I do

② I will  
try to do



## Positive healing

Having your client look at his or her progress, and confirm the healing that has occurred can be inspirational and motivating. By this stage in therapy, your client's identity is likely to include a perception of themselves as that of a survivor, rather than a victim. If they are still seeing themselves as a victim, it is essential to check this out as it may mean that abuse is continuing (perhaps in a different situation).

The activities in this chapter assist with confirming your client's new identity, and offer hope for the future. He or she should be ready to start to talk about changes they have seen in themselves, and talk about new aspects of their own identity, future and relationships. It is important to explicitly state the healing that seems to be occurring, as your client may not quite believe it for themselves, or view it in the same way (they may be feeling in unfamiliar territory while you are seeing new and creative ways of dealing with difficult issues). They need to learn to recognise that they are healing, and take on a belief that they can recover – and will continue to grow strong.

## NEW EXPRESSIONS

### Aim

To help your client recognise that they can communicate and express themselves in an appropriate way.

### Materials

A3 paper and coloured pens.

### Method

Create a collection of all the new and positive ways your client now has of expressing him or herself. These can include how the young person relates to their friends and family, or how the young person behaves in college, school or work. Include a few formal occasions, like interviews or weddings so that you have opportunity to discuss how it is appropriate to behave and express oneself in different ways for different occasions.

Discuss with your client the effect he or she now has on others. Is your client listened to more, or is he or she able to disagree without getting everyone upset? Your client may want to circle the ways where he or she feels the most progress has been made, or ways in which he or she has become more mature.

### *See also*

- Many roles that make up ME
- Different places, different ME

# New Expressions.

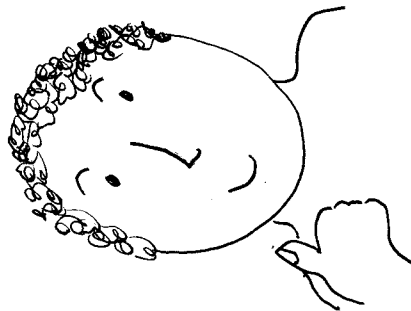
I can go to the pub without getting drunk.

I can stop from my sisters from quarrelling.

When Sam wanted to jump me, I could talk through it.

I now stop and think (mostly!)

When I'm told to listen, I don't answer back.



I can be calm when I discuss things with my friends.

I can put up with being called 'Curly'.

I can tell Dad I won't be an architect - politely!

I can be assertive without being aggressive

I can talk maturely to other people at the prom.

## QUALITIES

### Aim

To encourage your client to think about themselves and other people in terms of the qualities they possess.

### Materials

Twenty pieces of card or paper (credit card size) and coloured pens.

### Method

Introduce the concept of qualities, being those aspects of a person that you discover by their actions and interactions. Introduce this activity as a game where you are going to match qualities to some of the people they know. Explain that your client will be writing a quality on each of the 20 cards, and then thinking of someone (a friend, someone they admire, a character from a story) who has that quality. If your client can come up with his or her own list of qualities, use those. If not, you might choose from the following:

Calm	Spirited
Strong	Joyful
Brave	Supportive
Loving	Hopeful
Patient	Trusting
Peaceful	Inspirational
With-it	Loyal
Energetic	Respectful
Forgiving	Accepting
Beautiful	Protecting
Positive	Comforting
Confident	Insightful
Thoughtful	Considerate

Go through and make up the 20 cards, and allow your client to put one or more names on each card. It is probably best if they can come up with people they know well (and who know them), but some may need to rely on pop stars, a Nelson Mandela-type of famous person, or previous teachers.

Once this is complete, ask your client to think of the qualities that he or she feels they could put their own name on. Aim for three to five, but be flexible.

Finally, ask them which quality they most aspire to, in the short term (and if they are up to it, in the long term). Finish with complimenting the young person on their qualities and a discussion about how everyone has a range of qualities, and they are a part of each person.

### ***See also***

- Ideal friend

# **I HAVE RECLAIMED MY LIFE**

## **Aim**

To acknowledge the progress made since therapy started. To promote your client's perception of him or herself as a 'survivor' instead of a 'victim'.

## **Materials**

Poster paper and art materials, or whatever your client would like.

## **Method**

Introduce this activity as a time to think about how your client has reclaimed his or her life. He or she is no longer tied down by the abuse, and has a freedom in what they do and how they do it. The abuser is no longer an active part of his or her life, and although the abuser deeply affected your client, he or she cannot stop your client from moving forward.

Ask your client if he or she can think of a way they would like to celebrate the fact that they have taken back their life, and gained control. It may be a poster about the therapeutic journey (see 'Critical healing points'), it may be a ritual (such as playing certain music every morning) or a structured celebration such as naming a tree after him or herself, or burying all the 'bad secrets' they have written down.

Ask your client to think about what he or she would like to do and then assist them in making plans for it to happen. It may be that you need to take a part in making it happen, or leave the young person to organise his or her own celebration.

## ***See also***

- Critical healing points
- Mindsets old and new

# MY JOURNEY

## Aim

To review the therapeutic journey so far, and to provide context to capture the progress made.

## Materials

Lockable diary-style notebook or paper for writing on, and a pen.

## Method

Discuss your client's therapy in terms of it being a journey, and part of life's journey. Ask them to think about his or her journey in terms of how far they have come. The young person has made some huge steps, which have been very important and ultimately very positive. Part of the journey involves his or her physical being and behaviour, and equally another part of the journey is the inner healing that is happening. What happens on the inside influences thoughts, feelings, beliefs, his or her level of confidence and so on.

Ask your client if he or she would be interested in writing a journal of their personal journey. He or she can choose to write it during therapy time, or out of therapy time. Your client may choose to share it or choose to keep it personal and confidential (in which case help them to plan for this). Explain that writing about progress can be very rewarding for a number of reasons:

1. You can see how far you have come
2. You become more confident about tackling any problems in the future
3. It confirms that you are a survivor
4. You realise just how much you have learned
5. You start to see the past differently when you reread it over and over
6. You can sometimes suddenly gain new understanding about your past
7. It can inspire you when you are feeling depressed or unmotivated
8. It confirms just what a special, strong person you are.

This activity may or may not involve you as therapist in the future. Go with your client's wishes.

## ***See also***

- My little book of successes

## **STRONG HELPING HAND**

### **Aim**

To promote a sense of strength in your client, to the point where he or she feels they have something to offer other people.

### **Materials**

Possibly A4 paper, and a pen.

### **Method**

Talk in general about the benefits of service to others – how a community is strengthened by its members all helping out in the ways that they can. Helping can be a formal thing such as selling raffle tickets for a charity or joining an environmental group, or it can be something you do as you see the need, such as holding a door open to someone who has their hands full.

Ask your client about his or her experience in being helped and supported by others at times of need (not necessarily in relation to the abuse). Ask how the people who helped him or her probably felt when their service was accepted and they saw their help being useful. Lead to an enquiry about whether your client feels he or she has any skills, strengths, interests that could be useful to others. Ask him or her to think of some ways that they have helped people (or animals, plants etc.) in the past. Then go on to ask him or her whether they feel ready to offer formal support to others (or would he or she prefer to help people when they see a problem).

If, and only if, he or she is interested, plan some potential ways to help others (not in the area of sexual abuse). This could include offering service to RSPCA, church events, covering books at the library, the charity shop, environmental groups, or shopping for others. Talk about if now or the future is the best time to start.

### ***See also***

- Local links

## **MINDSETS OLD AND NEW**

### **Aim**

To promote a sense of ‘old me’ and ‘new me’.

### **Materials**

A4 paper, coloured pens.

### **Method**

Introduce this activity to your client as looking at the ‘Old me’ and the ‘New me’, in the way that you think, and the things that you say to yourself. Draw two ovals on a sheet of A4 to represent brains or mindsets. Label one ‘Old me’ and one ‘New me’.

Ask your client to think of some of the old, unhelpful ways that he or she used to think, and ask the young person to fill the old mindset with these previously held negative self-statements, beliefs and messages. Then move onto the new mindset, and explain that the ‘here and now’ involves new, positive self-statements, beliefs and messages, and it also can include some of the old survival skills that are still acting positively for him or her. Ask your client to fill the new mindset with these positives.

Discuss how he or she feels about the two different ‘mindsets’, and comment favourably about the changes that have been made and how your client has been able to recognise these changes.

### ***See also***

- Thoughtful feelings
- The PAT game
- False feelings

# MINDSETS

OLD

I must be to blame  
I can't escape  
My rage turned inward  
Everything made me  
freeze  
I couldn't talk about  
it  
Couldn't focus  
I'm not worth nice  
things in life  
I can't trust  
anyone

NEW

I know I am  
not to blame  
There is support  
out there.  
I have learned a lot  
My life is mine and so  
is my body  
I am learning to enjoy  
things  
I know who to trust  
now  
Therapy helps  
I have more control  
I am lovable  
and loved.



## **INSIPID IDEAS VS BLOSSOMING BELIEFS**

### **Aim**

To assist your client to explore his or her beliefs about sexual abuse, and rewrite them in a positive style.

### **Materials**

Little book or notepad (lockable may be preferred), a pen and coloured pens for doing a front cover.

### **Method**

This activity usually involves working over two sessions, with a short review in subsequent sessions.

Introduce this activity as a writing activity that your client can take away, but will need to bring back to future sessions to go through it. It will involve two parts; firstly writing original beliefs about sexual abuse (what he or she believed before) followed by writing about what he or she knows now about sexual abuse (and what every girl or guy needs to know!). The first section needs to be written in the session so that any negative emotion can be dealt with. If the first section is not finished in time, suggest it stays with you unless your client feels strongly about wanting to take it. The second section can be started in the session and then completed at home.

Start by asking your client to think about all the misinformation he or she had (back then). For example, the lies, the ideas that now feel so strange, like who was to blame, how your client perceived women, how he or she perceived men, how people should live, how he or she perceived sex and love, and so on. Ask your client to write it down in any way that suits them – it may be as a poem, prose, in bullet points or in the form of a comic story. Leave your client lots of time to do this.

For example:

*Dad told me it was all my fault, I was too flirty. He told me I must never tell anyone because I would make them unhappy. So when I told Mum I felt really guilty. I felt dirty too, because I thought it was my fault. But a bit of me felt like my Dad must really love me to have chosen me.*

Once your client is satisfied with what he or she has written, ask them to turn the page and start again, but this time rewriting it as a positive and energetic piece with his or her new, strong beliefs.

For example:

*I know now that what Dad did was wrong and that it was not my fault at all. He didn't do it because he loved me, but because he wanted to satisfy himself. I was absolutely right to tell my Mum and I should never have felt guilty. I am not guilty anymore. I have survived it and I am now a stronger person. I will never let anyone trick me again.*

Encourage your client to select a phrase or idea from his or her positive writing and write it in large letters on a blank page. For example:

I HAVE SURVIVED!!!!

***See also***

- Thoughtful feelings
- False feelings

## **CRITICAL HEALING POINTS**

### **Aim**

Assist your client to analyse his or her past in terms of critical moments in their therapeutic journey.

### **Materials**

Art paper, coloured pens and/or other art materials.

### **Method**

Offer this activity as an art session, where your client draws a symbolic trail/river/journey of his or her own therapeutic journey, which will look at the most important moments for the young person that happened along the way. These should be times when they felt they were making significant steps in their healing. If your client needs some help, suggest starting when he or she began to feel they could disclose to someone, or (if preferred) whenever they feel it began. You might be able to review some of the progress they have made, by finding significant pieces of work or events that you have recorded in your client notes.

Discuss the journey with the young person. Talk about the significant moments or events in a positive way, as building on your client's strength and resources.

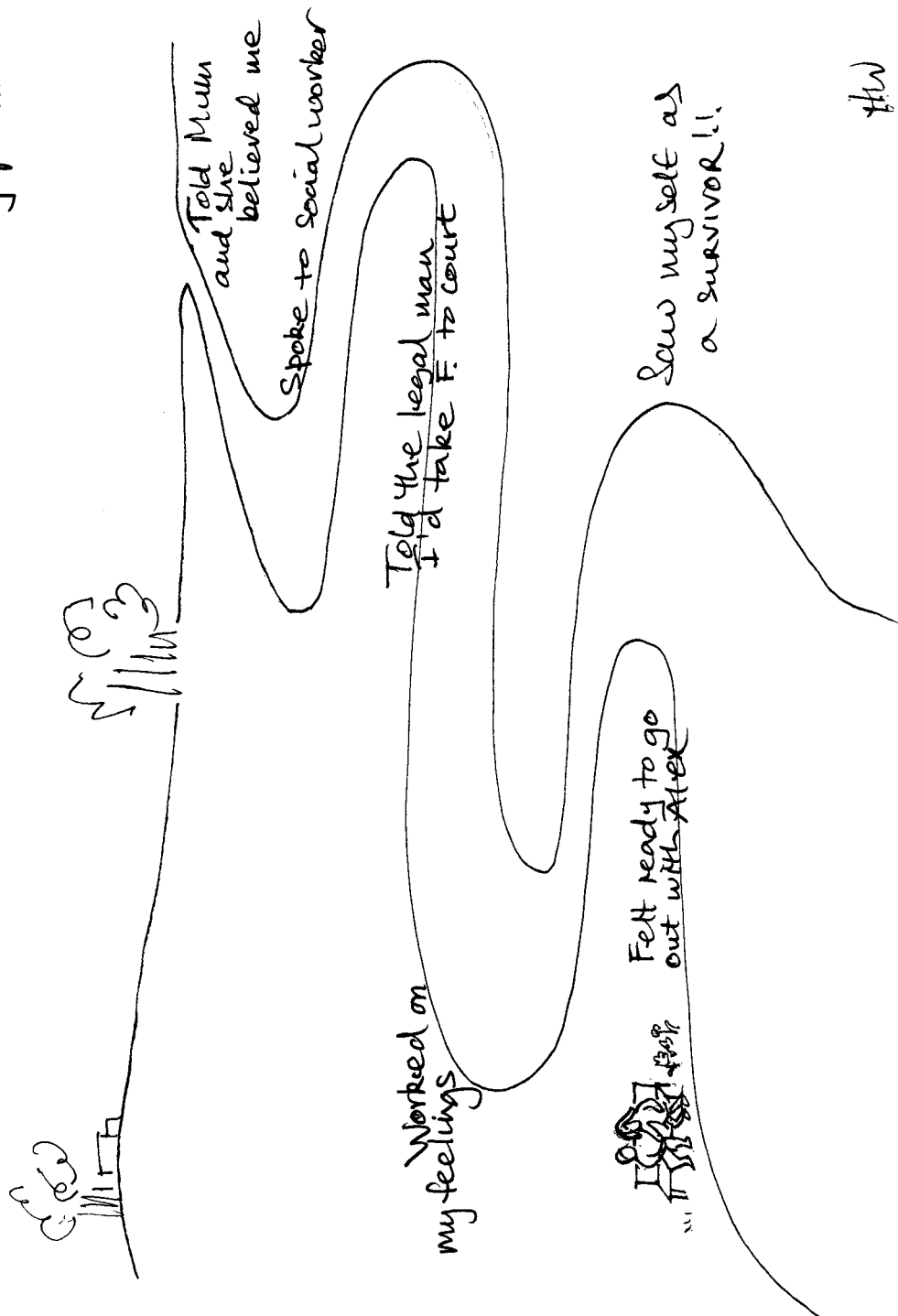
If appropriate, stress that the bad moments should not be ignored (because they are an important part of their history), but should rather be accepted. Talk about your client moving on in their lives. Mention that other important moments may be remembered after the session, and they can be added too.

Finish with a summary of how far he or she has come, and some optimistic comments about their future. Encourage them to take their artwork home, if they are happy with it.

### ***See also***

- The emerging flower

## Critical healing points



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## **Sensuality and sexual identity**

Sexuality is a sensitive area posing many ethical issues for the therapist, in part because the nature of the abuse covers many similar contexts to those involved in intimate relationships, and thus it is very easy for therapy to be harmful rather than helpful. Therefore, the main focus of these activities is sensuality and relationships rather than sexuality.

Perhaps the most obvious of developmental changes occurring in adolescence is puberty and the emergence of sexual identity. Social development involves broadening one's focus from same-sex friends to include relationships with the opposite sex. Adolescents who have been abused may well encounter difficulties as they develop their sexual identity. When the past has linked sexual behaviour with the trauma of abuse, it is understandable that this area of therapy can be incredibly confronting for your client. It is not uncommon for survivors of abuse to explore relationships with partners who are the opposite gender to the perpetrator, possibly because this feels safer in the beginning.

The adolescent is likely to benefit from exploring the sensual side of their development as a prerequisite to working on their own sexual identity. The activities may assist in reducing self-mutilating behaviours (where they have blocked out all other feelings) and promote positive acknowledgement of senses.

Be very careful with all activities in this chapter. Be very sensitive to how your client is coping and make explicit from the beginning that the client can tell you that he or she no longer wishes to discuss the subject. Never, ever, pressure a client to talk about sex or sexual experiences as this can be construed as abuse in itself.

## THE TWO S'S

### **Aim**

To assist your client to separate sex from sensuality, and define them differently. If your client seems embarrassed or uncomfortable, then keep it short, coming back to it in a later session.

### **Materials**

A4 paper and pens (optional).

### **Method**

Introduce this activity as a way of understanding the difference between sexuality and sensuality.

Explain as necessary that sex is more gender based, gets lots of media attention, has lots of rules and taboos (and is more value laden), and is often tied up with ideas about relationships. Sensuality is something that can be explored in lots of different ways, and can be nothing to do with sex. It is also about gaining pleasure because people's senses are there to let them know if something is nice or not; safe or dangerous; fulfilling their needs (such as hunger or companionship) or not. There are fewer taboos about people indulging their senses, it has little to do with gender (although men and women may prefer different things), and they are often taken for granted. Sex is linked to sensuality because sex can involve lots of the senses.

Your client may like to jot down the differences between sex and sensuality, as they are discussed.

Explain that the trauma of sexual abuse can lead your body to turn all your senses off, but there is a lot to enjoy through senses in ways other than sex. Ask your client to think of and discuss things he or she enjoys hearing, seeing, smelling, touching or tasting.

If your client is happy to do so, he or she may wish to think of some good memories, and the senses that were involved, such as patting the neighbour's dog that liked to lick you, or feeling waves lapping over your feet at the beach.

Promote a feeling of optimism that your client will, over time, increasingly be able to enjoy their senses. Leave the session with a summary of the experiences he or she already enjoys.

### ***See also***

- Safe senses

## MY SENSE OF TOUCH

### Aim

Introduce a plan of safe, non-sexual touching, to desensitise your client against sensory 'shutdown'. It is important that you do not involve yourself in your client's safe touching.

### Materials

A4 paper and pens, some copies of Appendix 3 (optional).

### Method

Introduce this activity as one that will be looking at what sorts of touches feel safe for your client. Keep to examples of touching that don't have anything to do with sex, but could be about, for example, patting the cat, eating butterscotch ice-cream, or lying in the sun.

Make three columns on the A4 sheet, and title them 'Safe', 'Maybe safe' and 'Unsafe'. Ask your client to list a few things under each column. Once he or she gets to 'Unsafe', let the young person put two or three in that column (or none if they find it hard) and then suggest it is the safe touches that are more important for this activity, and urge him or her to add a few more to that list. Do not suggest unsafe sexual touching but you could give an example of unsafe touching such as picking up broken glass. However, if your client adds examples associated with sex, then let him or her do so.

Finally develop a plan to make touches that are safe and appropriate outside the session – *lots* of them so that the brain gets so many positives that it starts to forget the fear of focusing on sensations. Your client may wish to draw up a recording chart for use in his or her daily life (see Appendix 3).

Explain that you do not need to see the recording charts afterwards – they are for your client's own use and he or she can put any sort of touching on it.

### ***See also***

- Overcoming avoidance

# STRANGE SENSATIONS

## Aim

To have some fun experiencing different physical sensations that are not threatening.

## Materials

A range of objects or substances that have interesting textures. Some sticky substances like hair gel are best avoided. The materials could include:

Puffed rice	Pearl necklace
Feathers	Leaves
Velvet	Stones
Cotton balls	Fresh wood shavings
Shaving cream	Pine cone
Sandpaper	Grated cheese
Bubble wrap	Sugar
Corks	Peppercorns

## Method

It is important that the materials used in this activity are checked out with the client to ensure they were not used in relation to abuse. If they were, then they may need to be introduced in an exposure program much later in therapy, but only if it is adversely affecting their daily lives.

Introduce this activity as a bit of fun. Explain it beforehand with your client just to make sure he or she feels up to it (in case they think they will feel flooded or overwhelmed). Then present each new material one at a time, and talk about how it feels for him or her, using primarily touch, but also smell, sound and sight.

Discuss with your client about how his or her body may have turned off its senses to new materials, because of the trauma, but can now start to explore new sensations, as he or she feels ready. Also mention that some sensations, such as a smell, may prompt a flashback or sudden surge in anger or fear – explain that this means that the feeling he or she is experiencing is likely to be linked to a memory (conscious or unconscious) relating to the abuse.

If your client appears stressed at any point in this activity, stop and talk about it. He or she can then choose either to attempt to go into ‘peace and calm mode’ and reduce the physical anxiety, or use distraction in order to deal with it at a later (perhaps much later) date.

## *See also*

- Overcoming avoidance
- Scary senses



## SCARY SENSES

### Aim

To introduce graduated exposure to everyday experiences which the young person may find scary.

### Materials

A4 paper, ruler, pen, and a set of 10–15 cards (credit card size). On ten of the cards (save five for later) put a sensual experience which may be scary such as:

- Foot massage
- Having nails painted
- Back massage
- Someone brushing your hair for you in your bedroom
- Wearing a certain perfume
- Eating certain breakfast foods
- Lying on the grass looking at the stars
- Swimming in a public pool
- Listening to certain music
- Walking past a certain place

Make sure you choose some that are likely to be fairly easy for your client so they are not overwhelmed.

### Method

This activity involves record keeping and may include review over subsequent sessions. Introduce this activity as one where you are focusing on some of the scarier stuff, and looking at how you can make it less scary for the young person. Introduce the cards, and say that you have some blank ones if he or she wants to add any other scenario. Ask them to put the cards in order from easiest (bottom) to hardest (on the top). Make sure that you discuss these (so you know why they are ranked in that way) and that the easiest experience is seen as relatively easy to deal with. If the easiest is still considered difficult, make some easy ones up with your client's help.

Introduce the concept of a hierarchy, with working slowly and in full control, with baby steps, up the list. If the young person wishes to add more steps up the hierarchy, to make the steps feel smaller, this is fine. Offer confidence in their ability to slowly but surely get through the list. Stress that there is no deadline, that he or she does it in their own time, and that he or she will feel much freer as they get to tick off each one.

If your client would like to, draw up a chart with the items on (including one or two where there is no problem any more). The young person can then keep their own record of progress through the hierarchy.

It may well be appropriate to look at what self-statements go with such an activity. Your client needs to learn to enjoy it as a positive affirmation of their progress. He or she will feel greater control, and feel less influenced by the abuser.

### *See also*

- Overcoming avoidance

## **AM I READY?**

### **Aim**

To help the young person resist pressure put on him or her sensually or sexually before he or she is ready.

### **Materials**

A4 paper and pens.

### **Method**

Explain to the adolescent that this is an activity to discuss how he or she needs to be in control of his or her experiences, through making up their own mind about being ready.

Some things the young person is ready for now may already be known to you through previous activities, such as 'My Sense of Touch', so use these as an illustration.

Draw up a chart with 'Ready', 'Nearly ready', 'Not yet' and 'Never' on it. Ask your client what he or she thinks will go under each section, perhaps comparing with other young people of your client's age. Ask the young person to suggest the items, so that he or she does not feel under pressure to talk about sexual matters if he or she isn't ready to.

Discuss or role-play an exchange of dialogue illustrating the situation and how the young person will resist or escape pressure from others to have experiences before he or she is ready. Keep this to a talking role-play to keep this activity ethical.

Write a summary or a witty phrase at the bottom of the chart as a reminder about keeping the pressure off when the young person does not feel ready. For example, 'When in doubt, get out' or 'My time, my body, my life – I'll decide!'

Am I ready?

Ready	Nearly ready	Not yet	Never
To go out with my friends	To go out with C on my own and maybe let him kiss me	To go any further	Any sadistic sex stuff
To go to the disco	To chat with people	To dance	To smooch and be pawed in a public place
To have friends round	To go and stay with a friend	To go to an all night party	
To go and have a haircut	To have a manicure	To have my legs waxed	To have my bikini line done!

I WILL DECIDE WHEN I'M READY  
~ IT'S MY CHOICE!

## **Variation**

# **READINESS COLLECTION**

### **Extra materials**

Twenty credit card-sized cards, three small envelopes.

### **Method**

This activity requires reviewing in subsequent sessions.

Prepare three small cards with non-sexual, body-connected experiences on them, such as 'Having my hair washed'. Make at least two of them experiences that you know the young person enjoys.

Explain the purpose of the activity as in the first paragraph under 'Method' in 'Am I Ready'. Ask the young person what other activities he or she is ready for or nearly ready for. Write these on separate cards. Then ask about things the young person would like eventually, but are not ready for at this stage of their life. Put these on cards as well.

Let the young person sort the cards into the three envelopes marked 'Ready', 'Nearly ready' and 'Will be ready one day'. Discuss what will need to change for the 'Nearly ready' to become 'Ready'. Put no pressure on him or her to change. Give your client the 'Ready' cards to take away, then talk about when you will next look at the remaining cards to see if they now feel more prepared.

The role-play outlined in 'Am I Ready' can also be used as part of this activity.

### ***See also***

- Choosing no

## WHAT MIGHT FEEL GOOD

### Aim

To introduce thoughts about sexualised behaviour, and promote thinking about what will feel safe or unsafe. If your client feels uncomfortable with this activity at any point, then leave it saying you won't talk about this until he or she feels safe to do so.

### Materials

Three cups labelled 'Safe', 'Unsafe' and 'Maybe'. Ten blank strips of paper and up to ten strips of paper with potentially romantic connotations, such as:

Candlelit dinner	Sitting next to each other on a bench
Holding hands	A foot massage
Backscratch	Having my hair brushed for me
Walking together	Being held in a quiet moment
Having a picnic	Being flirtatious
Watching a video	Dancing together at a nightclub
Being hugged during or after a flashback	
Being kissed on the hand, foot, shoulder, neck etc.	

Try to make sure that some of the situations will definitely be acceptable to your client, by using what you know of him or her to make up a few non-threatening scenarios.

### Method

Explain to your client, that one day he or she may feel like they want to explore what sorts of things might feel good in the area of romance. If your client is a competent reader, you can give him or her all the strips of paper and introduce the 'posting' exercise without you having to know in which cup they put each strip. If your client prefers you to read them out, then do so. Ask if he or she wants to use the blank strips of paper to add any other romantic situation and place them in the appropriate cup. Once he or she has allocated each strip of paper, ask the young person to comment on how they ended up. For example:

- Was your client surprised at how many ended up in each cup?
- Were there many in the 'Maybe' cup, and what does this mean for your client?
- Does the idea of doing some of these things seem good, or does your client still feel that they need lots of time to be comfortable with the idea?

Finish by stressing that there is no rush to embark on romantic or sexual stuff before he or she feels absolutely ready. The more ready the young person feels, and (generally speaking) the better they know and trust their partner, the better the experience is likely to be for him or her.

### *See also*

- Choosing no

# **BREAKING UP IS HARD TO DO**

## **Aim**

Introduce the idea of being prepared for some relationships to go badly and thinking ahead of strategies that may be required.

## **Materials**

A4 paper and pens.

## **Method**

Discuss the possibility that while you and your client have spent lots of time looking at developing relationships, sometimes things will suddenly seem not so good, and it may be time to get out of the relationship. This activity looks at how to spot when a relationship needs to end, and includes some ideas on how to withdraw from the situation. Be sensitive as you go through this activity, helping the young person to understand that no relationship is perfect, and relationships worth keeping may need both people to work at it. However, this activity is to help the young person identify and leave abusive relationships.

Draw two columns on the paper and title them 'Signs of concern' and 'Strategies that might help'.

Ask your client to think about some things that might happen in a relationship that would give them cause for concern, and ask them to write them down. They can use examples from their past, or from other people they know if they need to. If you need to provide prompts, you could include:

- Does your partner try to be overly bossy or controlling?
- How is your partner when you disagree about something?
- How does your partner behave around your friends?
- Can your partner talk and listen about important issues?
- Are you just not interested in him or her any more?

Next, move to the next column and ask your client to think of some strategies that might help to:

- a) clarify the problem, and
- b) create distance within the relationship.

Try to encourage your client to think about how the partner might be feeling, and about respecting the partner's feelings at this time, as well as his or her own (that is, not using 'put-downs' but being honest about his or her feelings).

End the session by coming up with some self-statements that might assist during the end of a relationship, such as 'We had some good times but it is time to move on'. Finish by putting this activity into perspective, in that these skills may not have to be used for a while (or may not ever have to be used).

## ***See also***

- Escape plans
- Ideal friend

## Breaking up is hard to do

Signs of concern	Strategies that might help
He's always telling me what I should wear	Tell him I don't like it and that I'll decide for myself
He pushed me across the room when he thought I'd spoken to Jo	Tell him the relationship is over if he ever, ever uses force again (and mean it!)
He won't let me ring Mo or Susie	Explain I need my friends and that they support me. Offer to pay for the calls.

## **MY VALUES AND SEX**

### **Aim**

To introduce the idea of tying values and beliefs to sexual behaviour.

### **Materials**

A4 paper and pens (optional).

### **Method**

This activity can be repeated in a future session, further on in therapy.

Introduce this activity as a general discussion about people's values and belief systems about sex. Check that your client is feeling comfortable with this, as it explores very personal issues (although your client doesn't actually have to express their feelings if he or she doesn't want to).

Explain that people vary a lot about what they think about sex, and each person's set of beliefs is a part of their identity. It also affects the way they behave, and think about other people.

Present the following topics, offering some examples of how different people may feel, and ask your client if he or she knows their thoughts about the topic:

- Who do you think should have sex?
- Who should they have sex with?
- What should the act of sex mean/represent?
- What must sex include?
- What must it never include?

If your client is willing and comfortable with discussing these topics, ask him or her to give their opinion. Some clients prefer to write down their answers and keep the answer sheet to themselves, so offer them this option. Let your client know that these values often change over time. Be very careful not to judge or give unconscious leading of your own values as a therapist in this exercise. This exercise can be repeated down the therapeutic track, to see if values of sex (and self) have changed. Finish by congratulating your client for having thought about their values and discussing them as openly as he or she did.



## Variation

# VALUES AND SEX QUESTIONNAIRE

## Materials

Prepared questionnaire that deals with subjects that suit your client's individual needs.

## Method

Some clients may prefer filling in a questionnaire to avoid eye contact and to feel more comfortable with a difficult subject. If you think this applies to your client, draw up a chart with three columns with headings: 'The Subject', 'Some people say' and 'I say'. Your prepared chart should have the first two columns filled in and the third left empty. Try to write two opposite examples in the second column, for example:

<i>The subject</i>	<i>Some people say</i>	<i>I say</i>
What the act of sex should mean or represent	An expression of love <i>Or</i> Not much at all	

Suggest to your client that they complete the third column, explaining that they might agree with one of the views given or their view may be anywhere between those two opposing views. Be sure to recognise that the client has his or her own opinion, but as before, give your client permission to change his or her views over time. You may wish to repeat the questionnaire at a much later date if appropriate.

## *See also*

- Where I fit
- Perfect match

# **SEX RULES**

## **Aim**

To introduce the concept of setting boundaries for yourself about sexual relationships, before you enter into them.

## **Materials**

A4 paper with an outline of a person in the middle (see Appendix 5), or leave blank and have some pens.

## **Method**

Discuss the possibility of exploring sexual relationships in terms of this perhaps being something that your client would like in his or her future. Talk about how everyone has a perfect model in their head about what their partner would be like. People also tend to think about what they would do, and what they and their partner might do together. The reality in any relationship is usually quite different from the mental picture. Reality is never the way it was imagined, just as each person is not quite who their partner might have hoped for or expected. This is normal, and can be a positive thing (as well as negative).

Talk about how it can be useful to have a sense of your own limits before entering into an intimate relationship. These limits can be about how much you are willing to spend, how long you stay out together for, whether you want to be around other people (such as friends or in a public restaurant) or are happy to be just the two of you. It can also refer to sexual relationships. You might even want to put some sort of figure (length of time in the relationship or number of dates etc.) on how long you know someone before you go to their place on your own, or before you have sexual intercourse with someone.

Encourage your client to discuss what his or her boundaries and limits might be. This may be difficult for the young person to do if he or she feels that it is out of their control to set boundaries, in which case this activity may be too early for them. Before abandoning it, try to help them think about other areas in their life where they do have some control and can make some decisions. If the young person can do this, then link the activity to the idea of having control over making his or her own boundaries.

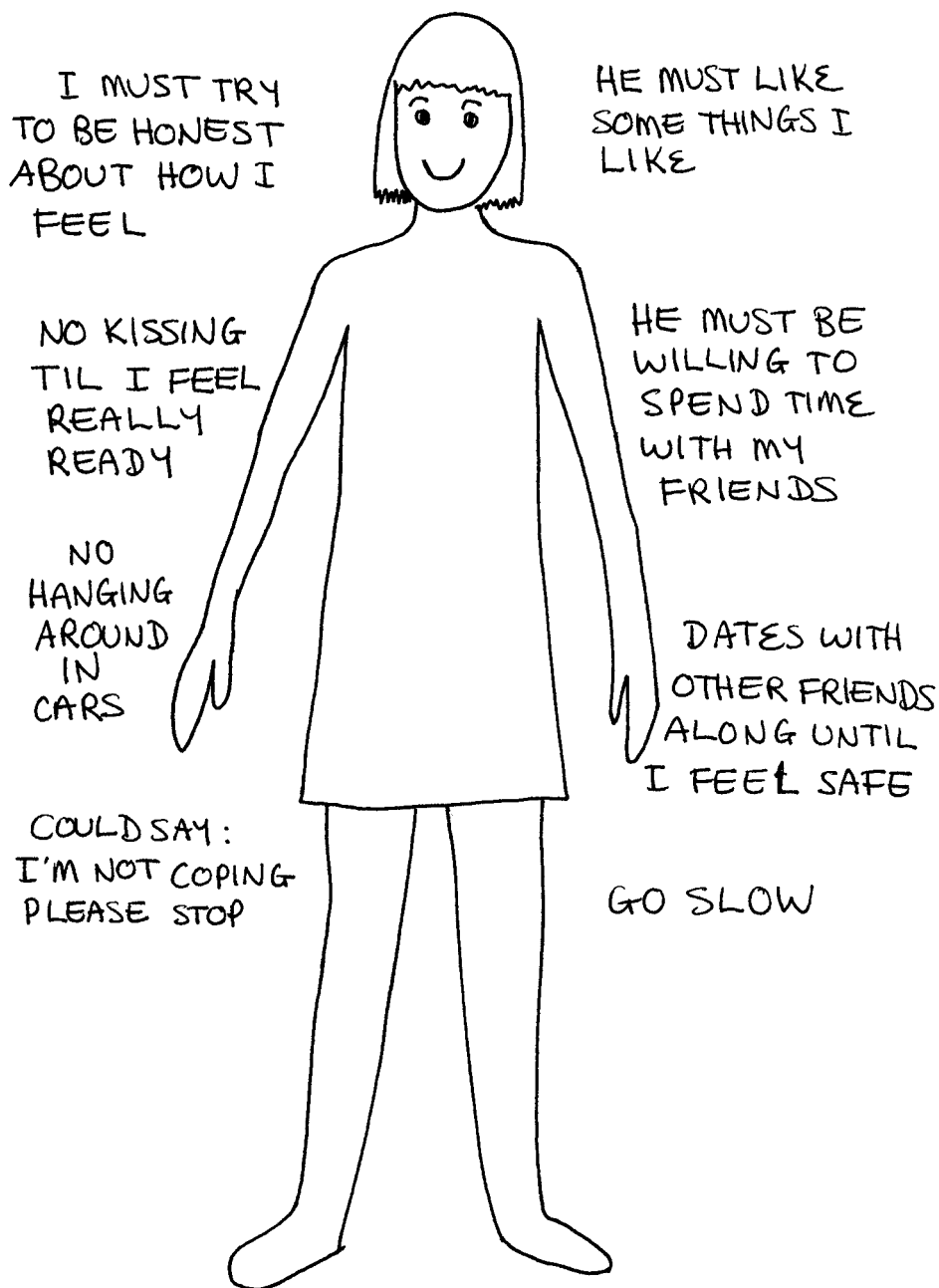
Once your client has the idea, offer them the paper with the person on it (or invite them to draw him or herself on a blank sheet), and ask your client to draw a boundary line around the person on the paper. Then, around the outside of the boundary line he or she can write all the boundaries and limits he or she thinks are appropriate. Once that is complete, move onto talking about what commitments the young person might make to themselves that will help him or her to take care when in a situation where dating and perhaps sexual behaviour is involved.

To wind up, praise your client for coming up with boundaries that suit him or her, and make some positive comment about how pleased you are to see your client thinking about putting their own feelings (and maybe safety) first.

**See also**

- My values and sex
- Different places, different ME
- Perfect match

## MY RULES



## **SENSING SAFE PROGRESS**

### **Aim**

To promote self-reflection on progress in the area of intimate relationships.

### **Materials**

A4 paper and pen (optional).

### **Method**

Introduce this activity as a discussion about how people know when a relationship is doing well, and when it is not progressing well. Discuss the issue abstractly rather than talking about specific examples. Encourage your client to think about how relationships change over time, some get closer and others fall away or end suddenly. Talk about the sorts of issues that impact on intimate relationships. You may want to prompt with the following:

How might I feel when a new relationship is going well?  
What (behaviours) would let me know that it is going well?  
How might I feel when a new relationship is not going well?  
What (behaviours) would let me know that it is not going well?  
What should ring alarm bells?  
How will I respond to alarm bells – what could I say or do?  
Self-statements allowing me to act on alarm bells  
Self-statements allowing me to relax into a warm, respectful, caring relationship

Make sure you finish on a positive note so that your client leaves with hope for a positive intimate relationship in his or her future.

### ***See also***

- Setting scenes
- Perfect match

## Review for the future

This chapter marks a significant milestone for your client, in that he or she has processed their trauma and developed new skills and knowledge to the point where the young person can let go of the past, and face a new future. This is cause for celebration and acknowledgement of all the work your client has done successfully. The activities in this chapter are aimed at promoting the adolescent's belief in their right to a positive, safe future.

Looking forward to the future brings with it different stresses and issues, and for an adolescent can be particularly relevant in terms of taking responsibility for themselves in very new ways. It is important to stress throughout all these activities that an independent future does not mean a future alone and without love, laughter, friendship and support. Rather it means a future where the young person can choose who to be involved with, to improve the quality of their life as they see fit.

It is also important for your client to recognise that, although he or she has worked through much of the trauma associated with the abuse they received, everyone has bad days, and your client's bad days may often (but not necessarily) be related to the sexual abuse. But bad days are just that – they don't have to last long (in fact they can be just bad mornings!) and the reason they are known as bad is because most days are (relatively) better.

# **SURVIVING THEN, NOW AND TOMORROW**

## **Aim**

To promote your client's perception of him or herself as a 'survivor' who continues to use survival strategies successfully.

## **Materials**

A3 paper and coloured pens.

## **Method**

Introduce this activity as looking at how the survival strategies your client has employed have changed over time. Divide the sheet of paper into three sections, and title them 'Then', 'Now' and 'Tomorrow'.

Ask your client to think of the times in the past when he or she managed to escape, such as saying 'No', or pretending to be sick. Then think of moments when your client believed he or she was competent, likeable and worthwhile, such as at school, or on holidays. What self-statements did your client say to stop him or herself 'going mad'? Did he or she imagine they were somewhere else, or a different person? Encourage your client to think of all the things he or she did, no matter how strange it may seem now, that helped them to cope and survive.

Next, ask your client to think of 'Now', and how he or she is surviving and healing. This may include things like joining a support group, 'doing' therapy, naming the perpetrator as an abuser, refusing to be dominated by self-blame and working on maladaptive beliefs, thoughts and feelings so that he or she feels worthwhile and valuable.

Lastly, move to the third section and discuss what the young person plans or expects to use in the future to assist him or her in maintaining the survival skills. Many of these may be what is listed in the 'Now' section, but the young person may want to add a few more that he or she thinks might be useful or would like to take on, such as 'learning self defence' or 'getting a good job when I finish Uni'.

Review the work, emphasising the changes in the types of strategies used, and how now the focus is on building a new future.

### ***See also***

- How it feels to be a survivor

## Surviving

### THEN

- \* Tiding my bedroom floor really messy
- \* Focusing on a picture on my wall
- \* Aching sick and sometimes being sick
- \* Staying over at Bev's place or having her stay at my place
- \* Escaped into reading and art at school
- \* Held onto success of art in school

### NOW

- \* Daily focus on the positive
- \* I have the right to feel safe
- \* I am believed
- \* that person is now out of my life
- \* I am worthwhile and attractive
- \* Learning to sleep
- \* Learning to cope and move forward
- \* Healthy choices
- \* Therapy
- \* Support group
- \* Art Therapy

### THROPOW

- \* Make more friends
- \* Do more art
- \* Go to College to learn computer skills
- \* Have boyfriend/girlfriend
- \* Have a full life
- \* Cope with setbacks
- \* Feel more normal

# MY LITTLE BOOK OF SUCCESSES

## **Aim**

To track successes and keep a record of them, to confirm progress, to be inspired and to maintain optimism during difficult times.

## **Materials**

A lockable diary-style book. Coloured pens to decorate (optional).

## **Method**

This is an activity for more or less the rest of the young person's life! Help your client to make a front page with a suitable title, which may be the one above or may be something like 'Record of triumphs'.

Discuss with your client how the items recorded in the book do not have to be major achievements, but can be small victories or even new pleasures he or she has discovered. The items can cover every area of life from relationships 'I enjoyed kissing David, he's fantastic!!!!' to everyday activities 'My boiled egg turned out perfect', 'I wasn't late for college once this week'. Emphasise that this is a diary for the young person to keep, not his or her carer or teacher!

## ***See also***

- My happy diary



## **SUCCESS REVIEWED**

### **Aim**

To review all the work your client has done (in your therapy and elsewhere) and evaluating its effectiveness and helpfulness.

### **Materials**

Ten to 20 cards or strips of paper, A4 paper and a pen.

### **Method**

Introduce this session as a time to review all the therapy and other support that has been of use to your client in his or her journey. On each card (use as many as required) encourage your client to write a single source of support, therapeutic activity or important event that he or she has found useful in their progress. Stress that he or she should not feel obliged to write down any of the work you have done together unless it really has been useful, and that sometimes events or people can be the most important thing.

Use the session as a review session, discussing the impact of each of these successful factors. Ask your client to think about why that particular person, activity or event was so useful, and assist in analysing as appropriate. Avoid asking specifically about the activities that you have presented in therapy, and keep the focus on your client and what worked for him or her.

Try to emphasise that none of the progress would have happened without your client's cooperation and hard work.

Thank your client for sharing this information, and ask if he or she wishes to write anything down to take away with them.

### ***See also***

- My journey

# THREAD OF LIFE

## Aim

To demonstrate that many effects of trauma can be overcome and need not affect a whole life.

## Materials

A4 paper, a pen, a length of string (approx. 1.8 m) and a pen that will make a mark on the string.

## Method

Take the piece of string and talk to your client about how it can represent a lifespan (maybe 90 years). Make marks on the string approximately 10 cm apart to indicate each five years of the young person's whole life. Acknowledge that you do not know his or her lifespan, but suggest you use 90 years for this exercise.

Talk together about how times of trauma are times when things do not usually go well and life feels tangled and messy. Demonstrate this by asking your client to make many large knots in the section of string indicating the period of life when he or she was being abused. Talk about how much of their life is left, pointing out the years marked on the string, and how some other lesser traumas may come along at various times. Your client can then tie a few small knots to suggest possible anticipated sources of stress or difficult times, for example, when the young person leaves home or even when his or her own children leave home. Some clients may suggest times when the past abuse is likely to affect them, for example, when he or she begins a sexual relationship. Allow time to discuss this if your client wishes.

Then return to the tangle of knots indicating the abuse. Ask your client if he or she feels that some of that tangle has now been sorted out, so that they feel less affected by that period of life now. If so, ask if they feel ready to untie some of the tangle of knots to indicate this.

Now look at all the sections that are knot free and how many are knotted. Compare how many there are of each of them. Discuss with the young person how he or she will cope with any of the 'knotty times' still to come and talk about areas you have worked through in therapy and how your client will now feel better equipped to cope with other difficult times in life.

You may wish to note down a few key positive sentences from this activity for the young person to take away. Alternatively (or in addition), the young person may wish to make a drawing to remind him or herself of the ideas behind it. Some clients like to carry a piece of string with them, as a symbol of now having control over their life, whatever comes along.

## ***See also***

- Power scales

## **RELAPSE KIT**

### **Aim**

To introduce the concept of relapse and plan for incorporating slip-ups along the way.

### **Materials**

A4 paper and a pen.

### **Method**

Explain that relapse is the name for slipping backwards – either getting more upset than expected, acting out more than usual, feeling depressed and generally having the effects of the trauma impacting more than usual. Explain that progress will have ups and downs because the stress in your life goes up and down, and certain stressors will trigger a bad response. These relapses should be expected, and planned for, because (as with ‘Riding the waves’) you know that every now and then it will happen.

Relapses tend to occur after two sorts of stressful events – ones that people know of and expect (and can plan ahead for) and ones that come out of nowhere and which need to be accepted and observed (as in ‘Freedom focus’ and ‘A cloudy sky’ in Chapter 4).

Take a piece of paper and draw a big cross on it to make four sections. Title the left two sections ‘Expected’ and ‘Unexpected’ and ask your client to think of times when he or she has had these types of stressors, and write them in. Once each section has a few examples, move to the right hand sections which both need to be titled ‘Response plan’.

For the ‘Expected’ section, ask your client to think of things that may assist in prevention. If prompting is required, you might include getting enough sleep, not drinking too much, keeping busy, working out what to say or do, practising his or her responses. For the ‘Unexpected’ section, ask your client to think of what he or she could do to minimise the impact. Examples could include getting into a safe place, rehearsing their self-statement about ‘I deserve peace’, breathing, riding the waves, giving themselves permission to feel lousy as a result of the stress, reading their ‘coping card’ strategies.

Finish by focusing on two main points. First, relapses will happen, they will make you feel let down, and they are part of your client’s journey. Second, your client will survive them and move on. If you are able to come up with an example of how your client has handled a relapse in the past, then use this to instill confidence in the young person’s coping abilities.

# My Relapse Kit

## Triggers

Therapy

Exams

Someone says the wrong thing.

When HE phones

When T tried to cuddle me.

When Mum was sick

## Response Plan

It's at my pace. 'I'm growing strong'.

Study properly. Get sleep. Exercise. Relaxation

There's always going to be someone who says the wrong thing. Name the incident as someone saying the wrong thing.

Think and accept that I am scared - but I am in control of my life now. Phone friends.

Use my safe language

Choosing NO

Listen to my body

Link up supports

Remind myself I am not alone

Focus on helping Mum.

UNEXPECTED

UNEXPECTED

## **Variation**

# **MY BAD HAIR DAYS**

### **Aim**

To have strategies in place for ‘bad hair days’ or any other day when things don’t go right.

### **Materials**

A4 paper titled ‘When I wake up in the morning and it’s a Bad Hair Day I can:’.

### **Method**

Introduce the idea that we all have ‘Bad Hair Days’ when we wake up and things are not going well or feeling right. Ask your client how often this happens to him or her, and what sorts of things seem to help, such as wearing a favourite jumper (comforting), making a ‘To Do’ list (gaining control), listening to certain music (energising) or having a nice, warm drink (relaxing – or maybe it’s the caffeine!). Stress that there are no right or wrong answers, and that some unusual things seem to help some people, such as tidying the bathroom or hopping back into bed to start again!

Ask your client to write as many things down on the sheet as he or she can think of, that would help shake off the mood and motivate or comfort them and so improve their day. By this stage, your client should not require any prompting, but be sure to encourage and praise as he or she comes up with different and creative ideas.

### ***See also***

- Coping cards

# My Bad Hair Days

Play up beat  
music

Paint my nails

Put radio  
on

Read my  
spiritual  
inspiration  
diary

Hot Chocolate  
with  
marshmallows

Wear my special  
bracelet

Phone Mum  
for a 'love line'

Give myself a  
treat

Make My Hair Really Nice

Have a  
long warm  
shower

Make a list of  
things to look  
forward to today

Cuddle my cat

Have a dance to energize

## **A LETTER TO ME**

### **Aim**

For the client to have a sense of where he or she is now and where the future lies.

### **Materials**

Several sheets of A4 paper and a pen.

### **Method**

Explain to your client that this activity is to write him or herself a letter for the future, laying out his or her hopes and dreams. If the young person thinks this is a really odd idea, then talk about how interesting it is if he or she comes across something many years later that they did as a child, or what it feels like to look at an old photo. It can also be useful to read about the progress he or she has made, and act as a motivator when your client is feeling disheartened about something. If they still think it is an odd idea, use the variation.

Your client may want to introduce him or herself in the letter, for example 'I am fifteen now, I wear my hair tied back, and I hate spaghetti. I fancy a boy at school but I am scared about going out with him. I am a survivor and I want a future.' Then encourage your client to write about how far they have come so far.

Lastly, move on to the future your client currently hopes for. You may need to ask a few questions to help him or her outline their future. For example, 'What will you want to be doing as an adult in terms of career, sports, friendships?' or 'Where will you want to live?' Encourage the young person to write all this down in the letter.

When he or she has completed the letter, discuss where the young person will keep it so that they can read it when they need to remind themselves of how far they have come, or look back at it and compare it with what happens.

Before leaving this activity, do explain that sometimes people change their minds completely as they find out more about other things they would like to do, so they have not contracted to anything!

### **Variation**

## **SHOPPING FOR MY FUTURE**

Some clients prefer to write a 'shopping list' of their wants, hopes and dreams. Use the questions in the activity above to help them decide how they would like their future to be. Again make it clear that the young person may well change his or her mind, but that's fine.

### ***See also***

- My journey

# BEAUTIFUL HORIZONS

## **Aim**

To help your client consider the future as positive.

## **Materials**

Art materials.

## **Method**

Encourage your client to draw a picture of a horizon with a beautiful sunrise, in the foreground there is a sea, which has small waves on it.

Talk about moving towards the horizon being like moving towards a positive future. On the nearest waves write some of the things that are presently positive in your client's life. For example, 'I have made really good progress through therapy'.

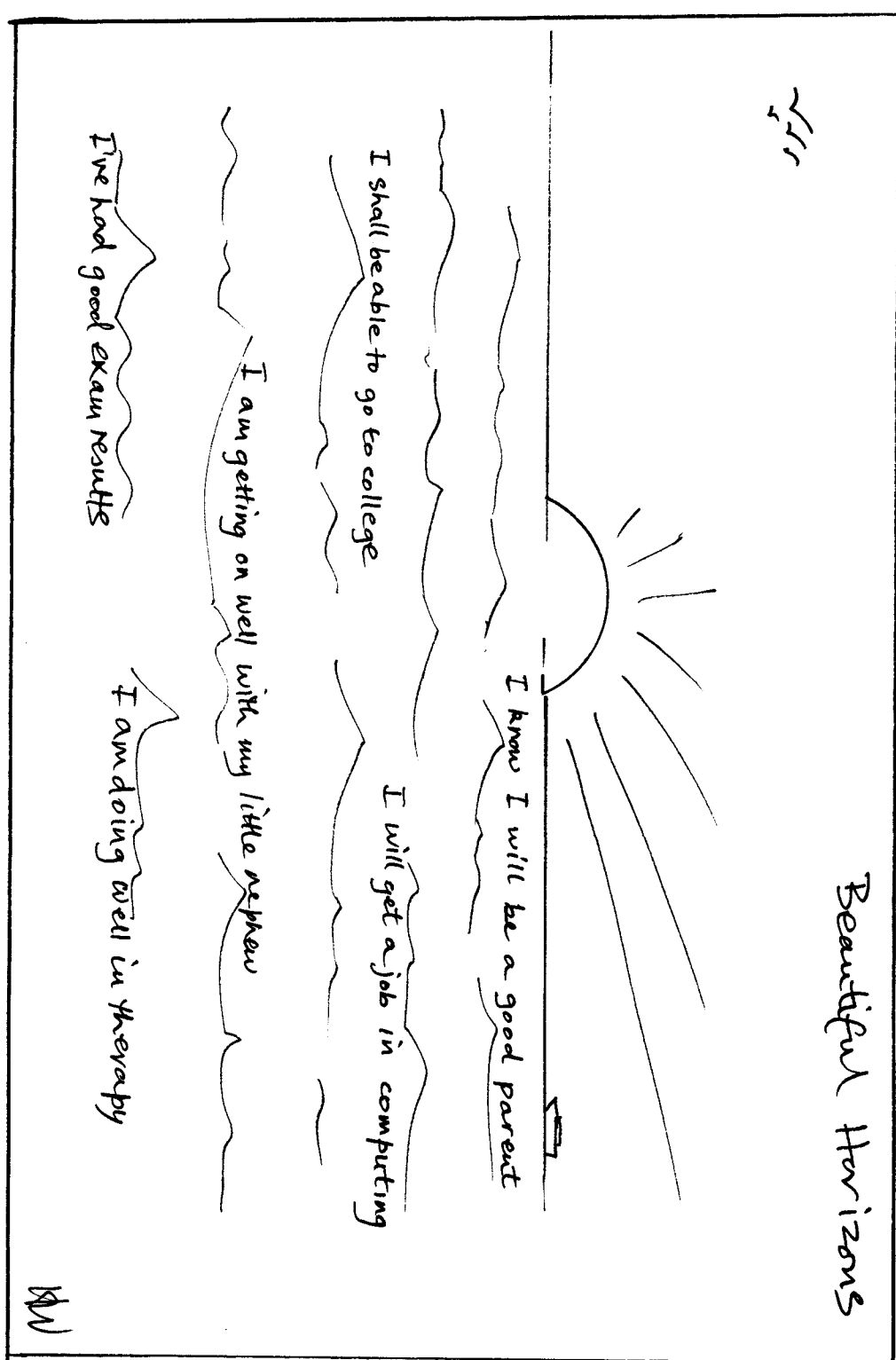
Use other waves moving towards the sun to write more positive events or future positive possibilities. Encourage the young person to keep them fairly realistic, without limiting his or her dreams. For example, 'I know I can complete my child care course' or 'I will have my own family one day'.

Celebrate the progress made so far, emphasising that so much progress has been made already it is very likely that the future positive possibilities will be achieved.

## ***See also***

- The big picture





# Appendices

## APPENDIX 1: SPOT THE POSITIVES

### SPOT THE POSITIVES

I am not to blame  
I can enjoy things now  
Freedom here I come  
Life Swc  
Will I always be so scared?  
Understanding Grief  
The relief of having told someone  
WOW I have talked about it  
I'm going to climb this mountain  
I CAN BE SAFE  
People DO BELIEVE ME  
my energy  
I now notice sunny days  
I'll get thru this  
Peace in my own life time  
I will never be happy  
He made me dirty  
Some things I'll have to grieve  
I have amazing friends  
I focus on NOW for my big picture  
HE DESTROYED ME  
It's a new ME  
I AM IN CONTROL  
I know the blues don't last like they did  
NO LONGER SCARED  
I have discovered my inner strength  
I can feel the healing happening  
He ruined my life  
I AM A SURVIVOR!  
I feel safe  
my future is positive  
Life is looking up

## APPENDIX 2: FEELING SAFE

How safe would you feel in these situations?	SAFE		UNSAFE	
Date:				
A friend asks you to walk her Rotweiler dog that you haven't yet met	0	1	2	3
You go shopping with a friend	0	1	2	3
You are speaking in public	0	1	2	3
You are the only person in your train carriage	0	1	2	3
You are walking on your own through a car park at night	0	1	2	3
You are called to the principal's office at lunch time	0	1	2	3
You open your coat to put it on and a moth flies out	0	1	2	3
You watch a video at home on your own	0	1	2	3
You and a friend muck around with your make-up at home	0	1	2	3
You are in the car and a wasp flies in	0	1	2	3
You are half an hour late for school	0	1	2	3
You are at a concert with your friends	0	1	2	3
You are about to jump out of a plane with a parachute	0	1	2	3
You are on a roller-coaster ride	0	1	2	3
You are in a queue and a scuffle next to you results in you getting knocked down	0	1	2	3
Someone you don't like asks you for a date	0	1	2	3
You are sitting in the dentist's chair	0	1	2	3

### APPENDIX 3: RECORDING CHART

Name:  Day: Time: What I did  How it felt  Score out of ten Any other comment
Name:  Day: Time: What I did  How it felt  Score out of ten Any other comment
Name:  Day: Time: What I did  How it felt  Score out of ten Any other comment
Name:  Day: Time: What I did  How it felt  Score out of ten Any other comment

## **APPENDIX 4: THE DISTRACTER FACTOR**

The Distracter:

Where I used it:

Who/what was around:

The trigger:

How easy it was to do:

How effective it was:

How comfortable it was:

How comfortable I felt using it:

Other comments:

The Distracter:

Where I used it:

Who/what was around:

The trigger:

How easy it was to do:

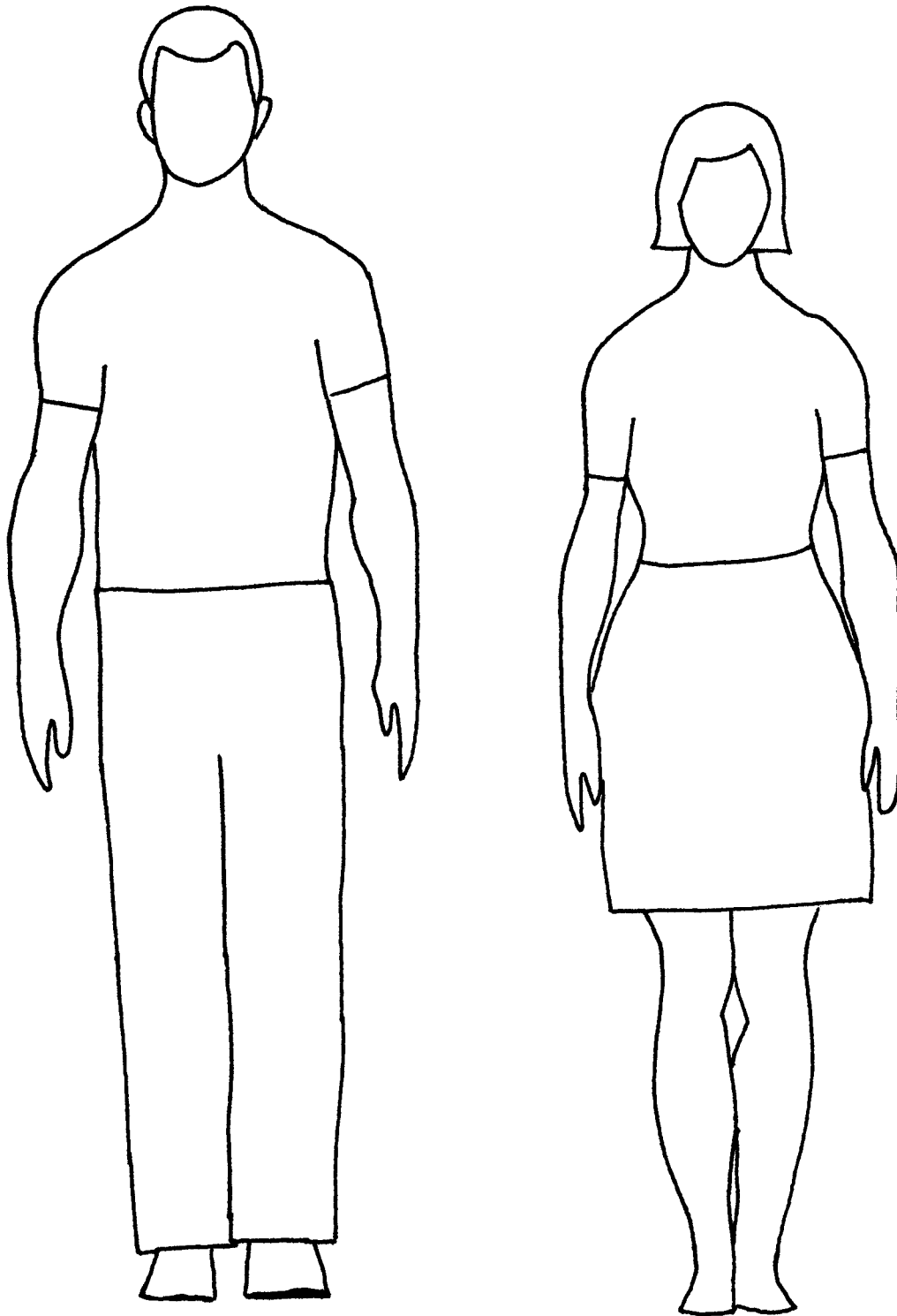
How effective it was:

How comfortable it was:

How comfortable I felt using it:

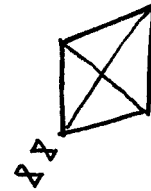
Other comments:

## **APPENDIX 5: BODY OUTLINE**



## APPENDIX 6: FEELINGS FOR NOW

### Feelings for now



Excited Relieved Calm Popular  
 Thrilled Lost Tired Funny Strong  
 Active Clever Helpful Out of control  
 Childish Lost Relaxed Winning  
 Shame Supported Enraged  
 Unlucky Alone Bored Avoiding Safe  
 Sad Motivated Guilt Friendly  
 Relaxed Attractive Lucky Tense  
 Disgusted Prepared Inspired Happy  
 Anxious Coping Peaceful Patient  
 Embarrassed Glad Fortunate  
 In control Focused Freedom  
 Angry Loved Fearful Understood  
 Surviving Nurtured Positive Bright  
 Stable Energized Together Stressed  
 Ready to explode Powerful Caring  
 Irritable Worried Confused  
 Sensible Enthusiastic Successful

## Recommended further reading

Bass, E. & Davis, L. (1994). *The courage to heal: a guide for women survivors of child sexual abuse*. New York: Harper Perennial. (Third edition, revised and expanded).

One of the classic books in the area of sexual abuse, although it is written for adults. This book is both easy and powerful to read.

Butler-Bowdon, T. (2001). *50 Self-help classics*. Sydney: Simon & Schuster.

Focusing on 20th century classic self-help books, this book can be very useful when you want to recommend reading to your client. It offers a few pages for each recommended title, with a description, and insightful discussion, followed by a small section about the author.

Carr, A. (1999). *The handbook of child and adolescent clinical psychology*. New York: Brunner-Routledge.

This expansive text provides information on diagnosis, clinical aspects and intervention for a wide range of child and adolescent concerns. Based on evidence and best practice, the author incorporates social, biological, cognitive, dynamic and systemic aspects to explain phenomena and recommend interventions. In most cases, multisystemic intervention approaches are described.

Clark, M. & Fox, C. (2001). *What to do when life sucks*. Sydney: Random House.

Clark, M. (1999). *Secret girls' stuff*. Sydney: Random House.

Clark, M. (2001). *More secret girls' stuff*. Sydney: Random House.

Margaret Clark is a well-known writer of fiction and non-fiction (such as the above) in Australia. These books are packed full of good ideas and extremely sound advice, with a very non-judgmental tone. Written for teenagers, and very easy to read, these books deal with the common problems found in adolescence. *What to do when life sucks* is particularly good in dealing with such issues as suicide, loneliness, depression, alcohol and drugs and other issues that are particularly common among teenagers who have suffered abuse. While the covers recommend readers of 'Age 15 plus', some sections might be useful as information to back up therapy for clients a little younger.

*Clinical psychology: science and practice* (2002, 2003).

Volumes 9 and 10 feature numerous articles on mindfulness and how it can be applied in psychotherapy. In particular Ruth Baer (in volume 10) offers a thorough conceptual and empirical review on mindfulness as a clinical intervention.

Fahlberg, V.I. (1994). *A child's journey through placement*. UK edn. London: British Agencies for Adoption and Fostering.

This book is written for a younger client population who have experienced fostering and/or adoption. Nevertheless, this book is full of information and ideas that help explain behaviour and provide new skills for overcoming emotional difficulties.

Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (1999). *Acceptance and commitment therapy: an experiential approach to behavior change*. New York: Guilford Press.

Acceptance and Commitment Therapy (ACT) is theoretically based in the new wave of behaviour analysis, but has many strategies similar to those used in 'mindfulness' approaches. ACT supports abandoning any attempts to control



*Recommended further reading*

thoughts and feelings, and promotes changing behaviours in a constructive way to improve their lives. This book is a foundation book within this area of clinical practice.

Hobday, A. & Ollier, K. (1998). *Creative therapy: working with children and adolescents*. ACER Press: Melbourne.

Hobday, A., Kirby, A. & Ollier, K. (2002). *Creative therapy for children in new families*. BPS Blackwell: Oxford.

These are two books out of the three that Hobday and Ollier have published to date. Both of these have activities for use in therapy that are likely to be useful for adolescents who are overcoming child sexual abuse. The latter may be especially useful if the adolescent has been removed from his or her original home and needs to establish links with new carers.

Loiselle, M.B. & Wright, L.B. (1997). *Shining through: pulling it together after sexual abuse*. Brandon VT: The Safer Society Press.

Wright, L.B. & Loiselle, M.B. (1997). *Back on track: boys dealing with sexual abuse*. Brandon VT: The Safer Society Press.

The first of these two self-help books is written for girls aged 10 years and over, although we would suggest it is more appropriate for those over 12 years and would advise consistent and regular therapist support. It contains a lot of information and written exercises, so will suit those young people who are confident in writing and expressing themselves verbally. The second book is the corresponding book for boys.

McMullin, R.E. (2000). *The new handbook of cognitive therapy techniques*. New York: W.W. Norton and Co.

A thorough and broad ranging handbook, detailing a large number of concepts and techniques relating to cognitive therapy. This book presents many different ways to work cognitively with clients, and includes both 'hard' and 'soft' techniques for working with thoughts and beliefs. Although this book is designed for working with adults, many of the techniques can be applied to adolescents who have demonstrated some insight.

Marx, B.P. & Sloan, D.M. (2002). The role of emotion in the psychological functioning of adult survivors of childhood sexual abuse. *Behavior Therapy*, 33(4), 563-577.

This article looks at the experiential avoidance and emotional expressivities amongst survivors of child sexual abuse, and how it relates to psychological distress.

Seligman, M.E.P. (1990). *Learned optimism*. Sydney: Random House.

A useful text for assisting your client to learn the cognitive skills for tackling learned helplessness and building skills for an optimistic future. Easy to read, and well set out, this book would best suit adolescents overcoming child sexual abuse in the latter stages of therapy.

## References

- Baer, R.A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10, 125-143.
- Briere, J. (1996). A self-trauma model for treating adult survivors of severe child abuse. In Briere, J., Berliner, L., Bulkley, J.A., Jenny C. & Reid, T. *The APSAC handbook on child maltreatment*. Thousand Oaks: Sage Publications.
- Feindler, E.L. (1995). Ideal treatment package for children and adolescents with anger disorders (pp. 173-195). In H Kassinove (Ed.). *Anger disorders: definition, diagnosis and treatment*. Washington DC: Taylor and Francis.
- Finkelhor, D. (1986). *Source book on child sexual abuse*. Newbury Park, California: Sage Publications.
- Friedrich, W.N., Fisher, J., Broughton, D., Houston, M. & Shafran, C.R. (1998). Normative sexual behavior in children: A contemporary sample. *Pediatrics*, 101(4), e9.
- Herman, J.L. (1992). *Trauma and recovery: from domestic violence to political terror*. New York: Basic Books.
- Hobday, A. (2001). Timeholes: A useful metaphor when explaining unusual or bizarre behaviour in children who have moved families. *Clinical Child Psychology and Psychiatry*, 6 (1), 41-47.
- Kabat-Zinn, J. (1994). *Wherever you go, there you are: mindfulness meditation in everyday life*. New York: Hyperion.
- Kellner, M.H. (2001). *In control: a skill-building program for teaching young adolescents to manage anger*. Champaign Ill.: Research Press.
- Levenkron, S. (1998). *Cutting: understanding and overcoming self-mutilation*. New York: W.W. Norton and Co.
- Linehan, M.M. (1993a). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press.
- Linehan, M.M. (1993b). *Skills training manual for treating borderline personality disorder*. New York: Guilford Press.
- MacDonald, Lambie, Simmonds (1995). *Counselling for sexual abuse: a therapist's guide to working with adults, children and families*. Oxford University Press: Melbourne; New York.
- Milne, J. (1995). An analysis of the law of confidentiality with special reference to counselling of minors, *Australian Psychologist*, 30(3), 169-174.
- Van der Kolk, B.A., McFarlane, A.C. & Weisaeth, L. (Eds.) (1996). *Traumatic stress: the effects of overwhelming experience on mind, body and society*. New York: Guilford Press.

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## Adolescents Overcoming Child Sexual Abuse

*Creative Therapy: Adolescents overcoming child sexual abuse* is a practical therapy book. Over 100 activities are offered in this multi-modal approach to making therapy both effective and, as far as possible, fun. They cover many areas of need for survivors of sexual abuse, from learning to recognise and regulate emotion to self-identity and coping strategies on which the young person can build a bright future.

Adolescence is a difficult time but it is particularly difficult for those who have experienced sexual abuse. The consequences to mental health from such abuse are now widely recognised. Often one of the most painful times in a young person's life is disclosing the abuse – this can have traumatic and disruptive effects on him or her and their family that only add to the stresses of adolescence. Kate Ollier and Angela Hobday provide ways of working with teenagers helping them regain confidence and feel positive about their future to make their therapeutic journey a stimulating yet emotionally stabilising time.

Emotional regulation and the development of identity, values and morals are severely hampered when the child has spent years dissociating and denying an abusive experience. Achieving attachment and healthy relationships, in a previously chaotic system, is an essential part of individual therapy and survivors of child sexual abuse need more guidance than most if they are to attain essential emotional milestones.

This book is certain to appeal to all therapists working in the area of abuse. Even the most experienced professional is likely to be inspired by the range of lively ideas dealing with a very difficult subject.

### **The authors:**

Both authors have extensive experience in providing clinical psychology services. Kate Ollier, B.Sc., M. Psych., Grad. Dip. App. Ch. Psych., provided a clinical psychology service in the UK alongside her co-author. She is currently employed in a clinical psychologist position at Disability Services Commission, in Perth.

Angela Hobday, B.Sc., M.Sc.(Clin. Psych.) is currently head of the Clinical Psychology Service to Children and Adolescents at the Queen Elizabeth Hospital, King's Lynn. She is the author of several journal and book publications, including three titles with Kate Ollier.

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