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FACILITATING EFFECTIVE COPING IN CHILDREN FOLLOWING DISASTERS: A PSYCHOANALYTICALLY INFORMED GUIDED NARRATIVE INTERVENTION

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Following disasters like 9/11, the recent tsunami, and Hurricane Katrina, children with poor affect regulation, avoidant defenses, and deficient social skills are at special risk for developing traumatic stress reactions. Our aim is to develop a supportive-expressive and cognitive skill-building therapeutic intervention that can be widely used with post-disaster populations to reduce emotional distress and promote healthy adaptation in children.

Many areas of family life are pulled into workbooks using children's drawings and narratives. Topics the caregiver requests the child to draw and write about include parental and sibling relationships, schooling, hobbies, and self-concepts. Traumas the child may have experienced are potentially disclosed. Potential research topics covered that may be of special interest to psychoanalytic researchers include sections on "My best dreams in my whole life," "My best dreams since the hurricanes," "My worst dreams in my whole life," "My worst dreams since the hurricanes." Thought tapping into memories that can be coded, it may be possible to ascertain if hurricane and other disaster victims have fewer benevolent or positively toned early childhood memories than do other groups of children. A mental health checklist (a parent and teacher scorable three-page yes/no list, focused on post-traumatic symptoms, prior adversities, and major mental illnesses) is provided for the child to complete. Teachers are given a scoring system to determine whether a child is likely in need of additional services.

Method

280 We have been exploring the use of a guided narrative therapy intervention in the context of a supportive-expressive and cognitive skill-building therapy to enhance children's coping skills. Through use of a formal narrative method, the child builds cognitive skills including the capacity to attend to painful emotions and to express and master painful feelings using both verbal and nonverbal means.

The guided activity workbook developed by the senior author, *My Personal Story about Hurricanes Katrina and Wilma* (Kliman, Oklan, and Wolfe 2006), will be provided by Mercy Corps to therapists, teachers, family, and other caregivers. Training sessions are being planned for these disaster responders. They can use the instrument as a tactful means of supporting a displaced child's entry into a new community. It contains guidelines for considerable support by a network of others, respects the child's autonomy, enriches the child cognitively, and encourages coping, formal narrative, fund of information, and learning skills. Mercy Corps will distribute the workbook in several age-appropriate versions in child care kits to families evacuated during the Hurricane Katrina and Rita disasters.

Previous Work

In the Cornerstone Preschool Therapy project (Kliman 1975, 2006; Lopez and Kliman 1980), an analytic therapist orchestrated a classroom

group of preschool children, using reflective techniques and social support. Cognitive gains were particularly strong for traumatized children, although children whose development was pervasively delayed also benefited markedly (Zelman 1996).

In another project, the pathogenic phenomenon of “bouncing,” or unplanned transfers, of foster children was approached by a less elaborate small network intervention based on a Personal Life History Book. Odds of a child’s experiencing a transfer were reduced eleven-fold in the intervention group. This positive result was viewed in terms of reducing the “repetition compulsion” in traumatized youth (Kliman 1997, 2006).

Research Hypotheses

We hypothesize that a structured narrative therapeutic approach enhances cognitive and self-regulatory skills in children exposed to a traumatic event. We hypothesize also that cognitive and emotional gains will translate into better adjustment and lower rates of unplanned transfers with the use of guided activity workbooks among evacuee children placed in foster care. We are considering a variety of cognitive measures to evaluate attention, concentration, freedom from distractibility, working memory, and executive functions. We plan to use rating scales and projective instruments when possible to evaluate interpersonal and emotional functioning. We look forward to continued discussion of the advantages and disadvantages of these operational measures with interested colleagues.

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PARENTAL INFLUENCES ON SOCIAL ANXIETY: THE SOURCES OF PERFECTIONISM

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Hamachek (1978) held that positive perfectionists "strive for high standards resulting in feelings of accomplishment and satisfaction," whereas neurotic perfectionists "strive for high standards but, no matter the result, never seem to do things good enough" (p. 28). What determines the type of perfectionism a person falls under? Studies reveal that a major influence may be the individual's parents. Children face many obstacles growing up. Parents sometimes add to these difficulties by expecting more from their children than is possible for a growing yet still immature being. These expectations, and the parental criticism directed at any failure to meet them, can lead children to rebel. Occasionally, however, a child will continue to strive for excellence, and some will continue to fall short in the eyes of their parents. These are the individuals who become neurotic perfectionists. Blatt (1995) describes maladaptive perfectionists as "constantly trying to prove themselves, . . . always on trial, and feel[ing] vulnerable to any possible implication of failure or criticism" (p. 119). These individuals are observed as having strong feelings of inferiority (Ashby and Kottman 1996) and lower scores on measures of general and social self-efficacy; constantly seeking approval and desperately trying to avoid errors and failure (Blatt 1995); evaluating their performance based on comparisons with others; and viewing others as being in control of them (Ashby 1998). Such feelings of inferiority go on to affect other parts of their lives, hence connecting neurotic perfectionism with a plethora of other psychological disorders, social anxiety being one of the most widespread. Fear of failing in front of others, often at even minor tasks, may be even more difficult than failing itself. The more perfectionistic an individual's standards, or perceptions of the standards