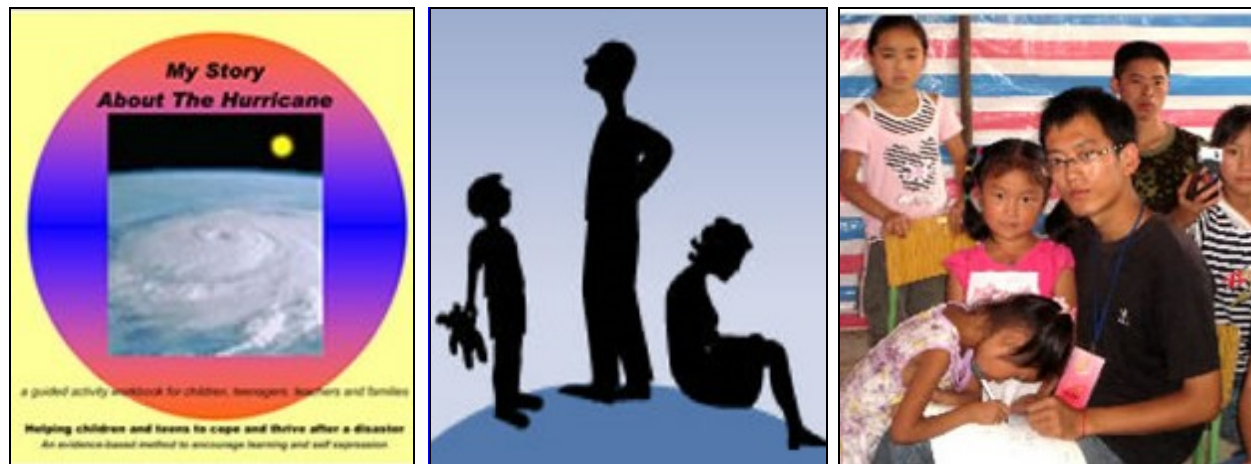


The Children's Psychological Health Center, Inc. – a nonprofit agency
 Gilbert Kliman, MD, Medical Director
www.childrenspsychological.org



CPHC's growing series of Guided Activity Workbooks were authored by a team of experienced psychological trauma workers, including senior Board Certified Child Psychiatrists, as well as psychologists and mental health workers with long histories of responding to emergencies.

All of our Guided Activity Workbooks are available for download from our agency's website at no charge. Many titles are available in more than one language. Hard copies of many titles are available on Amazon.

Research Regarding CPHC's Guided Activity Workbooks

Psychoanalytically-Based Workbooks to Help Children Cope with Disaster by Gilbert Kliman, MD

Published in The Journal of the American Psychanalyst, Fall /Winter 2006 Volume 40, No. 4, p.16, 18

My own disaster work goes back to crises such as helping schoolchildren deal with the death of a president. As a clinical analyst, I learned from my individual child patients at the time and reported on Oedipal themes I observed being activated among them. However, it was a formative experience to realize I learned even more of practical public health value from a psychoanalytically informed behavioral survey of teacher observations about the behaviors of 800 schoolchildren. Through that study, it was learned that on the fateful afternoon of John F. Kennedy's death, teachers and administrators who avoided immediate discussion of the assassination with their in-school pupils experienced behavioral deterioration in their classroom populations as measured by behavioral checklists. The pupils of teachers who initiated discussion with their children had markedly better classroom behavioral outcomes.

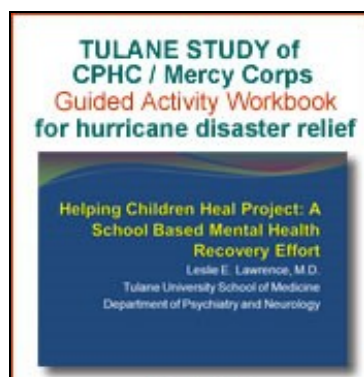
I kept applying this knowledge about the value for children of adult leadership during times of crisis. Adult-augmented ego executive function and use of adult superego modeling could be essential factors. This clue proved useful in later systematic population-based research I undertook with foster children. Controlled studies of a pro-active approach to having foster children create written narratives about their personal life histories led to a significant public health breakthrough. The method produced a sharp reduction of a psychologically malignant phenomenon—already vulnerable children bouncing among foster homes.

Questions arise which can help in future crises: What are the psychoanalytic principles that make a difference; why is it that creating a written narrative of a foster child's life, one that is authored by the child with the aid and input of a network of current caregivers, results in a statistically significant lowering of "bouncing" to another foster home and in a qualitatively improved experience of life for the child?

Since Kennedy's death, many large-scale crises have provided the impetus to produce psychoanalytically-informed guided activity workbooks for children, families, and teachers, similar to those that helped foster children. My colleagues and I have authored workbooks concerning the Loma Prieta earthquake, the first and second Gulf Wars, the attack on America, floods, fire storms, the Kosovo refugee experience, terror attacks in Israel, and we are starting one for Lebanese children who have been caught in the war in Lebanon. A Guatemalan mudslide book was produced with the leadership of Leah Fisher. A tsunami storybook is being developed with Sombat Tapaya in Thailand.

Evaluation of Effectiveness

Research is underway to help determine what is helpful about psychoanalytic resources of this type in the aftermath of a disaster. When Hurricane Katrina made landfall in New Orleans on August 29, 2005 causing extensive flooding, immense destruction, and human suffering, Mercy Corps and the San Francisco-based Children's Psychological Health Center began collaborating on production and distribution of a new guided activity workbook within a week after the disaster.



To evaluate the effectiveness of the intervention, the American Psychoanalytic Foundation and Mercy Corps jointly funded a study of the resource. The objective of the resource was to decrease post-traumatic symptoms in several hundred among the evacuated fifth to eighth grade children attending a displaced school, temporarily based in Houston. The formerly New Orleans student population was 100 percent African-American, the majority (82 percent) from impoverished areas of New Orleans that were widely devastated by Katrina. The University of California at Los Angeles Child Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) was administered to the children prior to beginning work on the Hurricane Workbook and again after three months of working with the specially designed psychoanalytically informed workbooks.

My Personal Story About Hurricanes Katrina and Rita: A Guided Activity Workbook for Children, Families and Teachers was given to each child. Each worked on it in class for 30 minutes weekly for three months. Post-traumatic symptom level scores among 100 twice-tested adolescents declined sharply. The improvement was statistically highly significant ($p=.0001$). It confirmed compelling clinical observations that even classes of highly agitated and overactive inner city children quickly grew very calm when using the activity workbooks. *My Personal Story About Hurricanes Katrina and Rita* appears to have contributed to decreasing PTSD symptoms.

Reports of post-Katrina mental health symptoms in other studies generally contrast with this one—showing increases of pathology over time. According to the most comprehensive survey yet completed of mental health among Hurricane Katrina survivors from Alabama, Louisiana, and Mississippi, the proportion of people with a serious mental illness doubled in the months after the hurricane compared to a survey carried out several years before the hurricane. We await, however, controlled and random assignment studies, which we have conducted so far only with foster children. We also await with great interest studies of cognitive functions such as IQ, which have been shown to improve when other supportive expressive methods are used in social networks—particularly the Cornerstone therapeutic preschool method.

Alas, there will never be a time when children are exempt from disasters. The creation and use of psychoanalytically informed public health measures, as well as further study in this area, are essential. We have some tentative hypotheses about the reasons children improve through use of such adult-recommended measures. The use of

guided activity workbooks shows children that honestly facing the disaster is supported rather than avoided by their teachers and families. The use of drawings and encouragement of narrative writing advances a sublimative and witnessing process in which the child feels respected and useful within the child's human network. The child's personal locus of control and sense of personal history are enhanced. These factors all can easily be absent in a disaster. Current and future research will augment our understanding of how psychoanalytically-based resources make an important difference.

Research Results

No other resource of this kind has yet been manualized. As a manualized approach to helping foster children, this method has been studied and the results measured. Research has indicated that the majority of foster children, especially those who remain in foster care for longer than six months, are subjected to multiple placements (Knitzer & Allen, 1978), such children have a higher rate of psychological dysfunction than youngsters who are placed in stable, long term care (Zimmerman, 1981); and have increased criminal activity (Runyan, 1985). The phenomenon of transfers can be measurably reduced by Reflective Network Therapy and by use of this psychoanalytically informed workbook following the guidelines of the Personal Life History Book Manual.

A Manualized Method for Helping Foster Children

My Personal Life History Book: A Guided Activity Workbook for Foster Children

My Personal Life History Book (PLHB) is a psychodynamically informed, highly structured, cognitively oriented therapy designed for children in foster care placements. It is based on the assumption that traumatic adversities (such as neglect, abuse, parental rejection, and ultimately, the loss of family relationships) preceding foster care placement lead children in foster care to behave in a way to re-experience the prior traumas, to evoke further rejections and abandonments, detectable as the measurable outcome of transfers among foster homes.

Using this book, the child's distress is channeled into a personal record book of positive memories as well as traumatic ones. This enhances the sense of personal continuity and conscious access to mental rather than behavioral representations of past relationships. The manual (a separate book) is a how-to-do-it guide, with a rich textbook about prevention, with data, case reports, techniques and outcome studies facilitated by the use of the Personal Life History Book.

The use of this guided activity workbook for foster children in stressful situations has been studied to determine if there were measurable outcomes. Foster children creating guided narratives about their histories and current experiences had very significant reductions of unplanned transfers among foster homes ("bounces"). Research results at Columbia University indicated that for the most carefully matched pairs of PLHB treated versus control foster children, odds of bouncing were reduced eleven fold (Kliman, 1988, 1995). As a 30 session brief psychotherapy tool, the Personal Life history Book is designed to help children reduce their transfer rates to new homes.

A Manual for Preventive Psychotherapy with Foster Children

My Personal Life History Book: A Manual for Preventive Psychotherapy with Foster Children was developed for use with the PLHB and includes vital information from a therapeutic perspective for helping children get the full value of working with My Personal Life History guided activity books.

For instance, it is important that the child has control over the PLHB, with the encouragement of a foster parent, social worker, teacher, therapist or other adult helpers. The book was developed to support self-directed

expression of memories, feelings, dreams, and to elicit verbalization and representation of traumatic events, externalizing these into a form which powerfully supports therapeutic integration of experiences and recovery from trauma fixation. It is important to permit the child to work on self-selected sections of the book rather than require the child to focus on sections or make other performance demands. This protects the child from the premature expectation to deal with emotional material for which he or she may not yet be ready.

Adult helpers are guided by the PHLB Manual which details guidelines to support a high expectation of success. Birth parents, foster parents, caseworker, or extended family members can help.

Why is preventive therapy needed for foster children?

The “repetition compulsion” is a theory-derived concept which allows prediction of social outcomes. It predicts that because children carry within them behavioral memories of being rejected by their families of origin, measurable consequences occur in foster care. The children’s enactments of rejection/abandonment memories will involve behavior which prompts their foster families to reject the troubled children, thus recreating the earlier experience of parental rejection or loss. This produces further and increasingly traumatic discontinuities of care. An aspect of the repetition compulsion among foster children has been measured by tracking the number of transfers among foster homes.

An excerpt from a review of the PHLB and Manual written by Arthur Zelman, MD, is also useful for understanding the great need for such a resource:

Many foster children have not only lost their parents and homes but have suffered abuse and neglect as well. These experiences lead to emotional withdrawal and a fragmented sense of self which makes these children difficult to reach. The use of a Personal Life History Book (PLHB) has been found to be effective in making contact with these children and shoring up their sense of self.

New Orleans Study, after Katrina and Rita Hurricanes:

Mercy Corps trained 60 caregiver teams to use the guided activity workbook method. 12,000 guided activity workbooks were distributed. Tulane University Dept. of Psychiatry used a PTSD rating scale (Pynoos, UCLA) to New Orleans middle school children who used the workbooks 30 minutes a week within classroom activity groups. What follows is a report given at the American Psychiatric Association meeting, 2006, and published in the meeting proceedings:

HELPING CHILDREN HEAL PROJECT

Tulane University School of Medicine

2006 Preliminary Results

Reporting Reduction in Symptoms of Post-Traumatic Stress Disorder in Middle School Children: Displaced Victims of Hurricane Katrina using psychoanalytically informed Guided Activity Workbooks developed by The Children’s Psychological Health Center

Abstract: A School-based Mental Health Recovery Effort

Lawrence L., Viron M., Johnson J.E., Hudkins A., Samples G., Kliman G. (2006)

Objective: On Monday, August 29th, Hurricane Katrina made landfall in New Orleans, causing extensive destruction and widespread flooding. The objective of this study was to decrease Post Traumatic symptoms in 6th – 8th grade children attending New Orleans West (NOW), School based in Houston, TX exclusively for children displaced from New Orleans. The student population is 100% African-American, the majority of whom

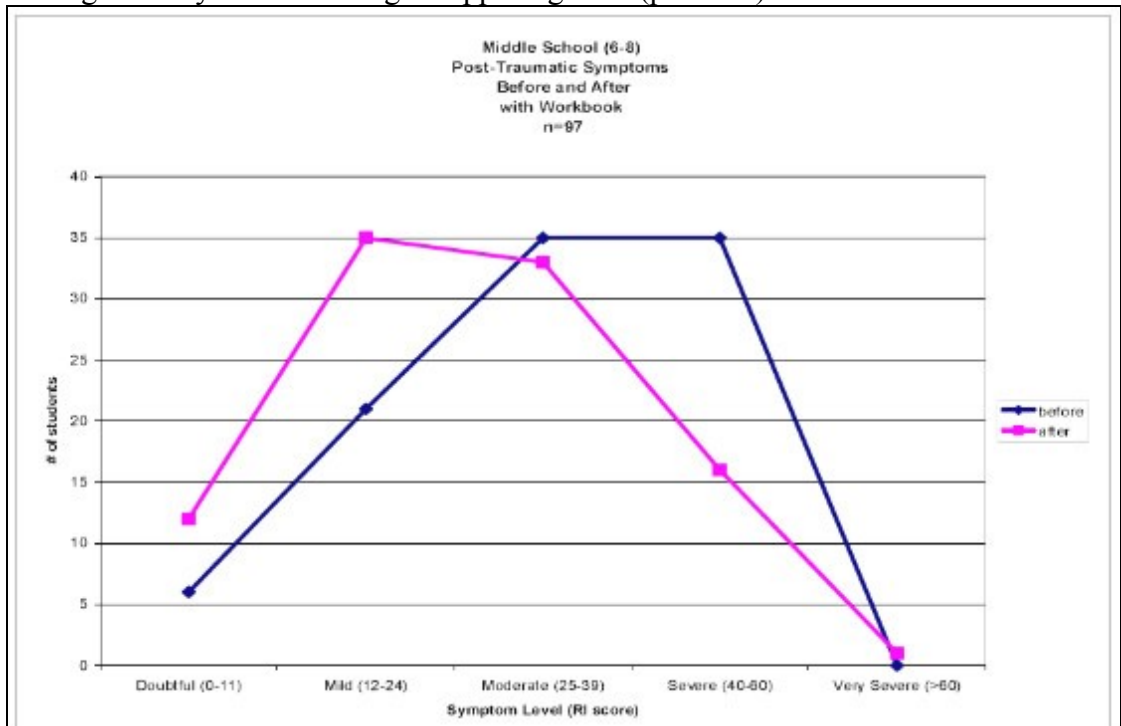
were from impoverished areas of New Orleans; areas that were widely devastated by Katrina.

Method: The University of California at Los Angeles Child Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) was administered to the children prior to beginning work on the Hurricane Workbook and after approximately three months of working with the workbooks. *My Personal Story About Hurricanes Katrina and Rita: A Guided Activity Workbook for Children* by Gilbert Kliman, et al. was given to each child who worked on it for 30 minutes weekly for approximately three months.

Results: For Middle Schoolers, grades 6-8, post-traumatic stress symptom level scores declined compared with pre-assessment scores. See charts below.

Summary: *My Personal Story About Hurricanes Katrina and Rita* appears to have contributed to decreasing PTSD symptom factors in 6th– 8th graders attending post-Hurricane Katrina.

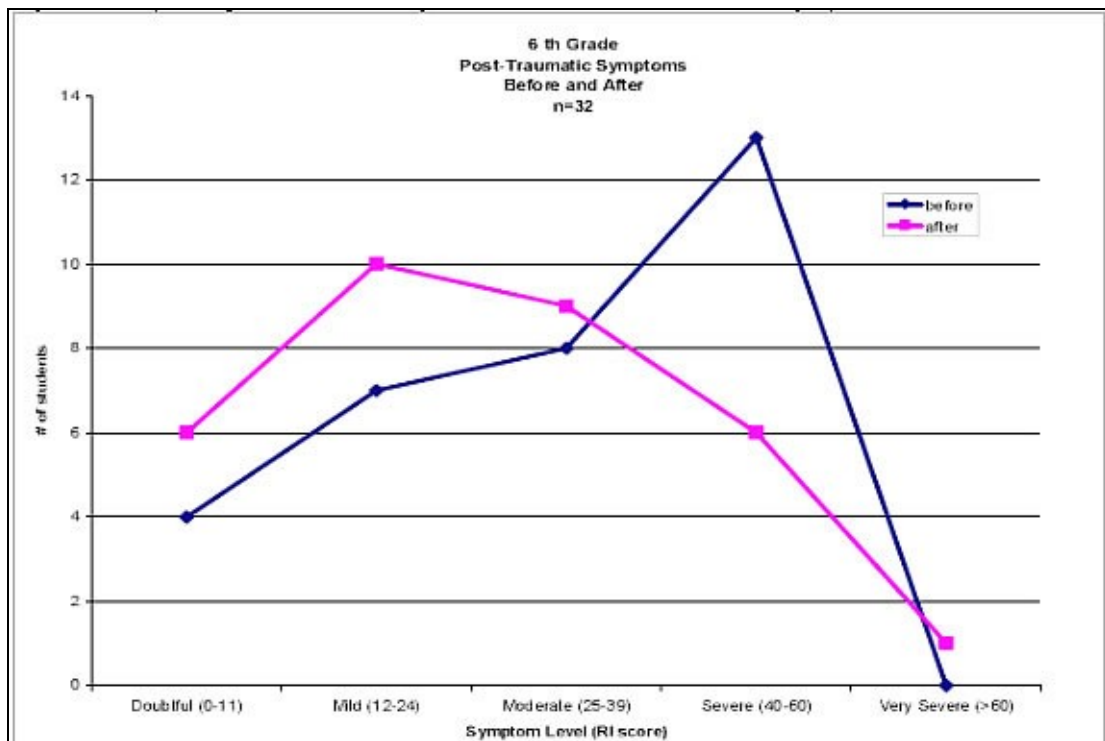
For the entire middle school (6-8), compared with earlier in the year (Nov.-Jan), the post-traumatic symptom level scores declined 18.75%, from a median of 32 to 26. This reduction was statistically significant (p=.0001). The intervention being monitored was the use of the Guided Activity Workbooks developed by The Children’s Psychological Health Center, Hurricane workbooks, but obviously, other factors such as classroom and home environment, counseling groups, individual support from teachers and family, and the passage of time all likely contributed to the reduction in symptom levels. For the entire middle school (6-8), statistically significant reductions were observed in the responses to assessment questions. An increase was noted in the response to the question “Do things make you think it might happen again?” (p=.0349)



BEFORE:			AFTER:		
Doubtful (0-11)	6	6.2%	Doubtful (0-11)	12	12.4%
Mild (12-24)	21	21.6%	Mild (12-24)	35	36.1%
Moderate (25-39)	35	36.1%	Moderate (25-39)	33	34.0%
Severe (40-60)	35	36.1%	Severe (40-60)	16	16.5%
Very Severe (>60)	0	0.0%	Very Severe (>60)	1	1.0%

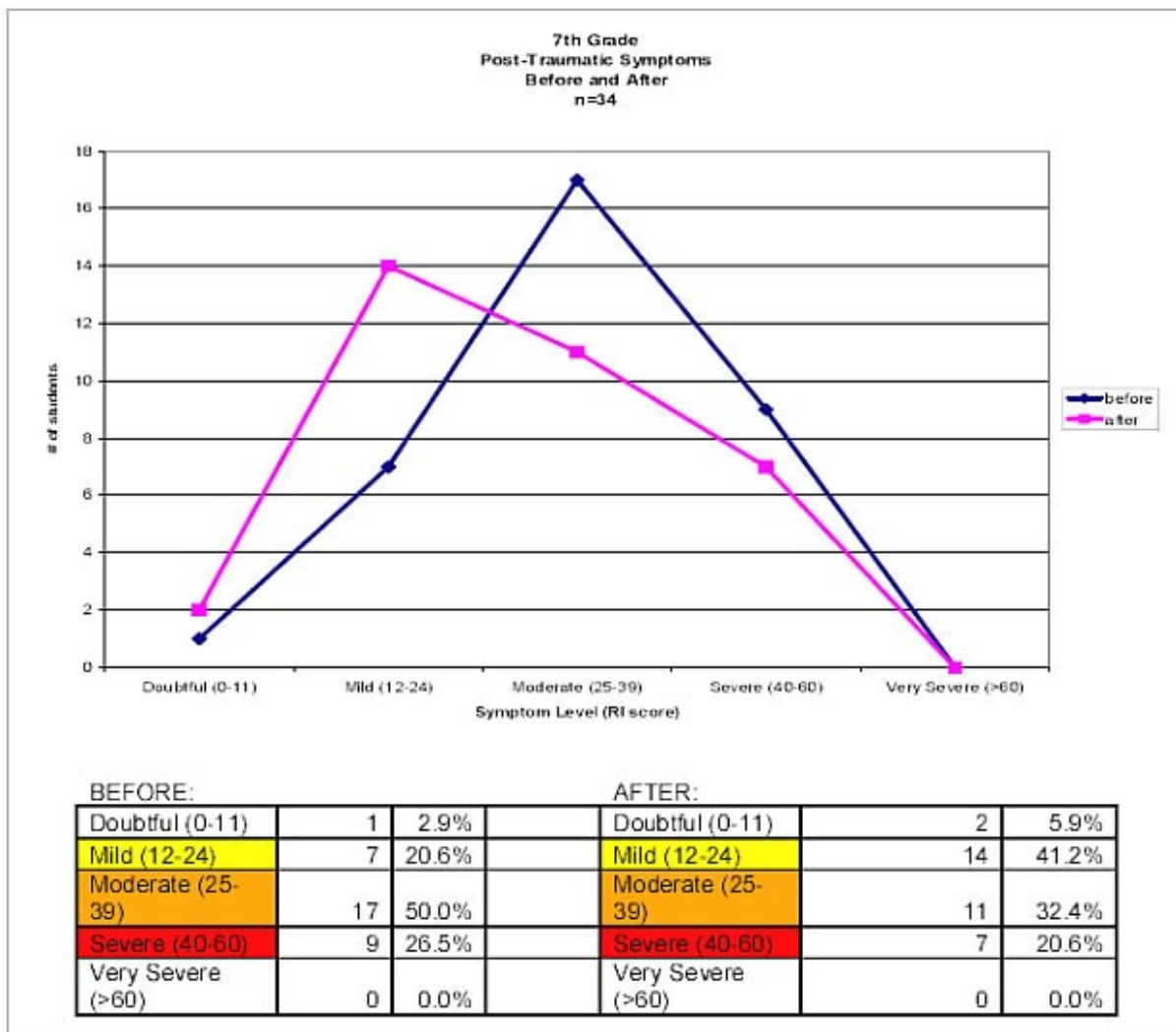
Question	P-Value (2-tail)
Do you get scared, afraid, or upset when you think about the hurricane?	<.0001
Do you go over in your mind what happened--that is, do you see pictures in your mind or hear sounds in your mind about what happened?	.0006
Do pictures or thoughts about the hurricane come back in your mind even when you don't want them to?	.0002
Do you feel you get less enjoyment now from things you liked to do before the hurricane, like playing with friends, sports, and school activities?	.0226
Do you feel more alone inside, or more alone with your feelings – like other people really don't understand how you feel about what you went through?	.0375
Do you feel so scared, upset, or sad that you don't really want to know how you feel?	.0394
Have you ever felt so scared, upset, or sad that you couldn't even talk or cry?	.0007
Do you want to stay away from things that make you remember what happened during the hurricane?	.0385

For the 6th grade, compared with earlier in the year (Nov-Jan), post traumatic symptom level scores declined 25% from a medial of 32 to 24. This reduction was statistically significant (p=.0719). The intervention being monitored was the use of the Hurricane workbooks, but obviously, other factors such as classroom and home environment, counseling groups, individual support from teachers and family, and the passage of time all likely contributed to the reduction in symptom levels. For the 6th grade statistically significant reductions were observed in the responses to assessment questions.



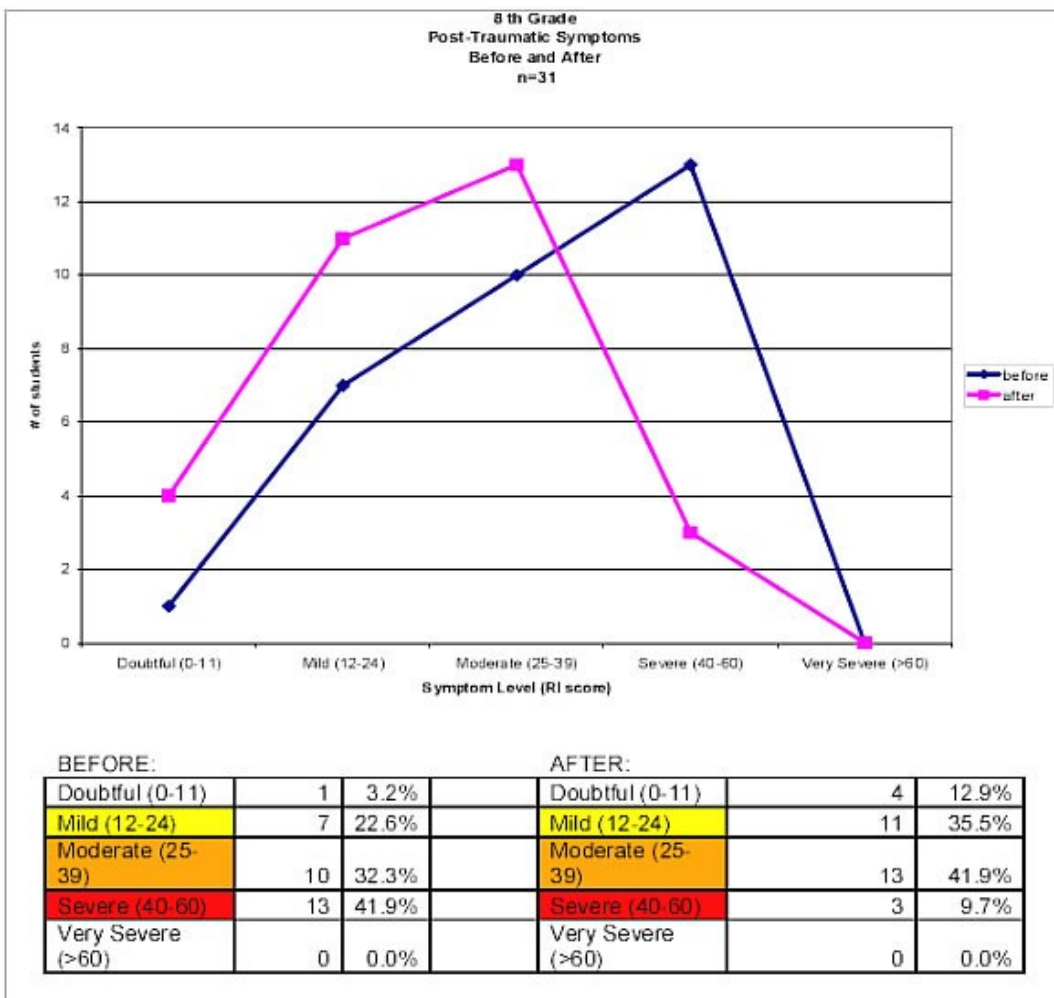
Question	P-Value (2-tail)
Do you get scared, afraid, or upset when you think about the hurricane?	.0007
Do you feel you get less enjoyment now from things you liked to do before the hurricane, like playing with friends, sports, and school activities?	.0209
Do thoughts or feelings about the hurricane get in the way of remembering things, like what you learned at school?	.0385
Do you want to stay away from things that make you remember what happened during the hurricane?	.0102

For the 7th grade, compared with earlier in the year (Nov.-Jan.), post traumatic symptom level scores declined 18.75% from a medial of 32 to 26. This reduction was statistically significant (p=.0719). The intervention being monitored was the use of the Hurricane workbooks, but obviously, other factors such as classroom and home environment, counseling groups, individual support from teachers and family, and the passage of time all likely contributed to the reduction in symptom levels. For the 7th grade statistically significant reductions were observed in the responses to assessment questions.



Question	P-Value (2-tail)
Do you get scared, afraid, or upset when you think about the hurricane?	.0053
Do you go over in your mind what happened--that is, do you see pictures in your mind or hear sounds in your mind about what happened?	.0385
Do pictures or thoughts about the hurricane come back in your mind even when you don't want them to?	.0135
Do you feel more alone inside, or more alone with your feelings – like other people really don't understand how you feel about what you went through?	.0047
Do you want to stay away from things that make you remember what happened during the hurricane?	.0500

For the 8th grade, compared with earlier in the year (Nov.-Jan.), post traumatic symptom level scores declined 18.75% from a medial of 32 to 26. This reduction was statistically significant (p=.0008). The intervention being monitored was the use of the Hurricane workbooks, but obviously, other factors such as classroom and home environment, counseling groups, individual support from teachers and family, and the passage of time all likely contributed to the reduction in symptom levels. For the 8th grade statistically significant reductions were observed in the responses to assessment questions.



Question	P-Value (2-tail)
Do you get scared, afraid, or upset when you think about the hurricane?	.0053
Do you go over in your mind what happened--that is, do you see pictures in your mind or hear sounds in your mind about what happened?	.0385
Do pictures or thoughts about the hurricane come back in your mind even when you don't want them to?	.0135
Do you feel more alone inside, or more alone with your feelings – like other people really don't understand how you feel about what you went through?	.0047
Do you want to stay away from things that make you remember what happened during the hurricane?	.0500

Outcome data from use of our Guided Activity Workbook in China is pending.

In 2008 a huge earthquake caused large loss of life and infrastructure in Sichuan, China. CPHC collaborated with two other agencies to deliver a new Guided Activity Workbook in Mandarin with culturally appropriate focus, including tailored graphics.

More than 35,000 copies of guided activity workbooks were distributed. Over 600 mental health workers and caregivers were trained by Mercy Corps to work with children using this resource.

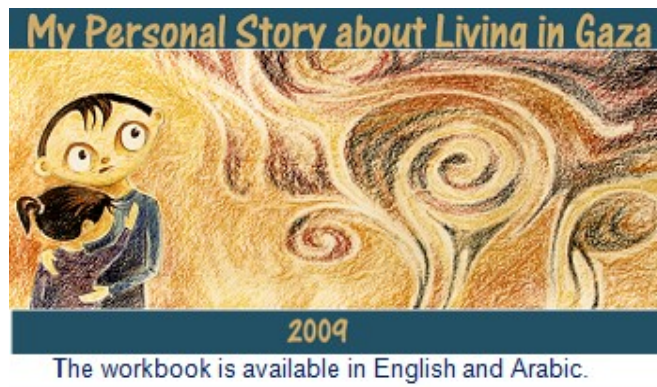
Follow-up supervision of several workers was provided by CPHC using SKYPE. Outcome data has not yet been received.



FOSTER CARE STUDY

Our guided activity workbook, *My Personal Life History Book* developed at Columbia University Dept. of Child Psychiatry was manualized. A controlled vs. treated random assignment outcome evaluation group was obtained from matched pairs among samples of children entering foster care. Matching children were selected for matching by Child Behavior Checklist scores, age, gender, and race among over 600 NYC foster children. The outcome measure was the number of unplanned transfers (“bounces”) among foster homes. Results indicate that transfers were very significantly reduced by treatment. The odds of being transferred among foster homes were reduced eleven fold among children treated by the Personal Life History Book Method versus matched control children. A method for using this workbook in groups of up to 16 foster children was developed at Queens Child Guidance Center (Bondy, 1988).

THE GAZA PROJECT



A guided activity workbook translated as “My Gaza Experience” was developed for children traumatized by regional conflict. The number of copies distributed by Mercy Corps is unknown but estimated as several thousand. Several dozen facilitators of groups in Gaza using this workbook were trained by Mercy Corps. Controls and random assignment were not sought. A report by a third party organization indicates good acceptance and reduction of posttraumatic symptoms among the children using the overall Mercy Corps program called “Comfort 4 Kids,” which included use of this guided activity workbook. Surveyed users had high satisfaction levels and a preference for using the book and other activities in groups.

[See also Bondy, D. (1990) for good autobiographical workbook experience in groups.]

BIBLIOGRAPHY:

Bondy, D., Davis, D, Hagen, S., et al 1990 Brief, Focused Preventive Group Psychotherapy: Use of the Personal Life History Book Method with Groups of Foster Children. *J. of Preventive Psychiatry* 4:1.

Harvey, John. H. and Uematsu, Mika A. (1995) Why We Must Develop and Tell Our Accounts of Loss , Presented at Society for Applied Research in Memory and Cognition First Biennial Conference, U British Columbia, Vancouver. Authors are at University of Iowa.

Kliman G. (1996) "Field Notes: Foster Care: The Personal Life History Book: A Psychoanalytically Based Intervention for Foster Children," *Journal for the Psychoanalysis of Culture & Society*, Fall 1:2. 159-162.

----- (2006) Psychoanalytically-Based Workbooks to Help Children Cope with Disaster *The Journal of the American Psychoanalyst*, Fall /Winter 2006 Volume 40, No. 4, p.16, 18

----- (2006) Two Methods for Maximizing the Good Effects of Foster Care. *J. Psychoanalysis and the Community*. Vol. 2.

----- (2010) *Childhood Psychotherapy in the Classroom*. University Press of America. In Press.

Kliman, G. and Schaeffer, M. (1983) "Summary of Two Psychoanalytically Based Service and Research Projects: Preventive Treatments for Foster Children *J. of Preventive Psychiatry*, Vol. II, No. 1

Kliman, G., & Zelman, A. (1996). Use of a personal history book in the treatment of foster children—an attempt to enhance stability of foster care placements. In A. Zelman (Ed.), *Early intervention with high-risk children: Freeing prisoners of circumstance*. Northvale, NJ: Jason Aronson.

Miller, F. B.; Mackey, W. and Maginn, V. J. (1981) The modern displaced person: The repetitive foster child, *J. of Clinical Child Psychology*, Winter, 1981 21-26.

Shaffer, D. and Caton, C. (1984) Runaway and homeless youth in New York City. A report to the Ittleson Foundation. New York City. Columbia University, Div. of Child Psychiatry.

Viron, L. , Johnson J., Hudkins, A., Samples G., Kliman G. (2006) Preliminary Results of a Tulane U. Medical School Study. Displaced Victims of Hurricane Katrina Using Psychoanalytically Informed Guided Activity Workbooks Developed by The Children's Psychological Health Center: A School-based Mental Health Recovery Effort . Poster Session, American Psychiatric Association. 2006

Witmer, Helen L. (1965) National facts and figures about children without families. National facts and figures about children without families. *J. Acad. Ch. Psychiat.* 4:2

Wolkind, S. and Rutter, M. (1973) Children who have been "in care" --an epidemiological study. *J. Child Psychol. Psychiat.* 4. 97-105.

Zimmerman, R.B. (1982) Foster care in retrospect. *Tulane Studies in Social Welfare* Volume 14 New Orleans, Tulane University School of Social Work