

The 'words and pictures' storyboard: making sense for children and families

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introduction

Making sense of past and present events is important in the development of both children and adults. This article introduces 'Words and Pictures', a storyboard that creates an illustrated narrative for children, helping them understand events that are difficult for adults around them to talk about. It gives parents, carers, the wider kinship network and professionals a tool to help find the 'right' words for children. In 'Words and Pictures' the emphasis is upon parents and therapist co-constructing a narrative that uses the family's own words, often juxtaposed with professionals' descriptions and explanations, to create a firm context for the future through the medium of a shared story.

Creating the storyboard helps families talk about and communicate difficult information. Different perspectives are shared: the aim is to describe 'How did things get to be the way they are?' Through the storyboard, the child can understand something of their birth parents' struggles and difficulties, within a positive frame that engenders hope and focuses upon potential family strengths. The approach allows for explanations to be aimed at the child's pace, and provides a foundation to build upon over the years by those around the child. Within our work in clinical and private practice settings, ideas about the scope and use of 'Words and Pictures' have been developed and extended from those explained originally in the book *Working with Denied Child Abuse: the Resolutions Approach* by Andrew Turnell and Susie Essex (2006).

'Words and Pictures' provides a focus for those involved, encouraging them to think about the child's need for a coherent narrative. Although used primarily to explain worries, concerns and difficult situations to younger children we find the process has also a beneficial effect for adults and older children involved, creating a foundation of openness that is helpful in explaining events. We may create a 'Words and Pictures' storyboard even when the child is still a baby, as it offers an explanation for the future and allows adults to share a common understanding of the different views of events with a focus on future safety.

Statutory authorities can endorse the narrative because it captures and reinforces the seriousness of the allegations, and a meaningful safety plan can be generated in response to concerns captured in the storyboard.

lost for words

Children faced with adult mental health concerns or in child protection cases often do not understand with any clarity what is happening to their family, or why people are so concerned about them - even if it is the child's own allegation of abuse that has initiated the process. Children are usually very aware that something major is happening: they can see their parents are distressed, and they may be aware of events

such as the police arriving at the home or perhaps a parent having to move out.

Parents may not say much to their children; they may be worried about what to say, how to say it, also where to begin (and end) the explanation of events. Similarly, it is often difficult for substitute and kinship carers to explain to children in their care why they are now living apart from their birth parents. Without an explanation from adults, the children often make up their own version of events, becoming muddled, anxious and frightened in the process. There can be as many explanations of the situation as there are family members. Children express confusion and worries to therapists about who is aware of the concerns, who doesn't know, and how much people know.

This difficulty in finding appropriate ways for adults to explain worries and concerns to children is not, from our experience, confined to families. Through our work with other professionals we have noticed how much they, like us, struggle at times to find the means to explain events in ways children can readily understand. Nevertheless, our experience is that children can cope with very difficult circumstances if things are explained to them at an age appropriate level and they know of adults who will listen when they talk about their past, present and future worries.

not just for children: benefits for families, too

Parents and other family members collaborate to develop and agree the storyboard's content. This encourages them to revisit and perhaps reappraise painful episodes from the past, but now with a specific purpose in mind: to help their children or grandchildren, nephews and nieces. By enlisting adults in this way to reappraise events and difficulties using the lens of the children we find that families gain a fresh perspective, sometimes engendering new ideas or ways of seeing things where previously much had seemed static and immovable. For example, in working with a parent who has mental health difficulties it can be very empowering for them to realise how many people are willing to help them parent their child more effectively, and the diagnosis itself can be viewed differently seen through the eyes of a child.

Co-creating an agreed narrative in 'Words and Pictures' sessions gives the therapist an opportunity to open up communication within the wider network, offering parents and carers support as they share this information among a wider circle of significant people. Entering the process, parents and carers are understandably cautious in entering what is for them unexplored territory; once engaged in it, many find that they can for the first time discuss subjects previously considered taboo.

Inevitably there are occasions where parents or carers disagree or are unwilling to co-operate directly in the process,

such as a couple in a case of disputed contact who are nowadays not talking to each other but must presumably at one time have liked each other enough to have children – a message that may be reassuring for the child although not perhaps what the parents currently wish to recall. Though undoubtedly difficult and sometimes protracted, we find it is usually possible to negotiate between them in order to agree a narrative that illustrates positive aspects of their relationship as well as problems. We explain some of the techniques we use later in this article.

Whether the process of co-creation is straightforward or convoluted, a consensus upon the content is reached in the great majority of cases; the final draft is then shared with all concerned so that by the time the story is ready for the children, the adults have often heard it a number of times and added or subtracted ideas, such that they feel confident and relatively at ease with what is being said. Helping everyone to speak what had seemed unspeakable, but using language pitched at a 5-8 year old child's level can be containing for everyone whilst remaining clear and to the point.

the 'storyboarding' approach

'Storyboarding' is a term borrowed from advertising and movie making. The flow of the story to be told is represented in a series of uncomplicated pictures that highlight the main ideas and turning points. We associate pictures with a narrative that covers the concerns and may include aspects of Court and care planning processes, keeping the explanations as simple and direct as possible.

Here is a brief example. The storyboard is being used in a case involving denied physical abuse to explain the moment when both parents first became concerned about their child's well being.



The storyboard text that follows might read: 'One day J cried a lot and then eventually went to sleep. Mum and Dad couldn't work out what was wrong, so they took J to the hospital the next morning.' This leads into further pictures where police or social workers need to take some action to look after the children. This does not compromise the professional view of events, but allows a wider range of meanings to be attributed to the parents' behaviour.

Professionals may see similarities to the life storybook work undertaken with some children in care. The purpose of 'Words and Pictures' is however more specific: its purpose is to explain difficult issues or concerns so that the child or young person knows what the worries are, that it is ok to talk about them with close significant adults, and their parents/ carers want them to feel safe and able to seek help should the need arise.

The timing and pacing is important. Rarely can the storyboard be constructed quickly: usually at least two to four sessions involving professionals, family, friends and children in different groups or individually will be required. Questions of who to convene, at what point to convene them, what they might already know or assume and what further they might need to know are considered carefully, and it can take time to include all the concerned adults in sensible permutations.

steps in the process

We identify a series of steps that we typically go through to complete the 'Words and Pictures' process.

1. Explaining the process to parents and professionals.

Before the sessions start parents may be reticent to engage in a discussion of topics with which they do not feel comfortable. Professionals too may be unfamiliar with the kind of interaction that the process requires. We therefore take time to explain the purpose of 'Words and Pictures' beforehand, including what to expect in the sessions and who will be participating in and agreeing to the final storyboard.

2. Drafting and amendment.

Following the initial session, a first draft of the words is created. The storyboarding is a process of revision and refinement, so at least one further session will be used to explore alternatives and meanings within the words. Once these are more or less complete, the pictures are added to highlight the main themes and turning points in what is now a shared story.

3. Agreement.

However much revision and negotiation has gone into the storyboard, the participating adults will be expected to agree formally to the content of the final version before it can be shown to the children. In some cases parents may have to 'agree to disagree', in which case it is usual for both versions of events to be included in the narrative.

4. Presentation to the children.

The completed 'Words and Pictures' is introduced to the children, who will be invited to read it themselves if they wish. We find that children are often very willing to engage with this, and it can help elucidate their muddles and worries about recent events. It may also initiate conversations about 'who needs to know' outside the child's immediate family.

components of 'words and pictures'

the words

In 'Words and Pictures', the words always come first. The establishment of a joint narrative is central to the construction of the storyboard, so the narrative is expressed in language that is recognisable within the family. We use short sentences, plain language and names familiar to the child, but otherwise try to avoid colloquial expressions or slang. Families have their own way of expressing concerns, reflecting among other things the influence of race, culture and religion. Sometimes this means including an alternative narrative or explanation (of mental illness, for example) alongside the one presented by professionals.

The narrative must be developed in light of any worries or concerns about the children at home, at school, or with peers, and will include how professionals have come to be involved. This is the context in which the child might be expressing some of their worries or confusions. Parents, primary carers and members of the kinship system can be asked what would be helpful for the child to know, and what language would help them understand about the problem or

concern. The question is: how much detail? As professionals working with complex and worrying cases we can sometimes become frozen by the enormity of events, and one response to this can be the feeling that we must explain every detail. Often, and particularly when explaining events to children, we need to say just enough to represent the whole.

the pictures

The 'pictures' are an integral part of the story, helping illustrate the narrative and bring the text alive. Using words and supporting pictures together can make it easier to capture and relate both the difficulties and the good things in the child's life. Often it is these simple stick-people drawings that make the narrative accessible to all ages and include emotions, relationships and context, often all in one picture. It is surprising how much can be conveyed by the body language and juxtaposition of the characters.

Picture content will draw inspiration from the text. The therapist draws the pictures, though some may be drawn or coloured in by the child. They do not need to be works of art (fortunately) and there is nothing of the cartoon about them, though speech bubbles may be included to illustrate the situation being explained. The pictures do not usually depict traumatic events (although the events themselves may be mentioned in the text), but are used more to describe how those involved had reacted, perhaps how they tried to help, what they might have been feeling or had wanted to say. We may identify the professionals involved, what they said and how they responded. This can be particularly helpful to children when there have been a series of assessments made by different professionals: each one's involvement can be placed more easily in context.

structure and sequence

Where do we start? A 'Words and Pictures' storyboard never opens with a traumatic event or big difficulty. Concerns will be introduced, framed within a neutral or positive beginning and a positive message at the end, and difficult episodes are interspersed with positive events in the child's life that fit and add balance to the overall story. The starting point has to represent a logical and contextual introduction to the events that occurred from the child's point of view, using events or aspects that the child might have seen or heard about.

So, in contact disputes the narrative might start when the children were little, all the family were together and they all had smiley faces; for child protection concerns the storyboard may start when Mum and Dad met or at the birth of the child; for mental health difficulties it might start some years earlier when the parent was well, maybe a wedding picture, then mother with small children, followed by a picture of mother getting ill but not knowing what was wrong. This way of presenting the story does allow the child and adults to be prepared for what is coming next, and some discussion can take place in relation to each picture.

The storyboard has a logic and consistency to it; starting with a neutral event, people then become worried. Next we find out what they are worried about, what they might have said or felt, then we explain what people are going to do to help. The storyboard ends with a neutral and hopeful picture, either of people working hard to resolve difficulties or of extended kinship people gathered round the child and wanting to help. The individual Relapse Prevention Plans used in adult mental health can be adapted and illustrated to be included at the end of the story about Mum or Dad's difficulties, to reassure the children that help is available and how they can access it.

example: daddy is bipolar

This story uses the example of a family in which the father develops bipolar illness to demonstrate the structure and content of a 'Words and Pictures' storyboard.



Mummy and Daddy met when they were students, and got married. They did lots of fun things together and were very happy.



In 1995 Peter was three and Tracey was a baby. They and Mummy and Daddy lived in a house near Daddy's parents. Daddy went to work in an office every day. He got home late, but always read Peter a bedtime story.



When Peter was five and Tracey was two, Daddy's father died, which was very sad. Daddy had to work harder and harder at work and got very tired. Sometimes he did not feel like reading Peter a story.



The sadness and tiredness did not go away. Daddy went to see some doctors, who said Daddy had depression, a sort of sadness that won't go away whatever you do. You can't catch depression, and the doctors gave Daddy some special tablets called anti-depressants to help him. Daddy did not go to work for weeks and weeks, and watched lots of TV. Granny helped Mummy look after Peter and Tracey.

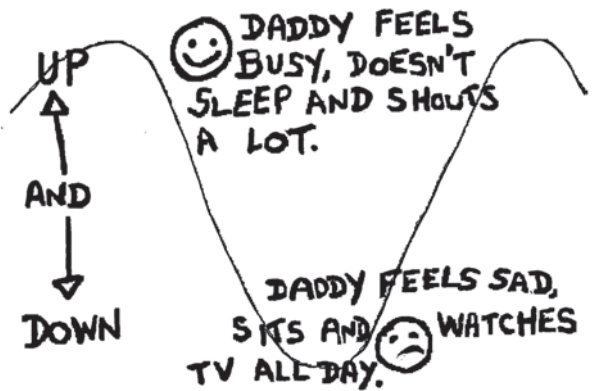


Daddy didn't want to listen to the doctor, and wouldn't take any medicine, so in the end he had to go to a special psychiatric hospital to help him get better. The doctors said Daddy had hypomania, which means you feel so busy you can't stop, sleep or sit still however hard you try. Peter and Tracey used to go with Mummy to visit Daddy in hospital, but it was scary seeing other people acting strangely and they didn't like it very much. But Daddy did come home! – though it took a while.

WE'RE ON HOLIDAY!



After a while, Daddy was better, and everybody went on holiday together. They all enjoyed it. Daddy went back to work, and read stories to Peter and Tracey at bedtime again.



The Doctors told Daddy he had bipolar illness, which means sometimes his mood is very high and he feels 'busy', but sometimes his mood is very low, too. Daddy had to stop working so hard, and takes special tablets to help his mood stay ok.

PLEASE CAN YOU COME TO SEE MY HUSBAND – HE HASN'T BEEN TO SLEEP FOR TWO DAYS!



Things were fine for a couple of years, then Daddy's work got very stressy and he stayed late at his office. Daddy says his mind got very 'busy' and he didn't want to sleep. Daddy read lots and lots of stories at bedtime, but he shouted a lot, argued with Mummy, and called Granny nasty names. This was all scary for Peter and Tracey. Mummy was worried, too, and she called the doctors for help.

I WISH YOU DIDN'T HAVE TO WORK SO HARD **BUT IT HELPS YOU STAY OK**



When Peter was nine and Tracey was six, Mummy went to work every day so Daddy could be at home more. Mummy gets tired, and they don't have so much money for nice things and holidays.

WORDS AND PICTURES



Everyone is working hard to help Daddy stay well. Peter is now 15, and Tracey is 12, and they understand more about bipolar illness. They know that Daddy needs to get enough sleep and not have too many worries.

developing the 'words and pictures' storyboard

During exploration of the storyboard narrative we attempt to maintain focus upon the following:

1. What are the concerns?
2. Who needs to know about them?
3. What do they need to know?
4. Why do they need to know it? (Who wants them to know and what is the purpose of their knowing?)
5. What do people know (or think they know) already?

what are the concerns?

We listen carefully to all the concerns from the lead agency; the language used may of course be formal. We ask key family members and other significant adults about their perception of the concerns without seeking to apportion blame or obtain admissions of culpability. If concerns are disputed, dissenting voices can be accommodated within 'Words and Pictures' as part of the story's context. If child abuse is a syndrome characterised by secrecy, we consider this openness about concerns and people's responses to them to be an important step towards future safety for the child.

who needs to know?

Who else needs to know among those around the child? It is important, especially with younger children, to be clear about who, outside their kinship circle, can be given the information within the storyboard. We draw a simple picture of concentric circles around the child to illustrate this (see diagram below).

Starting at the centre, we help the child identify where different people fit. Mum, Dad, police, social workers would be in the inner circle, with doctors, teachers or a school nurse may perhaps be in the intermediate one. Outside these circles, the need for people to know will be very limited or nonexistent.

what do they need to know?

If the information is to be at an age appropriate level, what is the core information the child needs to grasp and what detail might be left until later? Bear in mind that not everything has to be explained in the storyboard text; the storyboard can also be used to signpost topics for discussion.

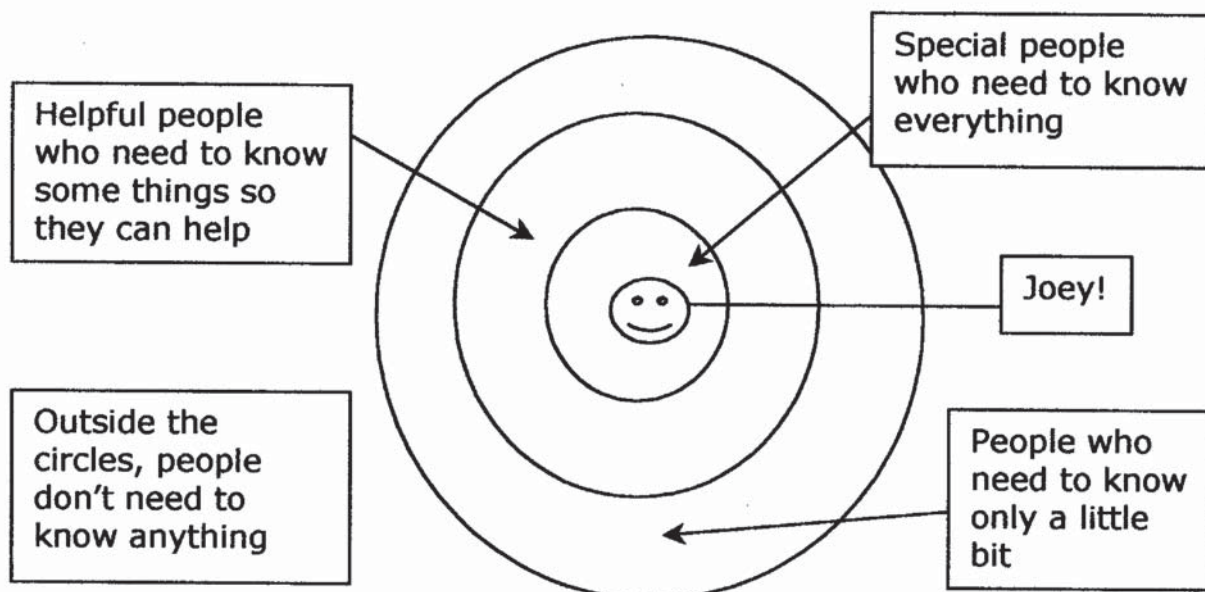
The principal messages for the child will be:

- What have people been worried about?
- Events: things that went right as well as those that went wrong
- Who's helping things to get better?
- It's ok to tell people about your worries
- People are working hard to keep you safe in future

why do they need to know it?

Whether we are dealing with contested divorce contact issues, a parent with a mental health, alcohol or drug problem, cases involving traumatic death, suicide or murder or child protection concerns it seems most helpful if parents can manage and be in charge of sensitive information given to their children rather than have it leak out through someone else. In families where there are difficulties with mental illness, it is important for children to understand that the illness is not catching, and particularly that it is not the child's fault, for example in post-natal depression.

We find that using the 'Words and Pictures' approach gives children time to digest the information and ask questions. They know that Mum, Dad and their kinship circle also know about this and that it is ok to talk to them if they hear anything confusing or worrying. If the information



is presented in an age appropriate way children are not shocked and often express relief. Explained to the child in the presence of parents, carers and kin the child-focused storyboard seems to give children a sense of their right to be safe in the future and to expect a positive response from the adults in their lives. What is often most helpful to children is the clear view of events that they can derive from the storyboard. If later they do overhear something, they are prepared by foreknowledge to think "I know that's not right, because mum/dad told me what really happened...".

what do people know already?

We need to be clear about what the child already knows and what they are concerned about, what they may make of the present situation or at least their current perception of events. It is important that we do not assume that a parent or carer will know how to explain, or what to explain. Some will have a good idea, and some might have already told their child very appropriately. Others will not know where to start; it seems too big, too difficult, and too adult. Carers often feel protective of the child: "I'll tell you when you're older...."

What might they have heard? Children listen at doors, on stairs, in the street or playground and they often hear only a bit of the conversation or just words or names they recognise. They may be told parts of the story by concerned relatives, friends or other children – these sources might be helpful or unkind, and information may be from a limited, personal perspective. Even when we are told that close relatives or friends 'know' about the events that 'Words and Pictures' seeks to represent it often transpires they do not know it from the child's point of view and may not have heard or perhaps have forgotten some of the difficult information.

'words and pictures': techniques

During discussions to explore the language for a 'Words and Pictures' storyboard, when trying to determine who knows what as discussed above, or when explaining the storyboard to adults and children, there are some techniques we have found helpful.

developing a structure of language

We pay close attention to the precise words used. Key words are those that describe events or actions. The storyboard is more helpful when based upon facts rather than opinion; the detail needed for the storyboard is about what people do or accounts of what took place, not about people's personality or assumptions about what must have happened. We use children's familiar names as it keeps the conversation focussed and relevant to them.

We maintain a stance of curiosity, using descriptions of behaviour or outcomes, and are wary of 'knowing too quickly' what might have happened. This stance is not colluding: it allows time to process information and begins to open up the possibility of the 'not yet said'. So for example this is not a case of child abuse but rather there is a spiral fracture for which nobody seems to have a causal explanation.

developing the storyboard

It may not be surprising that we have to approach some concerns and events obliquely, given their difficult and troubling nature for families. To encourage a simplified understanding to develop when talking with adult family members we often 'spiral' in to a difficult area, thus the first consideration may be 'how far out do I need to start?' We find it helpful to 'sandwich' the 'hard' messages between some more positive ones. An associated technique is to

do what Susie Essex calls 'herringboning', interspersing difficult material with easier material, moving from text to pictures, from talking to colouring in, also from adult to child.

If we decide that the information in the storyboard should be on the edge of the youngest child's frame of reference, this obliges us to have ideas about what has worked for other children, then to find language appropriate for the youngest child involved. Knowing what you have in mind encourages carers to edit or co-construct from your suggestions. In the wider context, carers need an idea of what would be the minimum information needed to satisfy the lead agencies.

We are careful to check out the child's understanding of the words used in the narrative, and to find out what terms are used within the family for words like 'hurt', or 'private parts'. Note again that our stance is of 'not knowing', allowing the narrative to move on without attempting to discuss blame.

explaining 'words and pictures' to children

When the 'Words and Pictures' storyboard is used to explain concerns to children and young people, the worker will introduce the storyboard and usually reads it aloud with the parents and other adults. Children of reading age may wish to read the storyboard for themselves, while younger children can draw pictures about the story or colour in prepared pictures as each one is introduced. This all reduces the intensity and begins to put the information in a family context. We encourage children to add their own recollections and details to the pictures and narrative.

introducing the concerns

After a positive introduction the storyboard will arrive at one or more pictures describing an event the child should recognise, marking the current concerns. This gives the worker a cue to ask, e.g. "*Do you know why Doctor X and Social Worker Y came to visit your Mum and Dad? Do you remember what they were worried about?*"

The concerns and worries may occupy several pictures as the story unfolds. For example, perhaps there is a picture of Mummy in bed and the children looking worried saying "*What shall we do?*" This can introduce questions, such as: "*Do you know what makes people so tired and sad, or so worried?*"

There can also be some explanations, prompted by the storyboard text:

"The doctor says it is called depression, they say it comes from being so overloaded with worries your brain doesn't have the right things to help you sort it all out – so you can't think straight for a while and be positive about things."

positive messages

People may look sad in some of these pictures. But there may be happy times to remember and talk about as well.

"There are times when Mummy is not so tired and A and B have lots of fun like visiting the zoo with auntie..." accompanying a picture of them all with smiley faces visiting the zoo.

There is often a picture with people, family, friends and professionals, saying "*We will try to help.*" This can lead into a question:

"Do you know who is trying to help Mum/Dad sort things out so that they are not so tired and sad or so worried about.....?"

Prompted perhaps by the storyboard, there can be explanations and reassurance for the child: people they can talk to about their worries, and how those around the child want to help things improve.

“The doctor can sometimes help with medicine. X and Y are going to come to see Mummy, and Granny will help too. Mummy wants to show everyone how she will make sure there is enough food, that you get to school on time, or make things better so you don't hear so much shouting and crying in the future.”

conclusion

The authors use 'Words and Pictures' in their daily work, in both clinical and familial settings. Originally developed in the context of child abuse we have extended the use of 'Words and Pictures' to help explain traumatic death, domestic violence, alcohol and substance misuse and serious mental health problems to children. We find the storyboard an effective tool in parental contact disputes and to explain complex early life experiences in adoption, care proceedings or kinship care to children and their families.

Our 'Words and Pictures' journey has been influenced by the work of many writers, some of whom are referenced below and by the many people, both professionals and family members, with whom the authors have worked over the years. Our grateful thanks to all of them.

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