

**Group Plan Rationale:
ACEs & Resilience Education for the Prevention of PTSD, C-PTSD, & D-PTSD**

Without realizing that the past is constantly determining their present actions, they avoid learning anything about their history. They continue to live in their repressed childhood situation, ignoring the fact that it no longer exists. They are continuing to fear and avoid dangers that, although once real, have not been real for a long time.

-Alice Miller, from *The Drama of the Gifted Child*

Introduction: Connecting the Dots of Experience to Mental Health

Context matters: While doctors excel in diagnosing visible illnesses, the impact of external factors on internal health is frequently overlooked. This is particularly true for adverse childhood experiences (ACEs), which are prevalent yet often go unnoticed. ACEs are traumatic events of childhood that include physical, sexual, and emotional abuse; the experience of household dysfunction, such as divorce/separation, domestic violence; or living with an adult experiencing mental illness, substance use/misuse, or incarceration (Felitti et al., 1998). These adverse experiences insidiously affect the body, leading to increased allostatic load, inflammation, and dysfunction, culminating in disease. Chronic stress has a significant impact on mental and physical health (Felitti et al., 1998). ACEs are linked to a variety of high-risk behaviors, poor health outcomes, and psychological difficulties. These include eating disorders, substance misuse, suicide attempts, depressed mood, anxiety, and posttraumatic stress disorder symptoms. ACEs have been described by Dr. Nadine Burke Harris, the former Surgeon General of California, as “one of the most serious, expensive and widespread public health crises of our time.” (Education and Labor Committee 2019, p. 1).

The Centers for Disease Control and Prevention (CDC) provides estimates of ACEs prevalence among U.S. adults in all 50 states and the District of Columbia, and by key sociodemographic characteristics. Overall, 63.9% of U.S. adults reported at least one ACE; 17.3% reported four or more ACEs. As the world population experiences traumatic events of a global scale, such as COVID and reporting of the atrocities committed in war-conflict zones, there exists today a very real possibility that all our children are starting life with multiple ACEs.

Evidence for the long-term effects of ACEs is convincing and extensive (Purkey et al., 2018). The presence of lifetime traumatic stressors and ACEs uniquely predicted concurrently measured severity of both DSM-5 and ICD-11 criteria for PTSD, Complex PTSD (C-PTSD), and dissociative subtype of PTSD (D-PTSD) (Frewen et al., 2019). Perplexingly, there exists myriad stressful life circumstances that *do not* meet the DSM-5 criteria for traumatic events that nevertheless have also previously been identified as risk factors for the development of PTSD symptoms (Larson & Pacella, 2016; Rosen & Lilienfeld, 2008; as cited by Frewen et al., 2019). For example, non-traumatic stressors include events related to instability in housing, employment, finances, marriage, and illness. Some studies have suggested that non-traumatic stressors lead to PTSD symptoms “...even to the same extent as traumatic stressors.” (Mol et al., 2005, as cited by Frewen et al., 2019). Many of these stressors are captured in the ACEs screening.

Logically, it can be inferred that preventing PTSD, C-PTSD, and D-PTSD is possible through screening for ACEs for individuals. While ACEs alone do not predict the later emergence of PTSD, “while the victim of a single acute trauma may say she is ‘not herself’ since the event, the victim of chronic trauma may lose the sense that she has a self.” (Herman, 1992). The implication of losing “self” cannot be understated in the context of mental health. An intervention designed to increase awareness of the links between experiences, chronic stress and future health is vital.

There is positive news about ACEs and trauma prevention. The presence of certain “protective factors,” such as supportive personal relationships, career prospects, and an internal locus of control mitigated the impact of stressful childhood experiences (Goldenson, 2021). Collectively identified as resilience, research indicates that young adults high in these factors were more likely to have grown into content and well-adjusted adults (Luthar et al., 2000; Swedo, 2020; Goldenson, 2021).

Resilient individuals often exhibit characteristics of commitment, dynamism, humor in the face of adversity, patience, optimism, faith, and altruism. Although perhaps traditionally thought of as an intrinsic, non-modifiable human attribute, evidence suggests that resilience may be both a ‘movable’ and teachable construct (Leppin et al., 2014).

Group Proposal: *Navigating Trauma River*

The therapeutic benefit of enabling young adults to explore their own life experiences by objectifying their circumstances within the context of a group setting would help them connect the dots of their individual past stories so that they are no longer oppressive (Gladding, 2020, p. 381). Narrative therapy group work is an ideal theory to use in a group setting (Seligman & Reichenberg, 2014, as cited by Gladding, 2020). I propose a narrative therapy group, “Navigating Trauma River” based on the premise of individuals charting their navigation path down a river, where they map out their journey from the headwaters to the ocean. Along the way, they might encounter “obstacles,” in the form of past experiences (ACEs); they can choose a “vessel,” which is impacted by multicultural, demographic and socioeconomic factors (collectively); but they can seek out the help of sources along their journeys, as “aid stations,” where they actively identify protective factors. As the facilitator of this group, I assist them in charting their stories, objectifying their experiences, and bonding with others who share this same goal of reaching the ocean. This metaphorical storyline would also help me identify ways to provide further resources if, for example, additional protective factors are needed. The objective is for young adults to emerge with an understanding of trauma, protective factors, and numerous resilience tools that can be employed later in life. The key is that individuals discuss the influences of multilayered factors on their journeys, whether personalized or simulated. In the latter scenario, difficulties are externalized, and individuals can work together as a team to develop strategies for overcoming difficulties of members or of the group as a whole (Gladding, 2020, p. 389). Personalized certificates will be issued to members who successfully navigate the length of the journey, and special badges can be earned as they master the concepts of each “aid station,” or resilience factor. Celebrations and certificates bring closure to narrative therapy groups and serve as physical affirmations of the defeat of a problem (Gladding, 2020, p. 393).

If resilience is defined as the *dynamic process encompassing positive adaptation within the context of significant adversity* (Luthar, 2000), the discovery of one’s own adversity as also the source of resilience should be protective in itself. Engaging with stressors can have positive consequences for longer-term healthy emotional development if scaffolded in systematic

self-reflection (SSR) as a powerful coping mechanism (Bucknell et al., 2022). Helping each individual identify themselves as the hero of one's own journey is the ultimate goal.

It is important to be sensitive to the fact that counselors who can reflect patients' cultural, linguistic, and other shared characteristics, have the potential to improve patient care and integrated behavioral health services to mitigate the public health impact of ACEs (Barnett et al., 2020). It may be helpful to ask representatives of certain populations, e.g. Spanish-speaking or specific ethnicity, to act as aids in group facilitation.

Group members will be recruited by school counselors, teachers and community members who recommend young adults for this therapy group. In Florida, the mental health age of consent is 13; in Colorado it is 15. This is an example of a flyer that might be distributed to potential members by their counselors/teachers/others:

Do You Have What It Takes to Navigate Trauma River?



Join our resilience training group as we set sail down Trauma River to the ocean.

Ages: 13-17

Group size: 8-10 young adults per group

Sessions: Once per week (TBD), 2 hours per session, 10 sessions total.

Discover how life's challenges can make you even more resilient! We'll chart a path toward the ocean in this fun exercise, complete with celebrations and a hero's welcome as you reach your destination. The resilience skills you learn through this group activity can help you navigate life with success.

Each psychoeducational group will be capped at 8-10 participants. This size is optimal to ensure individual attention while providing a diverse range of interactions and perspectives, facilitating social learning and support (Gladding, 2020).

Finally, it is necessary to evaluate this resilience training program. This program is grounded in evidence-based practices and integrates a theoretical framework that emphasizes the development of coping strategies, social support, and self-efficacy. We will use a combination of quantitative, qualitative, and behavioral metrics. For example, we can measure self-reported before and after resilience scores, coping strategies (ie, higher problem solving, lower avoidant), protective factors (ie, positive affect, self-esteem, self-leadership), and symptomatology (ie, depressive symptoms, negative affect, perceived stress). Patient self-perception of health and well-being is an important predictor of many relevant outcomes (Steinhardt, 2008). We can employ mental health scales, such as those used for PTSD like the CAPS-CA-5 or ITQ-CA (for adolescents). These will be detailed as this group plan is further developed, with the objective of measuring individual outcomes with respect to autonomy and durable personal resilience skills.

Group Objectives

Narrative therapy is a therapeutic approach that helps individuals re-author their life stories, fostering growth and change. It can be particularly effective in building resilience through the following evidence-based goals (Barnett et al., 2020; CDC, 2024; Bucknell et al., 2022; Gladding, 2020). Here's a summary of six goals for this narrative therapy group to accomplish over ten sessions:

- Separation of Identity from Problems: Help individuals externalize issues to view problems as separate from themselves, reducing feelings of being overwhelmed and increasing resilience.
- Reframing Life Stories: Encourage individuals to reframe their life stories in a positive light, focusing on strengths and successes.
- Developing Unique Outcomes: Explore alternative narratives and unique outcomes to envision and work towards a future aligned with personal values and goals.
- Enhancing Interpersonal Skills through Group Interaction: For individuals, improve communication and understanding to build stronger relationships and greater resilience through sharing of personal experiences by group members (Yalom, 1995).
- Reducing Symptoms of Anxiety and Depression: Address personal issues through narrative techniques that help members feel understood and less alone (Yalom, 1995), thus reducing symptoms of anxiety and depression.
- Debunking Myths about Resilience: Challenge misconceptions such as resilience being an innate trait or doing everything alone, fostering a more accurate view of resilience as a buildable skill (CDC, 2024).

These goals aim to foster growth, change, and resilience through the therapeutic process of narrative therapy.

Informed Consent

Age of Mental Health Consent

The age of mental health consent varies by State. This group is proposed as an optional Resilience & Leadership Skills program for (1) a high school student population in Boulder, Colorado, as part of an overall wellness program, and (2) as an optional, free community course offered to age-qualified residents within Monroe County, FL. Both states support lowered ages of

consent for mental health related interventions. (For the purposes of this proposal, we will focus solely on Colorado, although Florida offers similar legislation supporting a minor's right to therapeutic intervention.)

For example, Colorado law has lowered the age of consent for psychotherapy services to 12 years old in Colorado HB17-1320: Age Of Consent Outpatient Psychotherapy For Minors Concerning Lowering the Age of Consent for Minors Seeking Outpatient Psychotherapy (Fenberg et al., 2017). A counselor/mental health professional may provide psychotherapy services to a minor who is 12 years of age or older without the consent of the minor's parent or legal guardian, if the minor is knowingly and voluntarily seeking such services and the provision of services is (a) clinically indicated and (b) necessary to the minor's well-being. In addition, the counselor may notify the minor's parent or legal guardian of the psychotherapy services given or needed, with the minor's consent, unless notifying the parent or legal guardian would be inappropriate or detrimental to the minor's care and treatment. A minor may not refuse psychotherapy services when a mental health professional and the minor's parent or legal guardian agree that such services are in the best interest of the minor. In any case, the mental health professional shall fully document attempts to contact or notify the minor's parent (or legal guardian) and whether the attempt was successful or unsuccessful, or the reason why it would be inappropriate to contact or notify them. These guidelines aim to balance the minor's right to confidentiality with the need for parental involvement in their care.

In this case, this narrative therapy group is intended as a resilience skills building program to educate multiple young adults within a group setting, not specifically to offer individualized therapy aimed at specific individuals (who are prescribed as needing any specific intervention). Therefore, it is important for minors and their parents to discuss participation in this group, including confidentiality limits such as how confidentiality will be handled in their specific case.

Informed Consent Forms

An Informed Consent Form (see *Figure 1.0*) is required to participate in this group (Gladding, 2020, p. 223, 249). In some instances, a form may *not* need to be completed by a parent or guardian (Gladding, 2020, p. 86) such as when an individual is referred to the group by a mental health professional as a therapeutic intervention where such parental notification may hinder the possibility for beneficial therapy for an individual (Fenberg et al., 2017).

Figure 1.0

Informed Consent for Group Counseling

Introduction: This document serves as an informed consent for participation in a group counseling program designed for young adults aged 13-17. By signing this form, you acknowledge that you have read and understood the information provided and agree to participate in the group counseling sessions.

Purpose of Counseling: The purpose of this group counseling is to provide a supportive environment where participants can explore personal issues, develop coping strategies, and enhance their social skills.

Confidentiality: All discussions within the group are confidential. However, there are limits to confidentiality, such as when there is a risk of harm to oneself or others. In such cases, the counselor may need to disclose information to appropriate authorities.

Counselor Qualifications: The counselor leading the group is under supervision of a licensed professional with experience in working with adolescents. They are committed to providing a safe and respectful environment for all participants.

Participant Rights: Participants have the right to:

- Attend or withdraw from sessions at any time (although we ask for advance notice if any member chooses not to continue with the group);
- Speak freely during sessions;
- Respect the privacy and opinions of other group members;
- Receive feedback on their progress.

Risks and Benefits: While there are no guarantees of specific outcomes, many participants find that group counseling can lead to improved self-awareness, better relationships, and enhanced well-being.

Consent: I have read the above information and have had the opportunity to ask questions. I understand that participation is voluntary and that I can withdraw at any time without penalty. I consent to participate in the group counseling sessions.

Group Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18) _____ Date: _____

Please note that this is a general template and should be reviewed by a legal professional before use. It's important to ensure that all legal requirements are met for each specific location and situation.

Detailed Plans

Procedures and Techniques

Narrative therapy techniques help individuals identify their strengths and successes, separate their identity from their problems, and find meaning in their experiences, even within high-risk student populations (Ungar, 2001). During this group therapy setting, the counselor encourages the student to re-frame and tell their own story in a way that highlights their abilities and resilience.

Session 1: INTRODUCTIONS & CREATION OF OUR HERO

During this first session, screened student members are preoccupied with establishing safety and acceptance within the new group (Gladding, 2020, p. 82). This session represents the Forming, or Orientation Stage. The counselor will take a strong leadership role in the joining and

linking process (Gladding, 2020, p. 101) to establish ground-rules, group objectives, and demonstrate awareness of the importance of this initial stage of group dynamics, e.g. the Hawthorne effect, and the impact of evolving social factors within this narrative therapy group (Gladding, 2020, p. 26).

Icebreaker Activity

An icebreaker activity that might alleviate anxiety, introduce members to one another, and establish a shared purpose (Gladding, 2020, p. 101; Yalom, 1995), is the Introduction & Swap exercise:

1. The counselor assigns each individual to another individual.
2. Then, for three minutes, each person shares with that partner (1) their name, and (2) what they hope to learn from this group. Each partner may take notes.
3. Then, the full group is reassembled into a large circle. The counselor then gives each person a handful of colored chips.
4. Counselor provides instruction: Any member who resonates/agrees with the presenters' goals for this group may toss chips into the center of the circle - like a 'YES' vote.
5. Each person then "presents" what they learned about their partner to the group.

Ideally, the group sees that there are many chips in the center of the circle, therefore establishing that many of the individuals share common learning goals. If there are very few chips in the center of the group, the Counselor knows to clarify the purpose of this group (Gladding, 2020, p. 103) by defining and/or reinforcing goals for the group.

Establishing Ground-Rules

After the introductions, the group takes a break from interacting with each other while the Counselor takes several minutes to discuss ground rules. For example, issues of confidentiality, respect, and self-determination are reinforced. Individuals may opt-out of responding to the hot seat by holding up one hand to "pass," for example. Group feedback is encouraged if any of the ground rules needs to be clarified; otherwise silence is acceptance. Any member may speak to the Counselor if any future issues related to ground rules come up in future sessions.

Explaining the BIG PICTURE

The counselor provides an overview of the group project: Each group member will (A) create a hero, (B) who can successfully navigate Trauma River, (C) to reach the ocean and join the others. The metaphor of life as a journey down a river is explained. The journey varies for each individual, yet can be made more or less difficult based on a number of factors both internal and external to the hero. The goal is to help individuals see their story as a river journey, while identifying the things that make that journey more or less difficult, to then learn how to change that journey in a positive way.

Skill-Building & Awareness Activity

Jumping right into the list of objectives (goals 1 and 2) for this group, the first skill-building activity is the "Build Your AWE-SOME Trauma River Hero" exercise. Each individual is given a pad of paper and markers/pens. The group is instructed to come up with an 'awesome' hero who will be navigating the Trauma River. Each hero needs a list of AWE-SOME qualities (Thompson, 2022). This hero must have qualities in common with their own, so we need to understand what qualities make someone "awe-some." The counselor will introduce the concept of AWE, explaining that the term 'awesome' stems from this concept:

"Awe has been described as a complex emotion we experience in the presence of

someone or something astonishing, and it challenges our current thinking. Awe can be both an ordinary response to something extraordinary like a once-in-a-lifetime trip to somewhere exotic like the Grand Canyon. However, awe can also be an extraordinary response to something ordinary” (Thompson, 2022; 2023).

The counselor shares that experiencing awe can occur in everyday moments - if we're open to them - such as having an impact on people's lives, or observing something “little” that other people often overlook, like other people's feelings, or a simple pleasure like a beautiful flower.

Narrative therapy helps individuals reframe their character for the purpose of telling a story. The skill-building opportunity within this exercise is to uncover new ways of thinking about what it means to be “awe-some,” and/or heroic. This re-framing and re-creating of a hero as the foundation of our Trauma River adventure helps individuals focus on their strengths, and especially in discovering new ways to see their strengths. Is their hero awe-some at noticing how others' feel? Is their hero awe-some at sports, or speaking quickly on their feet, or starting a campfire during a windstorm?

Group members are then asked to work independently to craft their hero (as a checklist of at least 25 awe-some qualities, as they will have the opportunity to share their heroes with the group in the next session.

Summary Activity for Session 1

The Counselor will reassemble the group into a circle. Clockwise in order, members are asked to summarize if they came up with any qualities for their hero that were unexpected. For example, is their hero a good listener or highly observant? Are these typically skills that we attribute to heroes and why or why not? Which of these skills could be added to another individuals' list?

Narrative therapy uses the storytelling process to create distance between our lives and that of our hero because it externalizes problems. By externalizing the problem, challenging problem-saturated narratives, and exploring alternative perspectives, individuals can gain a new understanding of their experiences and develop strategies for coping and growth. Using narrative therapy techniques, a counselor assists clients in separating from their problem-saturated stories to find the hidden story of the way people wish to live their lives (White & Epston, 1990, as cited by Ricks et al., 2014).

Counselor Self-Reflection

After each session, the counselor should assess his/her/their performance, and also make notes regarding what worked well; what did not; is the group on-schedule with regard to the overall goals of the program? Does the counselor need to reassign group members? Does the counselor need to address individual group member behavior or commitment to the group's objectives?

Client safety is paramount and should preempt the goals of group counseling. Within groups, “...adolescents should find genuine acceptance and encouragement from peers and a trustworthy adult who seems to trust and respect them.” (George & Dustin, 1988, p. 142, as cited by Gladding, 2020, p. 263).

Materials Required for Session 1

Required materials for this session's narrative therapy group include: Sheets (50) or pads (10) of paper; pens/pencils, markers; one chair for each person; tables/surfaces for writing; one paper pad on an easel (for counselor ground rules and other group notices); a quiet, private

setting for the group to meet, ideally consistent from week to week over the full duration of the program (10 sessions).

References for Session 1

A full list of references are cited throughout this plan and are included (with links, where applicable) in the References section.

Outcome Evaluation Questionnaire for Session 1

A sample questionnaire is included in *Figure 2.0*:

Figure 2.0

<p>~ QUESTIONNAIRE AFTER THE CONCLUSION OF SESSION 1 ~</p> <p>Today, our goal was to meet others who share a common goal of becoming more resilient. During today's exercises, we learned a little about our group members, who share many common goals. We also started creating our TRAUMA RIVER HERO, based upon our own character, but with some AWESOME qualities to help our hero navigate Trauma River.</p> <p>1. Did you learn anything today about how others might have common goals of becoming more resilient? Y / N / Other: _____</p> <p>2. Did you do anything today that helps you focus on strengths and successes? Y / N / Other: _____</p> <p>3. What was the best thing you learned today: _____</p>

Resources for Continued Exploration for Session 1: Group Members

A list of books on the topic of resilience are included for personal exploration as detailed in *Figure 3.0*:

Figure 3.0

<p>Non-fiction</p> <ol style="list-style-type: none"> 1. Shout: A Poetry Memoir by Laurie Halse Anderson 2. The Stress Survival Guide for Teens: CBT Skills to Worry Less by Jeffrey Bernstein 3. Say Her Name by Zeta Elliott 4. Apple: Skin to the Core; A Memoir in Words and Pictures by Eric Gansworth 5. Activist: A Story of the Marjory Stoneman Douglas Shooting by Lauren Hogg 6. Call Me American by Abdi Nor Iftin 7. We Are Not Broken by George M. Johnson 8. Living Beyond Borders: Growing up Mexican in America by Margarita Longoria 9. Collateral Damage: The Mental Health Effects of the Pandemic by Carla Mooney 10. Ain't Burned All The Bright by Jason Reynolds 11. Rad American History A-Z by Kate Schatz 12. Somebody Give This Heart a Pen by Sophia Thakur <p>Fiction</p> <ol style="list-style-type: none"> 13. With the Fire on High by Elizabeth Acevedo 14. How It All Blew Up by Arvin Ahmadi 15. The Beautiful Struggle by Ta-Nehisi Coates 16. The Last Voyage of Poe Blythe by Allyson Braithwaite Condie

17. Dancing at the Pity Party by Tyler Feder
18. Trees of the Road by Rachel Hartman
19. Dread Nation by Justina Ireland
20. The Lucky Ones by Liz Lawson
21. Scars Like Wings by Erin Stewart
22. We Are Not From Here by Jenny Sanchez Torres

Source:

<https://www.strong4life.com/en/emotional-wellness/raising-resilience/resilience-books-for-kids-and-teens>

Resources for Continued Exploration for Session 1: Group Leaders

These resources support the evidence-based foundation of the techniques and strategies outlined in this session plan. For example, using narrative therapy techniques, a counselor assists clients in separating from their problem-saturated stories to find the hidden story of the way people wish to live their lives:

1. School Counselor Association on ACEs:
<https://www.schoolcounselor.org/Magazines/May-June-2020/Address-Adverse-Childhood-Experiences>
2. ACEs AWARE: Determine Who and How You Will Screen
<https://training.acesaware.org/aa/detail?id=1003>
3. Trauma-Informed Care:
<https://www.acesaware.org/ace-fundamentals/principles-of-trauma-informed-care/>
4. Narrative Therapy for Groups:
<https://www.tandfonline-com.wake.idm.oclc.org/doi/full/10.1080/15401383.2013.87094>
5. The AWE Project: <https://www.journalcswb.ca/index.php/cswb/article/view/265/718>

Session 2: DEFINING TRAUMA RIVER (Storming Stage)

During this second session, group members start to understand that although there are ground rules with respect to group dynamics, the work of the group is non-systemic (Gladding, 2020, p. 389). This is because underlying this narrative therapy group work is the philosophy that the stories we tell ourselves are how we conceptualize and interpret the world at any point in time (Gladding, 2020, p. 389). This perception about ourselves and the world around us is fluid; we have within ourselves the ability to change our reality based on how we interpret it. Thus, this is the foundation of Session 2: Defining Trauma River.

Icebreaker Activity

To kick off the working stage of this group, an icebreaker activity that builds upon last week's exercise is to introduce the group task of defining how each of the rivers we travel, metaphorically, can vary from individual to individual. This group brainstorming activity reinforces the shared purpose (Gladding, 2020, p. 101) of helping each of our heroes successfully navigate the river. Using metaphor, the river represents the individual setting, or backdrop, that our hero must travel. This river varies in any number of ways: Are there rocks? Rapids? Natural or man-made barriers? The counselor writes and draws each feature/obstacle on a 'red' card, including a symbol or icon for that obstacle, and attaches it to the perimeter of a large poster with an outline of Trauma River. (This blank Trauma River template shows an outline of a river,

starting at the headwaters, routing toward the ocean.) A conceptual sample is included in **Figure 4.0**.

Figure 4.0 - Trauma River Template



(Source, MapEffects.co)

After brainstorming through 20+ obstacles, the counselor poses these questions to the group: *How do these obstacles impact the journey? Is it fair that some rivers are more dangerous, treacherous or risky than others? Or more peaceful, serene and navigable than others? Have we included all of the obstacles that might exist on Trauma River? Why or why not?*

Skill-Building & Awareness Activity

Now that we have identified many obstacles that our heroes might encounter on Trauma River, we are going to turn our attention toward the shared BIG MAP drawing on the wall, with the goal of placing all of the ‘red’ obstacles that the group identified on this large map.

Using our metaphor, the group is presented with a list of Adverse Childhood Events (ACEs) as listed in **Figure 5.0**. We must now map these ACEs to our Obstacles:

Figure 5.0 -ACEs

Adverse Childhood Experiences (ACEs):

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Parental mental illness

- Parental substance dependence
- Incarceration of a parent
- Parental separation or divorce
- Domestic violence

Group Question: *Have we identified all obstacles for our river that can represent these kinds of experiences on our hero's journey?* For example, if we identified 'rocks' as an obstacle in our first activity, could that card/icon represent Physical Abuse? By matching the obstacles to the ACEs list, we should now have ten (10) obstacles that match our ACEs for our Big Map. The group may identify many more obstacles that fall under the various ACEs.

During this next skill-building and awareness activity, we touch on nearly each learning objective in this lesson: (1) By continuing to use the Trauma River storyline, we continue to separate identity from problems. By thinking about our hero navigating this river, individuals continue to externalize issues as separate from themselves. This safe simulation can aid in reducing feelings of anxiety while increasing problem-solving skills toward resilience; (2) Posing this river as something our hero (who loosely resembles ourselves) must navigate as an abstraction helps individuals reframe their life stories in a positive light, focusing on strengths and successes; (3) We will start to model how different circumstances or facts change the outcome for our hero. This helps individuals envision and work towards a future aligned with personal values and goals; (4) By sharing the task of identifying all obstacles on Trauma River and how they vary for each of our heroes, we encourage individuals to communicate, seek to understand, and build stronger relationships and greater resilience through sharing of personal experiences by group members (Yalom, 1995); (5) By addressing personal issues through narrative techniques that help members feel understood and less alone (Yalom, 1995), we hope to ease symptoms of anxiety and depression (if applicable); and (6) we reinforce the shared mission of getting each of our heroes to the ocean, this challenging misconceptions such as resilience being an innate trait or doing everything alone, fostering a more accurate view of resilience as a buildable skill (CDC, 2024).

Summary Activity for Session 2

The Counselor reinforces the terrific work done by the group. The counselor shares information about the significance of ACEs on personal growth and mental health in broad terms, so that the members understand why these specific experiences hold great significance on our Trauma River (Crouch, E. (2019).

Materials Required for Session 2

Required materials for the group include: Sheets (25) or pads (10) of paper; pens/pencils, markers; one chair for each person; tables for writing; one paper pad on an easel (for counselor ground rules and other group notices); a large poster-board sized paper pad (for our Big Map), red index cards (for our Obstacles), and a quiet, private setting for the group to meet.

References for Session 2

A full list of references are cited throughout this plan and are included (with links, where applicable) in the References section.

Outcome Evaluation Questionnaire for Session 2

A sample questionnaire is included in *Figure 6.0*:
Figure 6.0

~ QUESTIONNAIRE AFTER THE CONCLUSION OF SESSION 2 ~

Today, our goal was to introduce the concept of obstacles on Trauma River, and especially the most dangerous obstacles that make our hero's journey more difficult.

1. Was today the first time that you were introduced to Adverse Childhood Events (ACEs), as obstacles that can make our hero's journey more difficult? Y / N / Other:

2. Did you know that Adverse Childhood Events (ACEs) can impact future success? Y / N / Other: _____

3. What was the best or most surprising thing you learned today: _____

Resources for Continued Exploration for Session 2: Group Members

A list of books on the topic of resilience are included for personal exploration as detailed in *Figure 3.0*:

Figure 3.0

Non-fiction

23. Shout: A Poetry Memoir by Laurie Halse Anderson
24. The Stress Survival Guide for Teens: CBT Skills to Worry Less by Jeffrey Bernstein
25. Say Her Name by Zeta Elliott
26. Apple: Skin to the Core; A Memoir in Words and Pictures by Eric Gansworth
27. Activist: A Story of the Marjory Stoneman Douglas Shooting by Lauren Hogg
28. Call Me American by Abdi Nor Iftin
29. We Are Not Broken by George M. Johnson
30. Living Beyond Borders: Growing up Mexican in America by Margarita Longoria
31. Collateral Damage: The Mental Health Effects of the Pandemic by Carla Mooney
32. Ain't Burned All The Bright by Jason Reynolds
33. Rad American History A-Z by Kate Schatz
34. Somebody Give This Heart a Pen by Sophia Thakur

Fiction

35. With the Fire on High by Elizabeth Acevedo
36. How It All Blew Up by Arvin Ahmadi
37. The Beautiful Struggle by Ta-Nehisi Coates
38. The Last Voyage of Poe Blythe by Allyson Braithwaite Condie
39. Dancing at the Pity Party by Tyler Feder
40. Trees of the Road by Rachel Hartman
41. Dread Nation by Justina Ireland
42. The Lucky Ones by Liz Lawson
43. Scars Like Wings by Erin Stewart
44. We Are Not From Here by Jenny Sanchez Torres

Source:

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Resources for Continued Exploration for Session 2: Group Leaders

These resources support the evidence-based foundation of the techniques and strategies outlined in this session plan. For example, using narrative therapy techniques, a counselor assists clients in separating from their problem-saturated stories to find the hidden story of the way people wish to live their lives:

1. Defining AWESOME in group work:
<https://www.psychologytoday.com/us/blog/beyond-words/202312/narratives-and-resilience>
2. ACEs AWARE: Determine Who and How You Will Screen
<https://training.acesaware.org/aa/detail?id=1003>
3. Trauma-Informed Care:
<https://www.acesaware.org/ace-fundamentals/principles-of-trauma-informed-care/>
4. Narrative Therapy for Groups:
<https://www.tandfonline-com.wake.idm.oclc.org/doi/full/10.1080/15401383.2013.87094>
5. The AWE Project: <https://www.journalcswb.ca/index.php/cswb/article/view/265/718>

Session 3: How ACEs Impact Our Heroes - Transition to Working Session

Session 4: Identifying Aid Stations on Trauma River (Protective Factors) - Working Session

Session 5: Identifying When Protective Factors Aren't (Perspective) - Working Session

Session 6: Identifying Skill-Building Opportunities (Resilience Skills) - Working Session

Session 7: Mapping Our Own River - Working Session

Session 8: Integrating Lessons Learned - Cooperation vs Competition as a Working Session

Session 9: Changing Stories - Changing Narratives to Chart our Own Future

Session 10: Closing Session - Celebration, Badges & Resilience Reflections

Issues in Application

How practical would it be for you to conduct this group in the proposed setting? I believe this group plan is very practical for a number of reasons. First, there is significant demand for resilience education in schools and for adolescents, in general. This period in the lifespan marks a significant challenge that impacts an individual's life expectancy (Education and Labor Committee, 2019; CDC, 2024). Also, there is increasing awareness of the impact of trauma on mental health. The topic of trauma seems to be enmeshed in our nation's daily dialog, fueled by media and pop culture.

What obstacles can you foresee in implementing this group? In Florida, there is a language barrier for me as an English speaker; I would need to find a paraprofessional who can assist with translation in that setting as a high percentage of students are not proficient in English. In Colorado, where there is also a significant population of Spanish-speaking students, again I would need to identify a paraprofessional to assist with this program, although English is typically spoken as the second language in most households. There are many other diverse languages in both communities but English is required in the school setting.

Training is another example of an area that may introduce barriers to implementation. The intersection of adolescent group therapy experience, a trauma-informed perspective and education, and narrative therapy expertise is a tall order.

Are there ethical concerns? Cultural concerns? There are myriad ethical and legal concerns that intersect with cultural concerns (Gladding, 2020, p. 219). For example, counselors face any number of scenarios that might question the fidelity of group leaders if, for example, a student is not harming other students but demonstrates adverse behavior toward others that is escalating outside of group. It would be important to identify a code of ethics (Gladding, 2020, p. 221) to clarify issues related to dealing with such a diverse audience as this group is likely to attract. Further, that code may conflict with other paraprofessional codes of ethics, e.g. medical staff at the meeting site (e.g. if this group meets within a school setting, medical clinic, private office, or a public library). For this group's purpose, the *Best Practice Guidelines* and the American Counseling Association (ACA) can provide guidance on these issues (Gladding, 2020, p. 221).

References

- Barnett, M. L., Kia-Keating, M., Ruth, A., & Garcia, M. (2020). Promoting equity and resilience: Wellness navigators' role in addressing adverse childhood experiences. *Clinical Practice in Pediatric Psychology*, 8(2), 176–188. <https://doi.org/10.1037/cpp0000320>
- Bucknell, K.J., Kangas, M., & Crane, M. F. (2022). Adaptive Self-Reflection and Resilience: The moderating effects of rumination on insight as a mediator. *Personality and Individual Differences*, vol. 185, p. 111234. <https://doi.org/10.1016/j.paid.2021.111234>.
- Centers for Disease Control and Prevention (CDC). (2024). Risk and protective factors. <https://www.cdc.gov/aces/risk-factors/index.html>
- Crouch, E. (2019). Prevalence of Adverse Childhood Experiences (ACEs) among US Children. *Child Abuse & Neglect*, vol. 92, pp. 209–218,. <https://doi.org/10.1016/j.chiabu.2019.04.010>.
- Education and Labor Committee. (2019). Written statement of Dr. Nadine Burke Harris. U.S. House Committee on Education and Labor. <https://edlabor.house.gov/imo/media/doc/BurkeHarrisTestimony091119.pdf>
- Fenberg, S., Coram, D., & Jenet, D. M. (2017). Age Of Consent Outpatient Psychotherapy For Minors. Colorado General Assembly. <https://leg.colorado.gov/bills/hb17-1320>
- Felitti, V. J., Anda, R. F., Noderburg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. *American Journal of Preventative Medicine*, 14(4), 245–258.
- Frewen, P., Zhu, J., & Lanius, R. (2019). Lifetime traumatic stressors and adverse childhood experiences uniquely predict concurrent PTSD, complex PTSD, and dissociative subtype of PTSD symptoms whereas recent adult non-traumatic stressors do not: results from an online survey study. *European Journal of Psychotraumatology*, 10(1). <https://doi.org/10.1080/20008198.2019.1606625>
- Gladding, S. T. (2020). *Groups: A counseling specialty* (8th ed.) Pearson.
- Glass, J. S., & Benschoff, J. M. (1999). PARS: A processing model for beginning group leaders. *The Journal for Specialists in Group Work*, 24(1), 15–26. <https://doi-org.wake.idm.oclc.org/10.1080/01933929908411416>
- Goldenson, J., Kitollari, I. & Lehman, F. (2021). The relationship between ACEs, trauma-related psychopathology and resilience in vulnerable youth: Implications for screening and

- treatment. *Journ Child Adol Trauma* 14, 151–160 (2021).
<https://doi.org/10.1007/s40653-020-00308-y>
- Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress*, vol. 5, no. 3, July 1992, pp. 377–391.
- Leppin, A.L., Gionfriddo, M.R., Sood, A. et al. (2014). The efficacy of resilience training programs: a systematic review protocol. *Syst Rev* 3, 20.
<https://doi.org/10.1186/2046-4053-3-20>
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: a critical evaluation and guidelines for future work. *Child development*, 71(3), 543–562.
<https://doi.org/10.1111/1467-8624.00164>
- Miller, A. (1997). *The drama of the gifted child: The search for the true self*. Basic Books.
- Purkey, E., Patel, R., & Phillips, S. (2018). Trauma-informed care: Better care for everyone.” *Canadian Family Physician*, vol. 64, no. 3, pp. 170–172.
www.cfp.ca/content/64/3/170.short.
- Ricks, L., Kitchens, S., Goodrich, T., & Hancock, E. (2014). My Story: The Use of Narrative Therapy in Individual and Group Counseling. *Journal of Creativity in Mental Health*, 9(1), 99–110. <https://doi-org.wake.idm.oclc.org/10.1080/15401383.2013.870947>
- Rog, D. J., Reidy, M. C., Manian, N., Daley, T. C., & Lieberman, L. (2021). Opportunities for psychologists to enact community change through adverse childhood experiences, trauma, and resilience networks. *American Psychologist*, 76(2), 379–390.
<https://doi.org/10.1037/amp0000778>
- Steinhardt, M., & Dolbier, C. (2008). Evaluation of a Resilience Intervention to Enhance Coping Strategies and Protective Factors and Decrease Symptomatology. *Journal of American College Health*, 56(4), 445–453. <https://doi.org/10.3200/JACH.56.44.445-454>
- Swedo, E.A., Aslam M.V., Dahlberg L.L., et al. (2020). Prevalence of Adverse Childhood Experiences among U.S. adults — Behavioral risk factor surveillance system, 2011–2020. U.S. Department of Health and Human Services: *Morb Mortal Wkly Rep* 2023;72:707–715. DOI: <http://dx.doi.org/10.15585/mmwr.mm7226a2>
- Thompson, J. (2022). Enhancing resilience: An interpretative phenomenological analysis of The Awe Project. *Journal of Community Safety and Well-Being*, 7(3), 93-110.
<https://doi.org/10.35502/jcswb.265>
- Thompson, J. (2022). Awe: Helping leaders address modern policing problems. *Journal of Community Safety and Well-Being*, 7(2), 53-58. <https://doi.org/10.35502/jcswb.239>
- Thompson, J. (2022). Awe narratives: A mindfulness practice to enhance resilience & wellbeing. *Frontiers in Psychology/Positive Psychology*.
<https://www.frontiersin.org/articles/10.3389/fpsyg.2022.840944/abstract>
- Thompson, J. (2023). Narrative Health: Examining the relationship between the phenomenon of awe and resilience and well-being. *Journal of Community Safety and Well-Being*, 8(2), 85–98. <https://doi.org/10.35502/jcswb.321>
- Thompson, J. (2023). NASA resilience and leadership: Examining the phenomenon of awe. *Frontiers in Psychology/Positive Psychology*.
<https://www.frontiersin.org/articles/10.3389/fpsyg.2023.1158437/abstract>
- Ungar, M. T. (2001). Constructing Narratives of Resilience with High-Risk Youth. *Journal of Systemic Therapies*, 20(2), 58–73. <https://doi.org/10.1521/jsyt.20.2.58.23040>
- Yalom, I. D. (1995). *The theory and practice of group psychotherapy* (4th ed.). Basic Books.

NAVIGATING THE EDDYS

The concept of an **eddy** can be integrated into the "Navigating Trauma River" model to represent periods of **reflection, stagnation, or temporary setbacks** in the journey towards resilience. Here's how eddies can fit into the model:

- **Definition:** An eddy is a circular movement of water, often occurring when the main current of a river flows past an obstruction or bends sharply. In the context of the Trauma River model, an eddy can represent a point where the hero is **pulled away from the main flow of progress**, experiences a pause, or gets caught in repetitive thought patterns or behaviors.
- **Representation of Challenges:** Eddies can symbolize various challenges:
 - **Repetitive Negative Thoughts:** An eddy could represent getting stuck in rumination or negative thought patterns related to past traumas.
 - **Temporary Setbacks:** Eddies might illustrate temporary setbacks or relapses in the journey of healing and building resilience.
 - **Reflection and Integration:** Conversely, an eddy could also be a positive space for reflection, where the hero pauses to integrate lessons learned before continuing the journey.
- **Integration into Sessions:**
 - **Session 2:** When defining Trauma River, eddies could be added as a specific type of obstacle that heroes might encounter.
 - **Session 5:** When discussing perspectives on protective factors, an eddy could be a place where a protective factor is not working, causing the hero to get stuck.
 - **Session 7:** While mapping their own river, individuals can identify periods in their lives where they felt stuck in an eddy, analyzing what caused it and how they got out.
- **Therapeutic Use:**
 - **Identifying Patterns:** Recognizing when and why the hero enters an eddy can help individuals identify patterns in their lives that lead to stagnation or setbacks.
 - **Developing Strategies:** The group can brainstorm strategies for navigating out of eddies, such as seeking support, practicing mindfulness, or reframing negative thoughts.
 - **Promoting Self-Reflection:** Counselors can encourage group members to use eddies as opportunities for self-reflection and integration of experiences.

By incorporating the concept of eddies into the "Navigating Trauma River" model, the program can provide a richer, more nuanced understanding of the journey toward resilience, acknowledging that progress is not always linear and that periods of reflection and temporary setbacks are a natural part of the process.

SECTIONS 3-10

Here is a more detailed outline of sessions 3-10 of the "Navigating Trauma River" narrative therapy group plan, based on the structure and content of sessions 1 and 2:

- **Session 3: How ACEs Impact Our Heroes - Transition to Working Session**
 - This session will likely delve into how **Adverse Childhood Experiences (ACEs)** can significantly affect the journey down Trauma River for the heroes.
 - The group will explore the **connection between specific obstacles** identified on the river and the ACEs list, understanding how those obstacles can represent different ACEs.
 - The counselor may share information on the **significance of ACEs** on personal growth and mental health.
 - *Likely Materials Required:* Paper, writing utensils, the "Big Map" of Trauma River, red index cards representing obstacles.
 - *Likely Outcome Evaluation Questions:* Questions about the connection between ACEs and the hero's journey, and whether participants learned that ACEs can impact future success.
- **Session 4: Identifying Aid Stations on Trauma River (Protective Factors) - Working Session**
 - This session will focus on **identifying "aid stations,"** which represent **protective factors** that can help the heroes navigate Trauma River.
 - Participants will actively identify **protective factors** that can serve as resources along their journeys.
 - The session aims to increase awareness of the **links between experiences, chronic stress, and future health.**
 - *Likely Materials Required:* Paper, writing utensils, the "Big Map" of Trauma River, materials to represent "aid stations".
- **Session 5: Identifying When Protective Factors Aren't (Perspective) - Working Session**
 - This session will explore the **nuances of protective factors**, recognizing that their effectiveness can depend on perspective and context.
 - The group may discuss **multilayered factors** influencing the heroes' journeys, whether personalized or simulated.
 - This session could involve externalizing difficulties, with group members working together to **develop strategies** for overcoming challenges.
 - *Likely Materials Required:* Paper, writing utensils, the "Big Map" of Trauma River.
- **Session 6: Identifying Skill-Building Opportunities (Resilience Skills) - Working Session**
 - The focus of this session will likely be on **identifying opportunities to develop resilience skills** that can aid the heroes in navigating Trauma River.
 - The session aims to reinforce the idea that **resilience is a buildable skill**, not just an innate trait.
 - *Likely Materials Required:* Paper, writing utensils.
- **Session 7: Mapping Our Own River - Working Session**

- Participants will begin to **personalize the Trauma River concept** by mapping their own individual journeys.
- Individuals will chart their stories, **objectifying their experiences**.
- This session may involve identifying obstacles and aid stations specific to each person's life.
- *Likely Materials Required:* Paper, writing utensils, individual maps of Trauma River.
- **Session 8: Integrating Lessons Learned - Cooperation vs Competition as a Working Session**
 - This session will likely focus on **integrating the lessons learned** in previous sessions, emphasizing the importance of cooperation over competition.
 - Group members may work together to **develop strategies for overcoming difficulties**, both for individual members and for the group as a whole.
 - *Likely Materials Required:* Paper, writing utensils.
- **Session 9: Changing Stories - Changing Narratives to Chart our Own Future**
 - The group will explore how to **re-author their life stories**, focusing on strengths and successes.
 - Participants will work on **reframing their narratives** to align with personal values and goals.
 - This session could involve challenging problem-saturated narratives and exploring alternative perspectives.
 - *Likely Materials Required:* Paper, writing utensils.
- **Session 10: Closing Session - Celebration, Badges & Resilience Reflections**
 - This final session will be a **celebration of the group's journey** down Trauma River.
 - Participants may receive **personalized certificates** and badges to acknowledge their progress.
 - The session will likely include **reflections on the resilience skills** learned and how they can be applied in the future.
 - *Likely Materials Required:* Certificates, badges, materials for a celebration.

INTEGRATING WITH PSYCH ASSISTED THERAPY

The "Navigating Trauma River" group plan can be adapted as a preparatory and integration component for psychedelic-assisted therapy by emphasizing **set and setting**, which are crucial in psychedelic experiences. Here's how to integrate the group plan:

- **Preparatory Sessions (Sessions 1-3):**
 - **Building a Hero (Session 1):** Use the "Build Your AWE-SOME Trauma River Hero" exercise to help individuals focus on their strengths and resilience. This can enhance **self-efficacy** before therapy.

- **Defining Trauma River (Session 2):** Identify obstacles (ACEs) to help participants **connect their past experiences** to their present mental health. Frame the psychedelic experience as a potentially challenging part of the river journey.
- **ACEs Impact (Session 3):** Explore how ACEs impact the hero's journey to **increase awareness** of the links between experiences and chronic stress.
- **Set and Setting:** Integrate discussions about the importance of set (mindset) and setting (environment) in preparation for psychedelic experiences. Explain how a **safe, supportive environment** and a **positive, open mindset** can influence the therapeutic outcome. This aligns with the group's goal of creating a supportive environment.
- **Working Sessions (Sessions 4-7):**
 - **Identifying Aid Stations (Session 4):** Focus on **protective factors** as resources. This can be particularly relevant in psychedelic-assisted therapy, where internal and external support systems are crucial.
 - **Nuances of Protective Factors (Session 5):** Discuss when protective factors may not be effective to foster a **realistic perspective**.
 - **Skill-Building (Session 6):** Identify opportunities to develop **resilience skills**.
 - **Mapping the River (Session 7):** Personalize the Trauma River to **map individual journeys**, integrating the anticipated psychedelic experience as a significant event. This can help externalize issues and reduce feelings of being overwhelmed.
 - **Eddies:** Introduce the concept of eddies to represent potential periods of **reflection or stagnation**, acknowledging that the therapeutic process is not always linear.
 - **Set and Setting:** Tie protective factors and resilience skills to the concepts of set and setting. For example, discuss how internal resilience skills can help manage challenging emotions during the experience (set), and how external support systems (aid stations) can provide a safe and comforting environment (setting).
- **Integration Sessions (Sessions 8-10):**
 - **Integrating Lessons (Session 8):** Focus on **cooperation** to develop strategies for overcoming difficulties.
 - **Changing Stories (Session 9):** Re-author life stories, **reframing narratives**.
 - **Closing Session (Session 10):** Celebrate progress and reflect on resilience skills.
 - **Post-Psychedelic Integration:** Use these sessions to process and integrate the psychedelic experience. Encourage participants to **reframe their narratives** in light of new insights gained during therapy.
- **Ethical and Cultural Considerations:**
 - Address ethical and legal concerns related to psychedelic-assisted therapy, ensuring that participants are fully informed about the **risks and benefits**.
 - Be sensitive to cultural differences and ensure that the therapeutic approach is **culturally competent**.

By integrating the "Navigating Trauma River" model into psychedelic-assisted therapy, the group can offer a comprehensive approach to **trauma processing, resilience building, and personal growth.**