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# Transforming Troubled Children into Tomorrow's Heroes

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Therapists can combine an understanding of resilience with the metaphor of the hero's journey (Campbell, 1968) to counter hopelessness and help children and families begin trauma therapy. This approach will be illustrated with *Real Life Heroes (RLH)*; Kagan, 2007), a treatment model developed to engage children and caring adults to work together to rebuild (or build) attachments and reduce traumatic stress.

## **Resilience Framework**

Many factors have been identified in resilience research including individual, family, and extra familial supports (Masten & Coatsworth, 1998). Primary factors promoting resilience have been described (Masten, 2001; Luthar, Cicchetti, & Becker, 2000; Wyman, Sandler, Wolchik, & Nelson, 2000) as including: (1) positive connections to caring and competent adults within a youth's family or community; (2) development of cognitive and self-regulation abilities; (3) positive beliefs about oneself; and (4) motivation to act effectively in one's environment.

Waller (2001) challenged the notion of resilience as a static concept and instead described resilience as functioning as a multidetermined and ever-changing product of interacting forces within an individual's family, social groups, community, society, and world. From this perspective, therapists can focus on rebuilding resilience from the point when development became mired as a primary clue and focus initial assessments from the point of referral on locating sources of nurture and support from the past, in the present, and for the future. Thus, resilience-focused therapists would want to know: Who was there to help when the child was born? Who fed the child? Who helped the child with homework? Who took care of the child when the child was sick? Who taught the child to ride a bike? Often these caregivers, mentors, and teachers are more than just providers of immediate assistance and succorance: they also are role models who show the child how to overcome adversity and accomplish important life goals. In that sense, caring and facilitative adults are heroes to whom children can look as models for how they too can become heroes in their own lives.

Resilience-based approaches to psychotherapy for traumatized children adds to other therapeutic approaches by engaging or searching for caring adults who can help a child rebuild the safety needed to recover and reintegrate after traumas. Understanding how the metaphor of the hero can guide both the caregiver and the child, and how therapists can enlist this metaphor to assist them in this important quest, provides a novel framework for conceptualizing and conducting resilience-based psychotherapy with traumatized children.

## **Engaging Families after Abuse or Neglect**

For trauma therapists, often the greatest challenge is to help children who have often been hurt badly by their parents or other relatives, the people children needed to trust in order to survive, creating a profound paradox for these children. Children who have experienced repeated incidents of abuse and neglect from a young age, and have grown up with both severe traumatic stress and chaotic and disorganized attachments often show symptoms of complex trauma (Cook, 2003) including affective dysregulation, dissociation, impulsive behaviors, decreased cognitive abilities, and poor social skills. A large proportion of these families may be mandated into services after authorities become alarmed over behaviors by children or adults that have put someone inside or outside the family at risk of significant harm.

After repeated traumas and family violence, children (and adults) often present as fragile and quick to react in dangerous ways that may parallel a lack of safety in the child's home and a lack of a caring, non-offending guardian committed to raising the child to maturity. These children and their families may be especially difficult to engage in directive models of trauma therapies. An important first step is the initial assessment of: (1) the child's social and emotional developmental age as a clue to how far nurture and attachments have progressed (or the extent to which they been disrupted); (2) traumas the child experienced; (3) strengths, including individual talents and the family's cultural and spiritual heritage; and (4) risk factors including triggers to traumatic stress reactions and what has helped reduce stress reactions. Implicit in these assessment foci is an often overlooked or undervalued additional assessment question: who are the caring adults who have been and continue to be committed to nurture, care for, guide, and protect the child, and who are the adults who can feasibly and effectively serve as caregivers, mentors, and role models for the child now and in the future? Often, these adults have found these roles to be extremely difficult, both because of the stressors in their own lives and as a result of the post-traumatic stress reactions of the child. These adults need guidance and support if they are to persevere in the face of these obstacles.

Distrust and 'resistance' often cover a child and family's feelings of vulnerability and feelings of shame. One of the first tasks in trauma therapy is to re-engage a sense of hope after what may have been years or even generations of crises and family and externally imposed violence. The hero metaphor can be used to provide a framework to show respect to families, to instill renewed hope, to accentuate caring shown by family members, and to engage these families to utilize components of trauma therapies.

## **The Hero Metaphor**

Stories and images of heroes can be used by trauma therapists in much the same way that mythology and literature has served over time to symbolize profound experiences, challenges and pass on crucial lessons in a form that has always engaged children (and adults) across time and cultures. Joseph Campbell (1968) wrote of mythic hero's call to adventure and the hero's courage to enter unknown territory:

the call to adventure signified that destiny has summoned the hero and transferred his spiritual center of gravity from within the pale of his society to a zone unknown. This fateful region of both treasure and

danger may be variously represented . . . but it is always a place of strangely fluid and polymorphous beings, unimaginable torments, superhuman deeds, and impossible delights (cited by Cousineau, 1990, p. 1).

Once having traversed the threshold, the hero moves in a dream landscape of curiously fluid, ambiguous forms, where he must survive a succession of trials (cited by Cousineau, 1990, p. 18).

... the full round, the norm of the mono-myth requires that the hero shall now begin the labor of bringing the runes of wisdom, the Golden fleece, or his sleeping princess, back into the kingdom of humanity, where the boon may redound to the renewing of the community, the nation, the planet, or the ten thousand worlds (cited by Cousineau, 1990, p. 114).

In trauma therapy, caring, safe parents, (birth, foster, and adoptive) can utilize their skills, experiences, and courage to overcome oppressive forces that have blocked their child's growth. In this respect, they are much like the heroes from mythology, religion, literature, and popular movies and books who embody the effort to move forward despite fear and suffering and to overcome adversity and realize one's full potential by making creative advances (Campbell, 1968). Like mythic heroes, they also contest with the darkness of fears and the weighty and oppressive forces that maintain constriction and oppression, in the form of the experience of psychological trauma and the symptoms of traumatic stress.

Parents, grandparents, aunts, uncles, clergy, and cultural leaders carry with them stories of struggle and transformation that can be tapped to enrich the next generation and their community. Each family and community has heroes, although, like a bewitched castle hidden behind seemingly impenetrable thorns, the heroes and a family's heritage may be hidden by the dark cloud of dangerous behaviors that typically lead to therapy. Trauma therapists need to be able to understand how the cloud works in order to get bring out the caring, nurture, and strengths in a family. With a resilience perspective, therapists can appeal to caring adults to regain control as guardians, teachers, and caretakers, and symbolically to cut through the thorns of adversity and elicit the strengths of a child and family's heritage. The lessons and wisdom that helped in the past can also help in the present; and the effort of re-claiming one's family and cultural pride can help make re-commitment possible to the next generation.

The framework for this work is a quest, a quest in which caring adults are encouraged to become the heroes children need to help vanquish their fears. In this process, caring adults must go through the steps of the hero's challenge outlined by Campbell (1998). They can utilize components of evidence-supported trauma therapies as tools in this quest. Caring adults working to re-claim a child with traumatic stress will very likely experience "unimaginable torments, superhuman deeds, and impossible delights" (cited by Cousineau, 1990, p.1) like the heroes of myths and legends. They must weather a child's storms and face the monsters within a child's nightmares. Caring adults can help a child move beyond terror and rage, violations of the child's body, self-denigration, and the child's bodily dysregulation and coping strategies including hypervigilance, impulsivity, and distrust.

Children who have been traumatized, especially children with complex traumatic stress disorders (Cook et al., 2005), will test adults, often with what was so unbearable in the child's own life. By facing these tests, caring adults become heroes for troubled (and troubling) children and their communities. This may seem like a daunting process, but it may not be so much the process of winning the battle as sticking with the child, doing everything possible, and simply refusing to abandon children who have learned to expect (or provoke) breakdowns in attachment. This is the hero's calling – not to always succeed but to persevere on a path that is just and true. Rebuilding attachments means mustering the courage and the allies to cope with a “succession of trials” over time. With each test, caring adults, practitioners, and children challenge the power of old traumas and strive to learn from the wisdom of each other's past experiences and the legacy of heroes, in order to reduce the power of their nightmares.

In trauma-informed psychotherapies, caring adults and youths learn to master traumas and traumatic stress much as mythic heroes learned to defeat the curses and monsters of the past. ‘Monsters’ can be transformed into real bodies or objects with weaknesses and vulnerabilities that can be stopped before they hurt again. What therapists call “trauma psychoeducation” can be understood as a preparation for adults and children to take on the heroic quest of mastering and overcoming the fear and pain of past psychological trauma.

### **Trauma Psychoeducation**

The therapist serves as a mentor or coach, guiding and pulling out the family's own strengths during the therapeutic journey, and always recognizing that the journey needs to be owned by the child and those caring adults who are now or will become committed to caring for and raising the child into maturity. Psychoeducation can be particularly credible and motivating for adults and children if it is tied to a family's cultural background by inviting family members to share stories, beliefs, customs, and traditions which are then used to frame subsequent therapeutic interventions. In this process, the key message from trauma therapists is that ‘everyone, even the greatest hero, needs the help of other caring persons.’

In mythology, mentors are part wizards, part priests (holders of knowledge), and part substitute parent-figures, but over time, these roles end and the hero must go on, carrying on the ‘wisdom’ of the mentor to a new generation. In resilience-based therapy for traumatized children, the challenge is to reconnect the child with committed caring adults who will nurture, guide, and protect the child into maturity. That often means repairing a gap that has formed when parent-child bonds have broken down, re-linking children with caring adults from their biological family, or if necessary, another family, who can step in to guide and protect the child to maturity.

Building on principles of resilience from a strength-inducing perspective, trauma therapists can emphasize how children cannot heal alone, but can be strengthened by the commitment and support of children by adults who validate their experience (Farber & Egeland, 1987); caring adults who show the child they can listen and accept even what may be painful to hear.

Traumatized children can be seen in many ways to be like wounded angels (Kagan, 2003) lighting a pathway, or more often directly challenging adults, to face

unspoken and unresolved traumas in a family and community through their behaviors. Therapists can join with the caring side of parents and guardians to take on this quest and show children that the horrors of the past no longer need remain as unspoken nightmares blocking their children's future.

Thinking of traumas operating like a curse may help with parents from some cultural backgrounds. Strong, committed adults can break the curse, like a knight fighting a dragon, and free their child. Practitioners and family members can re-open a child's eyes and help the child begin developing again, moving past the point in time when social and emotional development appeared to have slowed or became mired after severe traumas or breakdowns of attachments. Caring adults can join with a child to become stronger than the traumatic 'monsters' of the past.

### **Using Crises**

Families may come into therapy in the midst of a crisis or serial crises making effective work difficult with trauma protocols. The ancient Greek meaning of 'crisis' referred to separation (Vogler, 1998). In many stories and legends of heroes, crises marked both a time of loss or death of past relationships and an ordeal through which the hero becomes transformed and reborn (Campbell, 1968; Vogler, 1998). For caring adults and therapists, the challenge is to help children overcome crises and to re-attach children to caring committed adults through the activities, practice, 'trials' and 'ordeals' of therapy.

Facing crises, or "trials," means, in effect, transforming the child's troubled "present," from repetitions of beliefs, feelings, and behaviors that leave a child mired in a traumatized past. The therapist working with caring adults can guide children to learn and practice new ways to cope with stressors including learning to recognize and manage their feelings. The quest re-opens possibilities and a child's future. By making this a shared quest, caring adults are simultaneously rebuilding family attachments across generations and time. Caring adults, practitioners and children can rewrite the meaning of traumas, and over time, change a child's life story from living *within* a state of traumatic stress to living *with* trauma in the past and *personal power* (Purdy, 2003) in the present. Thus, as crises are dealt with in the current family or school setting, adults and children learn that they are not only able to escape dire dangers but moreover that they are gaining knowledge and skills that give them the same kind of strength and hope that enables the mythic hero to not just survive but triumph in the face of adversity. This can be a new and profoundly encouraging perspective for children (and adults) who have felt that they could never break free of the problems that have haunted and burdened them, and that they could never amount to anything because of the post-traumatic stress reactions that they suffer.

### **Trauma Therapies Adapted from Contemporary Literature**

Trauma therapies can be informed by today's popular books, movies and music. The mythic heroes in these works have the potential engaging children and adolescents in evidence-supported interventions. For instance, psychological trauma can be viewed as constricting and taking away a child's abilities and choices just like the dementers\* in the Harry Potters' books (Rowling, 1999).

For young children, Maurice Sendak's *Where the Wild Things Are* (1963), provides a wonderful illustration that trauma therapists can use to help adults see how 'wild' children can be re-claimed. The story of Max and the wild things also can help children see that it is okay to give up being 'wild' in order to 'be loved best of all.' In the story, Max dresses up in a wolf suit and qualifies for placement in many communities by chasing his little doggie with a dangerous object, in this case a large fork. His mother calls him a wild thing and sends him off to bed with no supper (inviting neglect if this cycle were to get out of control). Instead, Max, escapes to a fantasy a land of monsters which would frighten most adults but not Max. He tames the monsters with a trick of staring into their eyes, a trick that only resilient, well-loved children with a secure attachment can do, unlike the 'monsters' of his fantasy land who are really quite weak despite their massive heads, giant claws, and sharp teeth. Max, however, is lonely. Being king, even of a gang of monsters, is not enough. Max wanted to be somewhere where he was loved best of all. And Sendak describes the rich sensory experiences that occur when Max, the 'wild thing,' is transformed back into Max, the ordinary little boy, returning him back into his family, with the warm smell of his mother's home-cooked meal wafting through the air in his own room. And so, 'Max, the king of all wild things', and by analogy, potential qualifier for juvenile delinquent programs or placements, returned home where he was loved 'best of all.'

For latency children, the second book of the Harry Potter series (Rowling, 1999) provides a dramatic illustration of how trauma therapies work. Trauma therapists can model skill building on what could be called the Rowling' Buggert\* therapy technique. Buggerts are classic shapeshifters in mythology, in this case, taking on forms of what people fear. For the children in the story, this means that as soon as the Buggert is released from its cage, it will turn into a giant hissing snake or a menacing spider, representing fears shared by many people and likely built into basic human survival systems.

Consistent with the tenets of a number of trauma therapies, the children in Harry Potter's tale are carefully guided by their instructor, one at a time, to bring up a strong visual image of a comical image that is stronger than the feared image. In the movie version, this appears to take place quickly, while in actuality, therapists would likely need to provide a lot of practice to develop a powerful image including possibly drawing the image, adding details to the image, adding color and richness, and memorizing the image so the child could bring it up quickly in a stressful situation, as when the Buggert, or a real life trauma trigger, is approaching. This also affords therapists a chance to incorporate lessons the children in the wizard class have presumably already learned e.g. practice in vivid guided imagery including transforming snakes into clowns.

A strong laugh is a key part of the Buggert technique. That means developing the capacity for deep breathing, a natural lead-in to self-soothing exercises. The child needs to learn how to stand strong, flexibly, and balanced, like an athlete, ready to move left or right with knees slightly bent. The child raises his/her arm and simultaneously takes a deep breath while bringing up the funny image. The child then drives the wand down pointing it directly at the buggert while loudly laughing "Ridiculous!"

*Harry Potter* fans around the world, of course, know that this charm failed for their hero. Harry's Buggert takes the shape of a demeter, far more menacing than a

snake or a spider, common fears. Therapists can use Rowling's story about de-menters as an illustration about why, perhaps, children, and adults, who have experienced traumas are more sensitive than others to reminders of pain. Dementers from this perspective could be described as sucking out all the hope and happiness in one's life, leaving you with just the negative, somewhat like burned out, zombies. Explicit verbal memories may be eaten away and the victim may respond to implicit memories with fast, impulsive responses, often freezing, or dissociating.

In the story, the teacher intervenes to protect Harry as the dementer approaches, as therapists need to do in order to protect children from facing too many memories of traumatic experiences too soon. Earlier in the series, Harry had fainted when confronted by a dementer. The traumas in his life make him stronger, wiser, but at the same time more vulnerable. So, his teacher has to teach him a stronger technique than 'Buggert therapy'. Harry has to go to individual sessions, and learn what therapists something similar to 'safe place imagery,' then practice this imagery over and over until he can bring it out at the tip of his wand and make it stronger than a dementer.

Harry's teacher guides him to develop one happy, powerful memory and then to allow this memory, to learn about and explore his past, add details to this beautiful memory and then experience this memory filling up his body so that he can, in effect, lose himself within this memory. In trauma work, this means developing the safety and support to let go of protective defenses. Using the Rowling's imagery as inspiration for trauma skill building, a child can be guided to take a strong flexible stance, take in a deep breath to fill his/her body with strength, raise up his or her arm and command "expecto patronum," calling forth the rich moving image of the protective parent that all children need, especially after experiencing traumas.

For Harry, the image becomes a strong white stag which flies out of his wands to absorb and defend against any dementers. Rowling's Patronus charm could be used as a model for developing the strong safe rich, memory of being loved and cared for that is so strong that a child can call it forth and shoot it forward to fight off anyone who would rob the child of his/her heritage, family, strengths and future.

Similarly, trauma therapists working with children who enjoyed *Star Wars* (Lucas, 2004) can use the themes of the *Star Wars* stories of father-son struggles of good versus evil, weakness and redemption to evoke hope that heroes can rise again, even in the midst of seemingly overwhelming darkness and lead to a better life. Some youths will identify with Darth Vader, others with Luke or Princess Leia. In any case, therapists, can join with the child to explore how their favorite hero learned his/her skills, his/her weaknesses, and what helped him/her succeed in the end, overcoming the 'dark side,' a natural segway to teach elements of cognitive restructuring.

Teaching affect regulation, concentration, and trust can be aided by the analogy of Obi Wan guiding Luke to battle the ultimate machine menace, the Death Star, which like the empire, appears hollow on the inside and dependent on violence and power to achieve its means. Obi Wan, Luke's mentor, guides him in a soothing voice befitting a master hypnotist. He calls to "Luke," in a deep, slow calming voice in the midst of the battle. Obi Wan calls to Luke, not the impulsive, reckless teenager, torn between his feelings of loyalty to his aunt and uncle and his drive to get away, but Luke, the young Jedi and

guides him to do what trauma therapists do, to trust again in a higher power with Obi Wan's support, reminding him of their repeated practice and training to "stretch out with your feelings," to ". . . trust your feelings . . . trust me." Luke turns off his machine and listens to his mentor, the orphan re-tuning to his mentor. Obi-Wan's messages can be used to invoke courage and to help youths see themselves as heroes who can succeed by utilizing strength and guidance from trustworthy mentors.

The *Star Wars* movies work well to engage youths who like science fiction and then to tap into core components of trauma therapy. The appeal is especially strong in child welfare as the orphaned hero, Luke, finds a mentor who teaches him that he is not alone. The 'Force' connects and empowers them. The injunction to "Use the Force" reminds youths of the positive energy within and around them. "Stretch out your feelings" provides an antidote for the constriction of traumatic stress and opens up the possibility of new perceptions and solutions. "Let the force guide you" invokes an image of using one's own past experience and knowledge and the guidance of mentors instead of attempting to overcome problems impulsively or in isolation. The "Force" is a metaphorical description of the strength that comes from interconnectedness, the invisible bonds of connection that link human to human. Using 'the Force' evokes gaining power, something every child who has had an insecure, shattered, or chaotic, disorganized life and support system craves. The "Force" also connotes a quality of goodness that can be found in relationships and through positive values. When guided by the "Force," a child can envision him/herself doing good deeds and finding the quality of goodness within him/herself. Thus, the metaphor of the "Force" connotes several qualities—trust, wisdom, and altruism—that are key components in many models of support and resilience.

Luke's mentors teach him to give up his assumptions, learn how hatred leads to the 'dark side,' acknowledge and own his fears, overcome his angry impulses, and develop the capacity to trust again. Yoda's instruction to "Do or do not. There is no *trying*," models the conviction and commitment hero needs to prevail and a readiness to accept failures as part of life. They also challenge him to enter "the cave," one of the primary challenges in mythology where the hero must confront his/her fears of the monsters who dwell in dark places like the "cave, and the unknown that is symbolized by the darkness of the "cave.

These selected examples illustrate how the mythic hero can be used to elucidate the qualities, beliefs, and actions that traumatized children can draw upon in order to experience themselves as real-life heroes rather than helpless victims, intractably ill patients, or bad persons. The hero is imperfect and feels distressing emotions such as fear or despair, but overcomes adversity by relying upon trustworthy guides and mentors in order to find the courage and wisdom needed to overcome hardships and problems. Thus, the hero represents a "coping" model, rather than an all-knowing and all-powerful "mastery" model, to which children can realistically aspire.

It is crucial that therapists recognize that the specific qualities and examples that are best applicable to helping each child develop a sense of what it means to be a real life hero must be carefully individualized to the child, the family, and their community and culture. The hero for one child of one background may be an adversary for another child because of her/his different life experiences, family environment, and culture. Although certain qualities are relatively universally espoused as positive (e.g., honesty, dedication,



altruism, respect for self and others, productivity), the specific ways in which a hero embodies these skills and qualities differs substantially across communities and cultures.

### **Real Life Heroes**

In *Real Life Heroes (RLH)*, children are encouraged to identify heroes from their favorite books and movies, from contemporary culture including popular music, sports, arts, politics, community, religious, and cultural leaders and the RLH. The *Real Life Heroes Practitioner's Manual* (Kagan, 2007) includes a Heroes Library for children and adults. Therapists are guided to search especially for heroes that help a child re-build links that may have been broken to their family and ethnic heritage after violence, wars, natural disasters and other factors that led to separations and losses of protection, caring, and sharing of transmission of positive family and cultural values. For example, this might include encouraging children to learn about their community's historical role in important "heroic" challenges (e.g., ending slavery, curing diseases, winning championships, making great art or music) and that of real people who, currently or in the past, have played heroic roles in these achievements. Also, asking children about their favorite sports or music heroes can help them to regain a sense of pride by drawing on valuable lessons epitomized in the accomplishments of real life heroes who have overcome adversity and made a positive difference in their world.

*RLH* builds on cognitive behavioral therapy models to reduce traumatic stress and utilizes nonverbal creative arts, narrative interventions, and gradual exposure to help process traumatic memories and bolster adaptive individual and interpersonal coping strategies. Techniques integrated into *RLH* were based on safety planning, life story work (e.g. Jewett, 1978), TARGET (Ford & Russo, 2006), affect regulation skill building and problem solving, cognitive restructuring, nonverbal processing of events, and enhanced social support. The intervention begins with a Pledge, and continues with nine lessons: (1.) *A Little About Me*; (2.) *Heroes and Heroines*; (3.) *People in My Life*; (4.) *Good Times*; (5.) *Developing the Hero Inside*; (6.) *The ABC's of Trauma and the Hero's Challenge*; (7.) *Timelines and Moves* (8.) *Through the Tough Times*; and (9.) *Into the Future*.

The Pledge is defined as the beginning of the adventure and a written contract to strengthen or find caring, committed adults who will validate and protect the child. "A Little About Me," provides activities for children to practice to recognition and expression of feelings in a safe way. These include techniques for helping children to calm themselves with breathing, muscle relaxation, imagery, 'thought-stopping,' and other emotional regulation skills. The child is helped to visualize a memory or a fantasy and then picture it below with a drawing or a photograph. In order to draw upon somatosensory modalities, the child also is guided in tapping out how her/his visual image would sound in rhythm, adding musical notes on a two octave xylophone, and showing how it would look through movement as a dance or a movie. Over time, the therapist encourages the child to add more detail to drawings, more differentiation to rhythm, more notes or chords to their tonality, and more action to their movement. Questions are provided for the therapist to use in order to boost children's sense of being valued and a competence in different situations. In this way, the child is encouraged to integrate or re-integrate important memories of their life experiences.

Sessions utilize a structure highlighting safety and magic adapted for different developmental levels with welcoming messages, safety assurances, self-ratings on thermometers of stress and self-control (Ford & Russo, 2006), focusing (Ford & Russo, 2006) and centering exercises, and a magical moment before drawing in responses to workbook page instructions. At the end of sessions, children are asked to repeat self-ratings (Ford & Russo, 2006), with safety planning and reassurances (as needed), as well as plans for the next session. Caring adults are encouraged to work separately with therapists and children share their drawings with caring adults, and may work in sessions with caring adults, who meet safety criteria.

In subsequent sessions, the hero metaphor is explained and children are encouraged to identify people from their families, ethnic group, community, and broader culture who have struggled to build strengths and overcome adversity as a means of rekindling hope and modeling mastery over traumas. This can be done by drawing, acting out, or describing someone in their lives who has acted like a hero, to remember how they have helped others, and to envision what they could do in the future. Hero exploration highlights the courage required to help others as an integral part of the making of a hero, and provides a framework for therapists to engage children in understanding the skills their heroes utilize to succeed. These skills include cultural attributes. The child also is helped to identify heroes who cared for them day by day, through sickness and health, even in small ways.

With the image of their distant and close-at-hand heroes in mind, children and caring adults are engaged to develop the emotion regulation, problem solving, and trauma resolution skills and beliefs needed to reduce the power of the traumas that have afflicted them and their families. Children and caring adults are helped to develop skills to make things better in their lives including calming and self-soothing skills and developing positive beliefs in their own capacity to cope and overcome adversity. They also work on integrating psycho-education on trauma and cognitive behavioral therapy exercises designed to help them replace dysfunctional beliefs with positive self-statements. The therapist helps the child to develop a time line of good and bad events in their lives. The time line helps to accentuate positive events in children's lives and to help children learn lessons about who helped them succeed, how they helped themselves, and how they and important people in their lives overcame problems.

Ultimately, RLH helps each child to utilize the skills and support that helped them in the past in order to learn from difficult times in their lives and desensitize a series of progressively more difficult *Tough Times*. The child writes a short narrative about what helped children get through their 'toughest time ever.'

RLH concludes by inviting children to enhance images of themselves becoming successful in the future and to plan ways they can actively "be a hero" by working toward achieving their goals.

### **Real Life Heroes Pilot Study**

RLH was tested with 41 children in a pilot study (Kagan, Douglas, Hornik, & Kratz, in press) with children referred to child and family services including intensive home-based family counseling, foster family care, residential treatment or an outpatient mental health program. Results at four months included significant levels ( $p < .05$ ) of

improvement reported on child self-reports of trauma symptoms and fewer problem behaviors reported on caregiver checklists. At twelve months, significant levels of improvement were found correlating a decrease in parent reports of child trauma symptoms with the number of workbook chapters completed and also for child perceptions of increased security with parents of guardians. While conclusions were limited by lack of a control group and the small sample, the activities in RLH appeared to enhance children's perception that they were not alone and enabled them to gradually give up common beliefs that no one cared and instead recognize that they could count on guidance and protection from important people in their lives.

### **The Boon**

In the end of every heroes story, the hero must bring back a lesson or a gift, the "boon." *Real Life Heroes* was developed to help children and families strengthen skills and resources to reduce the power of the 'monsters' that afflicted their past. Caring adults are asked to take charge, providing leadership, nurture, permission, and protection so their children can grow past the point when traumas overpowered family members. Children can then incorporate new skills and resources, and by so doing, transform themselves from troubled children into tomorrow's heroes.

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