
Narrative Practice at a Walk-in Therapy Clinic:

Developing Children’s Worry Wisdom

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Abstract

This paper provides a practice-focused look at narrative therapy in a relatively unexplored context—therapy at a walk-in clinic. The author provides readers with a clear and detailed examination of both narrative practice in brief work at a walk-in clinic, and of narrative practices with one of the most common presenting struggles in children’s mental health settings—children experiencing anxiety. The paper demonstrates the usefulness and ‘fit’ of narrative practice in extremely brief contexts, therefore introducing “brief narrative”, with a clear guideline for narrative questions being outlined and illustrated by actual transcript from sessions at the walk-in clinic with a child who presented with serious struggles with anxiety. Children’s “worry wisdom” is developed in conversations at the walk-in clinic therefore increasing their understanding, knowledge, abilities, and skills.
Narrative Practice at a Walk-in Therapy Clinic:

Developing Children’s Worry Wisdom

This paper provides a practice-focused look at narrative therapy in a relatively unexplored context—walk-in clinic work. Along with this glimpse of narrative practice at a walk-in clinic, the paper provides the reader with a specific and detailed look at how narrative practice at a walk-in can offer children and their parents immediate assistance with one of the common presenting issues in children’s mental health, child anxiety (Costello, 1996; Glod, 2003; Waddell, McEwan, Shepherd, Offord, & Hua, 2005). The writer experienced strong invitations to move away from narrative practice at the walk-in clinic to other approaches that were more typically seen as “brief” (Berg & DeJong, 1996; DeJong & Berg, 1998; Rosenbaum, Hoyt, & Talmon, 1990). As well, there is much written about “best practices” with anxiety (Cartwright, Chitsabesan, Fothergill, & Harrington, 2004; Connolly, 2007; Spielmans, 2007), which also stands apart from narrative practice. This paper is therefore written as a testimony to the “fit” and usefulness of narrative therapy in a context as brief and immediate as a walk-in clinic.

The narrative posture or ‘way of being’ in conversation with children creates a foundation for meaningful and collaborative conversations at the walk-in, therefore providing immediate assistance—more than gathering information and assessment practices could provide alone. Within this collaborative dialogue children learn new concepts, developing what I and the children have come to call their “worry wisdom”—their understanding, knowledge, abilities, and skills that can be brought to bear on the problem. Seeing and talking about problems such as “worry” as separate from the child’s identity is central to conversations at the walk-in clinic.
and is consistent with White’s (2007) externalizing conversations. A conversation guideline based on Michael White’s maps (2007) is introduced outlining carefully crafted questions that can be addressed to children about “worry”. The questions facilitate conversation that makes visible and develops children’s wisdom and how they might employ it in relation to the worries. The transcribed therapeutic conversations took place at a walk-in therapy clinic providing a demonstration of what is possible when narrative therapy is used in such a brief setting. The transcript provides a useful learning opportunity as it includes a description of the therapist activity in terms of the type of questions being asked.

The walk-in therapy clinic has been available to families in our community\(^1\) for over six years and has provided a therapy session to about one thousand families each year. It also serves as the “intake” at our agency. Many children who attend the clinic with their caregivers are experiencing what is often referred to in children’s mental health as “anxiety”. Certainly children who are struggling with severe worries frequent our clinic. The conversations that I have with people at the walk-in clinic are informed by narrative ways of thinking and practicing (White & Epston 1990; White, 2005; 2007; White & Morgan, 2006). Conversations at the walk-in that are guided by narrative ideas make it possible to talk to children about worries in ways that: assist in looking at the worry from a ‘stepped back’ position (White, 2007); uncover the thinking that maintains and supports the worry; discover the actions that are made difficult as a result of worry thoughts; illuminate alternative thoughts and actions that undermine the worry; and build new knowledge and plans for action to decrease the influence of the worry. The

\(^1\) The walk-in therapy clinic operated by Reach Out Centre for Kids (formally Halton Child and Youth Services).
position of the therapist in narrative practice is very engaging of children and facilitates collaboration with children, bringing forward their knowledge and preferences (White, 2007). I believe that in any approach to therapy this way of positioning ourselves makes meaningful and useful conversation possible.

Therapist Posture

According to the Webster dictionary (1973), ‘posture’ is defined as a state or condition at a given time especially in relation to other persons….a conscious mental pose….to assume or adopt an attitude. This concept of posture can be useful and invites reflection related to preferences of ‘how to be’ in therapeutic conversations. The posture or ‘way of being’ within narrative therapy includes respect for people’s knowledge, preferences, and values (White, 2007). It is welcoming of people as cherished guests—being a ‘host’ (Epston, 2003). The posture is one of transparency and openness about our intentions, questions, and notes, including being a ‘scribe’—writing down words people say (Epston, 1998). The therapist’s position is one of a non-expert—not knowing what is best for the person. It is a collaborative posture, one of partnership, co-authoring conversation, new concepts, and ideas. The posture of a therapist practicing within a narrative framework is strongly influenced by poststructuralist curiosity.²

² This type of curiosity is one that is in search of meaning, what people value, are committed to, hope for their lives. It steps away from the taken for granted. It finds the subordinate storylines. The questions that arise from this poststructuralist curiosity are aimed at story expansion and the development of thick descriptions and rich meanings. See Young, 2006 (White, 2005; 2007).
Poststructuralist curiosity guides the therapist into specific areas of curiosity about worries, particularly about the details of ways in which the child is already taking any actions, or thinking any thoughts, that could reduce the hold worry has on them. I want to know what skills, abilities and talents this may be connected to and what these are a reflection of in terms of what the child wants in his/her life—what is important to them, and why. The questions that are informed by this type of curiosity find the subordinate storyline of children’s lives, which includes the initiatives (White, 2005) they take or consider taking in response to worries.

Therapist Responsibility

White and Morgan (2006, p. 40) have written about the importance of the therapeutic task of moving from the known and familiar toward what it is “possible for... children to know about their lives, and for others to know about the lives of these children”. Scaffolding questions into conversations is achieved through partnering with children in ways that offer questions that stretch (White, 2007) their current knowledge but are not so far from current knowledge that the questions cannot be answered. The therapist is a partner who asks questions that are an incremental step ahead. This assists children to move toward what they might know, learning and developing new concepts (White, 2007; White and Morgan, 2006; Ramey, 2007).

In conversations with children I hope to assist them to achieve learning such as: knowledge of what the problem is, naming it for example ‘worry’ or ‘fears’; what the worry’s impact or influence on their life is; and realization that what they want and what the worry wants
for their life are different. I want to uncover some of their reasons for what they want—getting in touch with why they have certain hopes or desires for their life. I want to develop their knowledge about what skills, talents, abilities, know-how, and strategies they have that can be used to reduce the influence of the worry on their life and perhaps some understanding of how they got to have these skills, abilities—where they came from, how they learned it. I hope we can learn who stands with them to support their initiatives to reduce worry’s impact and how.

**Externalizing Conversations**

The idea that person is not the problem; the problem is the problem is a central assumption in narrative practice (White & Epston, 1990). This assumption locates problems outside of people highlighting that people are in relationship with problems. Problems effect people and people have the ability to effect problems. Externalizing conversations assist people to “distance from the principal known and familiar accounts of their lives… an incremental and progressive distancing that provides a foundation for… children to play a more significant part in influencing the course of their own development” (White and Morgan, 2006, p. 40).

In these carefully scaffolded (White, 2007) externalizing conversations (White & Epston, 1990; White & Morgan, 2006) the child’s identity is separated from the problem, so that the problem is no longer tied to who they are as a person. As we assist in understanding the problem in this way, the ways of thinking and speaking about the problem change. The child develops his/her own language and description of the problem. His/her being anxious is spoken
about as ‘the Anxiety’ or other names provided by the child such as ‘the Worry’ or ‘the Fears’. Questions that externalize the problem assist children to express ‘the Worry’ in words or in pictures that are more meaningful to them. We can facilitate description of what ‘It’ is like and what ‘It’ is up to in many ways. Questions can be asked that invite the child to describe the problem in words that include what ‘It’ is called, and then explore ‘It’s’ effects on their life, what ‘It’ is doing to them, how ‘It’ wants them to think and feel, what ‘It’ wants them to do or not do, and how ‘It’ talks them into ideas or rules and so on.

I can also ask for a description of the problem that includes explaining what ‘It’ would look like if ‘It’ were an animal or a creature. After describing with words and writing down together what creatures six different ‘Fears’ looked like, eight-year old Michael \(^3\) told me what it was like to do this. He said that telling us (his mother and myself) what the ‘Fears’ looked like, describing in detail each ‘Fear’ as a creature, really helped him because “then you could know how really scary the ‘Fears’ are so you wouldn’t think I was just a scared-y-cat… and so we could know what ‘They’ each look like and all about ‘Them’ so we could defeat ‘Them’.”

We can ask if the child would be interested in drawing a picture of the ‘Worry’ as a further step in externalizing ‘It’. When I met Selina’s mother she explained that seven year-old Selina was experiencing many worries. In session Selina was silent initially, perhaps in the grip of some sort of ‘Worry’. I wondered if maybe a ‘Worry’ had her tongue and whether she would like to draw ‘It’. Without hesitation she began to draw a picture of her own face and head with a bug-like creature inside it. When I enquired about the picture Selina said, “It’s the Worry Bug in

\(^3\) Throughout the paper all the names of the children and parents mentioned have been changed to protect their privacy.
my head”. As she continued to draw, she quickly became able to answer many questions about the Worry Bug and what ‘It’ had been up to in her life.

Documentation of Children’s knowledge

My practice is to write down people’s words during meetings, creating therapeutic documents such as lists, declarations, and drawings and to do this in a way that engages the persons consulting in the process (White & Epston, 1990, Epston, 1998). The process involves checking in about how my understanding of their situation, ideas, and meanings is going by providing “summaries” back to people throughout the conversation by reading out loud what I have understood and written down so far (White, 2004). This allows for any corrections and for the child to reflect further on their own words and possibly expand on them. The process is intended to be transparent, and to archive people’s own words and understandings. It slows the pace of the conversation and creates foundations from which the next question may be asked, therefore assisting in the incremental scaffolding of questions. Children are very interested in this documentation process, often checking to see that their words are correctly written down, and are keen to develop drawings, diagrams or lists as part of the documentation.

The documents created during the session routinely go home with the people who were present. Taking away the documents provides the child and family with a record and a reminder of their own words, new knowledge, and understandings that emerged within the conversation. They may, and have at times, share these documents with others who are not present such as
other family members, friends, and schoolteachers or principals. This engages a potential audience or support team that assists in sustaining new ideas and commitments (White & Morgan, 2006).

Witnesses and Support Teams

The development of new understandings and of subordinate storylines is greatly assisted by locating people as witnesses to each other in conversation with the therapist and then enquiring into effects on the witnessing person of this conversation. This is a process that I routinely use in most therapy sessions. It was developed from concepts regarding outsider witness practices that have been written about by White (2000) and also by Morgan (2000). Parents may listen while the therapist “interviews” the child or youth, and then be invited to reflect on what stood out for them, what they heard that was unexpected/meaningful/useful to them, why this was important, and what difference having heard this may make. I interview the parent(s) during this process, introducing specific questions, such as “when you heard Tom say “x”, what was that like for you, what did you understand that you had not previously, what did this tell you about Tom, and so on. I do this to assist the parent to stay away from what may be more usual ways of responding that could focus on seeing the child as the problem. After this the child/youth may be asked about what they heard from their parent’s reflections that pleased/interested/surprised them and why. This process interrupts the usual back and forth responses between people, making a different sort of listening possible. It creates the possibility for the therapist to notice an initiative and to spend enough time with one person to ask questions that incrementally build in ways that assist them to move from current familiar understandings to
new knowledge that can expand present understandings and develop new appreciations of situations, events, and one another (White, 2004).

A Guideline for narrative questions

A guideline for narrative questions can be useful if the therapist is to introduce carefully crafted or scaffolded questions into the conversation (White, 2007; White & Morgan, 2006). Such maps or guides are not meant to determine the exact destination (White, 2007) but to provide some options to choose from in order to collaboratively create a dialogue that introduces interesting and slightly unusual questions. This introduction of “unusual conversational territories” (White, 2007; Young, 2006) makes it possible to discover new ways of thinking and being. The guideline for narrative questions is something that I developed based on Michael White’s maps of therapy (1990; 2007) to guide conversations about any problem or concern, and certainly about worries.4

Tom and Laura’s Visit to the Walk-in

Laura and her eight-year old son, Tom, arrived at the walk-in therapy clinic one May afternoon. They completed questionnaires noting the reasons for coming in. Laura indicated great concern about Tom’s worry and Tom was not too sure what the problem was although he wrote about stomach pain. Laura wrote that Tom had not been attending much school at all over the past few months. In writing and in her initial words during the session, Laura conveyed desperation about the distress she saw her son experiencing each morning before school and she

4 See appendix for the guide.
let me know that she was urgently requiring suggestions of what to do. This information and apparent desperation for help could have moved the conversation into a more educational, assessment, or ‘expert advice’ format. What would have been lost in doing this however, was the delight and pride Tom and his mother experienced resulting from a different conversation where Tom discovered what he already knew, expanded his knowledge further and began to describe ways to respond to worry.

The following represents excerpts from two transcripts of approximately one hour conversations that occurred at the walk-in clinic, one session in May and one in September. It includes explanations of the narrative practices that informed the sessions. Present were: Laura (L), Tom (T) and the therapist (K). Tom and Laura were pleased to consent to the transcript of their sessions being published. I have placed an explanation of the intentions behind the questions throughout the transcript, including the number on the conversation guide (see Appendix) that the question corresponds to.

L I’m not sure how long this has been going on now. But we’ve been having problems with him going to school in the mornings. (Laura goes on to explain that Tom has missed most days of school for the past one-month and that for months prior he had missed many days. He complains of pain in his stomach and cries and says he cannot go to school. They have seen a doctor who ruled out physical causes, and who recommended therapy. Laura wants to talk about the stomach pains and whether there are some worries. Tom thinks maybe the problem is just stomach pains.)

K (to Tom) So, it sounds like your mom wants to talk some about this, and she wants to maybe understand it better.

T Yeah.

K Is it okay with you if we talk about this today? (This question begins to set the agenda, #1)
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T It’s okay, I’d kind of like to figure out what’s bothering me too.

*We begin to find ways to talk about the problem that initially Tom called stomach pain and burning and eventually he names as “maybe a little bit of worry”, #3.*

K What if we sort of do an investigation for a few minutes like we’re detectives? And we investigate about the Worry for a little bit, would that be okay with you? *(Beginning an externalizing conversation about ‘the Worry’, #3)*

T I’m not sure…

K What it would mean is that I would ask you questions about the Worry and see if we can understand it more.

T I think it’s okay.

K Okay. So I was wondering about the Worry and what kind of things might get the Worry going? Do you know about that? *(This is a question to understand and describe the Worry and it’s effects, #4)*

T Kind of like after winter holiday or March break or in the summer like that? It comes when I haven’t done it for too long.

K *(pulling out paper)* I’m going to make a list. *(I am writing and reading aloud a summary back)* The worry comes….

*We find out that Worry comes when there has been a break from regular routines of two weeks or more. I ask Tom if “Worry” does things to him like put thoughts in his head or other things? I am exploring more effects, #4, and he responds….*

T It makes me worry that I might throw up because of the feeling from the Worry.

K So it puts thoughts in your head that you might throw up?

T Yeah.

K What other thoughts does it put in your head?

T It sometimes puts, like, I just can’t do it.

K Those are nasty thoughts aren’t they? Like what would the Worry say?

T It would say, like that I’m too bad at it, so like I can’t really do it.

*The Worry is quite separated from Tom, externalized, and he can now identify things it’s saying to him, how it requires him to think, #5.*

K So the Worry might say like, ‘Tom you’re too bad and you’re not going to be able to do this today’. Put a thought like that in your head?
It makes me think that I can’t do this. It kind of makes me wonder if I can really do it, or if I can’t.

So it sort of makes you doubt yourself does it?

Kind of.

Did I say that okay? Does that make sense? Makes you doubt yourself?

Yeah.

Okay. (Writing and reading aloud. *We are creating a therapeutic document called ‘What the Worry does to Tom’…* makes Tom doubt himself. And that’s cause it says things like ‘You might not be able to do it.’ Can you tell me more about that? What else does it tell you, you can’t do?

It kind of tells me that I can’t do stuff that I’ve never done before.

So new things?

Like, when I first joined Kicks for Kids, I had a worry *(pauses)*… but after I did it for about half a day I felt really good. *(Tom introduces an initiative that he takes—this is a possible entry point to a subordinate storyline)*

Okay. I have a question about that. Because it sounds like The Worry is pretty nasty *(he nods)*, that it says stuff like ‘Oh Tom, you can’t do it’ – but, you wind up doing it anyway?

Yeah.

I’m curious about that. *(I am beginning to inquire about his account of how he did this, #10 a)*

It’s like Worry is telling me a bunch of lies!!

It’s lying to you huh?

Yeah.

*(Writing and reading out loud)*… It lies to Tom. That’s seems pretty important. I think I should write that in big letters, what do you think?

Yeah, big.

It lies to Tom. And what are the lies? *(Seeking his understanding of the requirements of how It wants him to think about himself, #5)*

Like I can’t do it, when I can.
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K  Can’t do it when you can.  *(Continuing to write and read aloud)*

T  It’s also like, It kind of tells me to feel the pain sometimes, because It doesn’t want me to do something sometimes. Because, It just thinks that things like that will stop me, *(The Worry now seems to have It’s own motives!)* but after I get doing it… the Worry kind of like goes away, and it’s just good after I start to do it, it just gets better and better over time.

K  Wow, so It tries to stop you – Well, I’m really writing all this down. But you do it. And the more you do it…*(Writing, a second page of the document titled, ‘What Tom does to the Worry’.  We are describing the initiative, #8)*

K&T  …the better you - I feel. *(Tom seems excited and begins dictating the words for the list)*

T  The more time I do it also, like if I do it for like maybe 20 minutes, I still feel a little bit bad, but when it gets like maybe 30 or a hour, I like feel good. *(We are getting more and more detail about this initiative)*

K  So, the Worry could kind of win here? The Worry could get you not doing it at all. It could keep lying to you. It could say to you that you can’t do it. And that could get you giving up couldn’t it? *(I am encouraging the telling of specifics about how Tom ‘wins’ over the Worry, 10a)*

T  Yeah, except I just need to think: this happens to me all the time, but I can still go.

K  Oh, is that what you think?

T  That’s sometimes what I think, and that’s what I should think all the time!

K  Tell me those words again Tom…*(writing)*

T  I think that I get through it every other day. I can just do this. I’ve done it before. *(More specifics, counter-thoughts Tom can have that go against the requirements for thinking that the Worry has for him)*

K  *(writing)*… I’ve done it before… Any other thoughts? *(Description of how he can do more of this initiative, #10a)*

T  I’ve done it before, and sometimes the more I think of that the more the Worry goes away and I feel better.

K  So those thoughts shrink The Worry down would you say? *(I am seeking a name for the initiative, #8)*

T  Kind of lowering It down. *(Now we have a name for the initiative and a title for the document.  This practice helps to develop and thicken meaning of the initiative.)*
‘Lower the Worry down’. (Writing) Those thoughts lower the worry down. And these are things that you’re already doing to lower the worry down?

Except sometimes the Worry is a little bit too powerful. (We need to have more conversation about how he can ‘lower down’ such powerful Worry)

Oh okay, so sometimes It gets too powerful?

It kind of does, but then I like kind of beat It. Like kind of in my head. (Again he introduces an initiative, ‘beating It in his head’)

How do you beat it in your head? (I am asking him to describe how he does this ‘beating It’, #10a)

I just have these different thoughts…I just try and think about kind of good thoughts.

Is that like thought replacement? Kind of like replacing bad thoughts with good thoughts? (This is an attempt to name the initiative, #8)

Kind of like trying to make my good thoughts even more powerfuller than the bad.

(Making his good thoughts more powerful than the bad thoughts that The Worry gives you. Can you give me some more examples of good thoughts? Because you told me some before, like I get through this every other day, I can do this; I’ve done this before… Are there any other good thoughts? (I am trying to get more detail about how—the kind of thoughts, he uses to ‘beat It’, #10a)

I just think, it will be okay and I can do this…

So you had some thoughts that were like reassuring? Were they?

Yeah.

Do you know what reassurance means? (I am checking another possible name, #8)

Kind of like saying that this won’t happen, I really, really think it won’t happen.

Exactly. That’s a reassuring thought. So that’s something that you sometimes do?

Ya, and that is pretty much like the exact opposite of worry for me. (Tom now has an anti-worry word—‘reassurance’)

It is, isn’t it?

So like when I try to think of reassuring thoughts but I just can’t think of any, the Worry will take over a lot. Except when I think of reassuring thoughts a lot of the time, The Worry can’t get past that!
Right. I wonder if something that would help is having a list of reassuring thoughts so that you had a good idea of what they are?

So like thinking of not throwing up, actually I shouldn’t even think of throwing up. Like thinking of having good day, getting through, playing with my friends, …

Those are some good examples. (writing)… thinking of having good day, getting through, of playing with friends….Yeah. So can I just ask your mom about things for a few minutes? (Tom nods) Look (pointing to 2 pages of lists written) at all that you told me, it’s a lot. (turning to Laura) I’m just curious Laura, when Tom was saying some of these things, what kind of grabbed your attention from what he was saying? (Up to now Laura has been listening to Tom’s and my conversation. She has been in the position of witness to the conversation. I now interview her about what has stood out for her.)

How effective Worry is.

Like how much It lies to him?

Yeah.

The Worry sort of lies to him and tells him all these things?

Yes. Like when he’s complaining in the morning, it’s all focussed on the pain. And he doesn’t verbalize things about the Worry…. (to Tom) Like when you talk to me in the morning, you sound worried but you’re talking about the pain all the time.

(to his mom) I really didn’t realize that Worry hurt me that bad. And the pain It can cause me.

Mmhum, yes, but it’s you that came up with all that isn’t it? (Laura looks very pleased and proud of Tom) So you just had to think about it for a bit eh?

So (to Tom) when you were talking to me about this stuff today, did you realize something that you didn’t know before? (I am checking about learning, new concepts that Tom may have now that he did not at the start of the conversation.)

Yeah, kind of that the Worry is more like powerful-er than like I thought It was.

So you realized how powerful It is? (Writing and reading out loud) So, Tom realized today how powerful the Worry is…and that’s what you realized about The Worry, and what did you realize about yourself today? (This is a question to link to what Tom may have learned about himself–his identity, # 10 b)

I realized that I really shouldn’t worry about the Worry … like, kind of another word for the Worry is kind of ‘thinking about this bad feeling’.
Thinking about the bad feeling yeah. So, (Writing) worry kind of equals, is the same thing as thinking about the bad feeling. So your wish for yourself is… (Eliciting his statement of position, # 7)

Is, I really don’t really want the pain anymore. I don’t want to think about worrying anymore because it really hurts and it makes me think that I can’t do it when I actually can. And like so many people tell me that I actually probably could do it and the Worry tells me that they are wrong, but like the people who tell me this are actually right, it just takes me a little while to figure out that they are right….

We talk about people who know Tom can do it and who they are. We are recruiting an audience, which might be people who could know about Tom’s abilities and skills in ‘lowering down’ or ‘beating’ Worry and who could provide him with support for his initiatives, # 11.

All right, what do you call those people, like supporters? What do you call those people and what they’re doing?

I don’t really know just …

Could we call them like supporters or something like that for today?

Um, yeah, for today. I like the idea that someone else could help. I just don’t think that she (mom) could help in any way that I know. (I need to go to Laura to see what ideas she has about this, as Tom is temporarily out of ideas)

Okay, so, there might be some helping but we’re not sure what it is. Yeah, (to Laura) do you have any guesses? Has anything occurred to you through this conversation?

Can I remind you of some of the things that you think, of some of the things that you do? Because, maybe you don’t remember them right away. That kind of thing?

So Tom, would that help if your mom reminded you about what was on this page? What Tom says back to the Worry.

She could help by doing that a little. That would give me a little bit of support. That usually I just do it every other day, and I just feel fine, and I should like at least try to do it this day –and also I could think about things that could help stop It even more. But like I could just forget that because the Worry wants that. (Tom discovers more about Worry’s requirements, #5, and that It wants to separate him from his knowledge—to have him forget what he knows about how to ‘beat It’)

It does. It just doesn’t want you to remember the kind of things that you can do. I want to write this down here because we already know that It lies to you, and It’s sneaky, and now that It also makes you forget things that you know.

Yeah It makes me forget things that can help stop It.
Ah, okay (Writing)... the Worry makes Tom forget things he knows to stop it. So mom could help remind you what those things are. That would be like helping you spar with the Worry a bit by helping you remember. Is that right?

Kind of like a tag team. Because It makes me think that I can’t do it when I can do it. And that’s what It tries do! (Tom is clear that a requirement the Worry has for him is thinking he can’t do it, #5)

That’s what it wants?

It doesn’t want me to do it. It’s like It makes me say all these excuses or something, but it’s just the Worry making me say it because like the Worry is in my head, like it’s kicking me around.

It’s like the Worry kicks you around eh? It gets you to make excuses and doubt yourself and kind of like not believing in yourself. Is it like that? Like it wants you to not believe in yourself?

Kind of makes me not believe in myself, It makes me think that I can’t do it. It’s like almost the exact opposite of… that I can believe myself. (Tom now understands the Worry has another requirement of him, that he not believe in himself, #5)

Not believing in yourself. That’s a horrible thing that It’s trying to do. To make you not believe in yourself. So what your mom can do for you in the morning is she can remind you like a tag team member about what you can remember that you can do (Tom nods). And I want to ask you this. (Here I am interested in assisting Tom to expand his knowledge of ways to ‘beat’ Worry, #10a, and of potential support team, #11) You might meet some people over next little while and they might have some ideas. Like I don’t know if your tae kwon do instructor might have ever had any time in his life when he was ever worried about something and maybe he has some ideas about what he did about worry. Maybe your dad has some ideas. Maybe your dad worried about something once or twice I don’t know.

He might have like when he was a kid. (Laura is smiling and nodding)

Mm, yeah so maybe you could ask some questions like I did to you today, to your dad or your tae kwon do instructor or anybody else you want to.

About like what I could do if I feel sick. What they did about their Worries when they were a kid. Like they might have got their parents to help them or something, and like my dad, he’d probably tell me, and it could just work!

So you can hear what they did and then you can decide if you like any of their ideas or don’t.

If I like it and it’s okay with me, cause, uh, I’m not sure if this is right but I think that my top priority is to get rid of The Worry. (Tom makes a powerful statement of his position)
I think that’s a fantastic thing to write down. Let’s just see what page will I write that on, how about this page? (He nods) It seems like big printing to me.

Yeah.

So Tom’s top priority is …

Is (Tom begins dictating slowly to me for the document) to… get… rid… of… the… Worry.

I-s t-o g-e-t r-i-d o-f T-h-e W-o-r-r-y. (I am reading out loud) WOW. That’s seems like a really important thing. And you have all these ideas about how to do that. You’ve got consultants to ask questions to if you want to like your dad and your instructor. You’ve got a tag team member so far which is your mom that could be more people if you decide to. You’ve got another page here that is like an investigation of the Worry and all the nasty stuff it gets up to. And you’ve got a page here of reassuring thoughts which you can decide to add to if you want. Right? And then you’ve got right here what your top priority is. That’s a lot eh?

Yeah.

In a second walk-in session about 4 months later, after improvements in getting to school had happened in the spring/early summer, Tom faced a big challenge of getting back after summer break. In this second session we explored some of Tom’s reasons for his decision being a “top priority”. Up to this point in this session we were remembering and building more detail about his knowledge and skills at ‘lowering Worry down’.

I … have commitments…. Well a big commitment (is) going to school, (and) to like black belt club, to swimming, like all that. I just think that after I make a commitment, I’m like not really sure…. I’m like trying something new. And It (the Worry) says like ‘we’re really not going to do this’, and so after a bit I just feel like I should because it’s… all good for my body and my mind.

Is that important for you that you want to do things that are good for your body and good for your mind? (I am exploring his values that inform these commitments, #10 b)

Yeah…

So, I just want to go back to something you said a minute ago, is that okay? (Tom nods) You just said that you’re a person that’s in favour of… committed to even, doing things that are good for your body and good for your mind?

Yeah.

And um, you said something about a strong commitment about going to school. Is that something you want? (Exploring his preferences or position about going to school)
T: I need to have one.

K: You need to have one?

T: Yeah. Sometimes I don’t always feel like it but like I know it’s right for me and…

K: You know that going to school is right for you. Why is that—that you think going to school is right for you? (I am exploring values and commitments that inform his preference, #10 b)

T: Because it makes me smarter and I like, um, it might have to do something with how I grow up to be because like jobs, I need, like math is very important in like any job usually.

K: So it sounds like you have ideas about school being important for your future and things like that.

T: Yeah, yes.

K: So you wouldn’t want the Worry to rob you of that in a way?

T: Yeah, its like robbing me of my life, kind of.

K: Yeah, it could do that if you let it huh?

T: It’s just like when you think like, okay now it isn’t a very big thing but when you get older and older then you’ll just figure out it’s like a big thing like a really big thing.

K: And it’s sounds like, you’re almost nine, so it sounds like you’re already starting to figure that what’s important to you and what you want to have commitments about in your life?

T: Yeah.

K: Like doing things that are good for you and good for your body and learning and going to school and not letting the Worry rob you of those things? I guess I wonder if you think Tom, that it is pretty wise or pretty smart for a nine year old to have those kinds of commitments and things you want for your life? (I am asking him to evaluate these commitments and to name what this might say about him, # 9 and 10b)

T: Kind of. It’s like pretty good…. Like it makes me a little bit special…. 
Summary

This paper is being written about 6 ½ years after the walk-in clinic at ROCK opened its doors. Over this time I have become convinced of the ‘fit’ between narrative practices and walk-in services. Narrative practices provide a framework for quickly constructing meaningful and useful conversations with children and parents who attend the clinic. The curious and collaborative posture of the narrative therapist allows children to discover their knowledge and wisdom about problems they are experiencing and to explore their ideas for putting this wisdom into action.

The initial walk-in session and the follow-up walk-in 4 months later, guided by narrative practices, offered Tom and Laura immediate assistance regarding struggles with worry that were in the way of going to school. The conversations were not focused on education by the therapist, problem solving or advising. The therapeutic posture is collaborative and curious from the initial setting of the agenda, throughout the conversation, which separates Tom’s identity from the ‘Worry’, and explores the effects, the requirements, and recruitment tactics of the ‘Worry’. As Tom begins to see himself and this ‘Worry’ as separate, and discovers what ‘It’ is up to, he notices initiatives that he has already been tentatively engaging in. These are not well known to him, but as he is asked questions to develop meaning around the initiatives his knowledge of the details fills in. As Tom’s understanding of the ‘Worry’ and of his own skills develops, he makes a strong statement of his preference in relation to this ‘Worry’. The conversation moves back and forth among the types of questions in the narrative guide. The questions are crafted so that each question works toward stretching Tom’s current knowledge (White, 2007). Tom has
moved from what was known and familiar to what was possible for him to know about his life. He has developed his own “worry wisdom”.

Laura is positioned as a witness throughout much of the conversation, and notices how much knowledge Tom develops over the conversation. She joins him in his preference to ‘lower down the Worry’ and becomes a ‘supporter’ with a clear role. She encourages the possibility of expanding the ‘supporter’ team to include his father and coach. She is standing with him in the new knowledge they have both discovered in this conversation.

They return to the walk-in clinic 4 months later, after experiencing much improvement in school attendance over the spring/early summer. The autumn return to school had created an opportunity for the Worry to get in Tom’s way of going to school by getting him to forget his knowledge and skills for lowering it down. We ‘re-discover’ these and expand meaning around the initiatives by getting more details about his preferences and exploring his values and commitments that inform them.

A number of people who have attended the walk-in therapy clinic have participated in a research project called the Narrative Therapy Re-visiting Project (Young & Cooper, 2008). In this project therapy participants watch videotape of sessions and provide feedback about what was meaningful and useful in a session of narrative therapy. The following are a few of the documented comments from this project by Laura and Tom. These are included here to shine a light on parts of the above conversation that they found important. I would like them to have the last words in this paper.
Tom told us, “Well, she asked me, like, to try to find out things, like…” [Laura]… “like being a detective?”… [Tom] “Yeah like, she tried to get me in the kind of mood for being ok with saying things about it”. Laura agrees and adds, “how she was phrasing things, she said, ‘The worry puts thoughts in your head?’ [and] I guess I was feeling hopeful, because he was immediately saying, like echoing back what she was saying, he was saying, ‘The worry’ does this,’ and ‘the worry’ does this thought in my head’, so I was starting to feel…. that this was looking good…[and that] this gives me a tool”. And Laura said to Tom, “Well I liked the fact that you said that… the worry tells you lies… because I know you can do things, so it made me feel good to see you realize that it was just the worry getting in the way, … to see you make that connection, that it was just the nasty worry telling you lies.” Tom responds to her comment with, “I kind of feel good ‘cause I … phrased it in that way, like, I said, ‘the worry tells me lies’…. it was pretty much one of the most effective things”.

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Appendix

A Narrative Conversations Guide for Questions: About Worry with Children

This guideline was developed based on the work and writings of White and Epston (White, 2007; White & Morgan, 2006; White & Epston, 1990). It is not intended to be followed in a step-by-step way but is meant to move back and forth between the questions. Externalizing conversations are created throughout and questions are carefully crafted to create new knowledge.

1. Setting the Agenda: Invite the person to discuss what they are hoping the conversation will focus on. This is different from a “goal setting” discussion; it is meant to establish what the conversational territory will be, not what the outcome, end result, or new knowledges will be.
   • What do you think the most important thing to talk today is?

Deconstruction: These conversations are deconstructing, or unpacking, of problem stories. They aim to understand the externalized problem.

2. Identify the Problem: Use externalizing language & develop a description that is meaningful to the person, their word, their name for it.
   • What would you call this Problem?
   • Do you have a word for this “anxiety” that people are talking about?
   • If this Worry/Fear looked like an animal or a creature, what would it look like? How big is it, what colour, shape …?

3. Fully Explore the Impact of the Problem: Explore in significant areas of person’s life
   • Would it be ok with you if we get to know some things about what The Worry is doing?
   • Does the Worry cause some troubles for you? What kind?
   • Does It ever try to get in your way of doing things? Like what things?

4. Discover Requirements of the Problem: Practices/attitudes/beliefs problem depends on
   • What rules does the Worry have about: things you can do, or not do, think or not think?
   • What ways of thinking does the Worry not like?
   • What does the Worry not like you to do?

5. Investigation of Process of Recruitment: Stories are influenced by background, experiences, perceptions, etc. Explore this; what were the influences?
   • What does the Worry say to you to talk you into that idea?
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- Does the Worry take advantage of some things, like maybe something that happened in the past? What thing? How does It do that?

- How do you think it happened that the Worry snuck into your life like this?


- Do you think that what the Worry is doing to you is fair? Why not?

- Do you like what the Worry is doing? Why not? What would you like better?

- What do you think the Worry wants for your life? Is that different from what you want for your life? What are those things you want? What would you call the life you want?

Subordinate Storyline Development: If children’s initiatives (unique outcomes) are not arising from the conversation so far, ask questions that will elicit noticing and telling of them. Listen for evidence of subordinate storylines, actions/initiatives taken by people. Be curious about and develop detail about stories that open up new knowledge/possibilities.

7. Identify & Describe initiatives/unique outcomes: These are actions that could not have been predicted by the problem story, events that step outside of the dominant problem story, events that are inspired by preferences for life, hopes, dreams, and wishes which are a reflection of certain values and principles.

- Can you tell me a story of a time when you did something you are proud of about the Worry?

- What would you call that? Is it reassurance, or worry shrinking, or what?

- What have you (to parent) noticed Sara doing that shows you she can stand up to the Worry?

8. Describe the Effects of this initiative: Questions that seek a description of the impact

- What is it like for you to say “no” to what the Worry wants like that?

- What effect did thinking that have on the Worry?

- How did doing that effect the Worry?


- Is this something that you like? Why is that? What do you like about it?

- This seems to me to be a wonderful development but I’m not sure if it is to you. How do you see it? Are you pleased about this? How come?

10. Thicken Meaning of the Initiative: Questions to deepen meaning, expand stories, bring in more detail.
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a) Account (How the person managed this, introduces sense of personal agency)

- You said that sometimes you just think______. How do you think that, when we know the Worry won’t like thoughts like that?
- How were you able to do this?
- What do you think you might have been doing to get ready for this step?

b) Identity (Territory of meaning. Questions that expand detail about identity conclusions)

- What did the Worries learn about you today? What did you learn about yourself?
- Did you know before you did this that you would be able to do it? How did you know that about yourself? Where/who do you think you learned that from?
- What do you think this tells us about what is important to you? Why is that important to you?
- Are there some commitments and values that you have that help you to do this? How do they show up in your life? Who else has those? Where did they come from?

c) Future Possibilities (Possible future meaning of the initiative)

- What do you think this might mean for the future of the Worries?
- What difference might knowing this about yourself make for after today?
- How could knowing about these commitments help you with Worry after today?

11. Staying Connected to the new knowledge: Questions and practices in this category can include; finding support teams, ceremonies; outsider witnesses; therapeutic letters; documents, tapes, lists, symbols, signs, pictures.

- Who else knows about these skills/talents you have for shrinking down the Worry? Do you like that they know this? How does their knowing help?
- Who do you think might know some things about Worries (dad? Teacher?) What questions could we think of to ask them about Worries?
- Do you like the idea of a Worry Shrinking or Reassurance Team? Who could be on it? What could they each do to help?
References


