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## Family Life Stories Workbook Practitioner Guidance

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# FAMILY LIFE STORIES WORKBOOK

## PRACTITIONER GUIDANCE

Adverse Childhood Experiences Initiative (NI)

Helping practitioners talk with parents about  
difficult times when they were young

## 1. Introduction to guidance

This guide is designed to give assistance to practitioners to make use of the Family Life Stories workbook. The Family Life Stories workbook (Mooney & Bunting, 2019) was developed in Northern Ireland [NI] as a tool to help practitioners have purposeful conversations with parents<sup>1</sup> who had already completed the NI adapted Adverse Childhood Experiences [ACE] questionnaire during initial assessment. This guide briefly describes the benefits and risks of using ACE awareness in statutory child welfare contexts, followed by the practice principles underpinning the workbook, and a guide for each activity. We hope the practical ideas encompassed in the workbook can be used as a complement to other child welfare initiatives in NI - such as Signs of Safety (Turnell & Murphy, 2017) and Building Better Futures (Houston et al., 2018) - as a means of promoting greater engagement with parents and increasing awareness of the impact of previous adversities on the presenting concerns for the children's wellbeing. While this tool focuses on direct work with parents, this should not replace our efforts to find creative ways to engage with children and understand their lived experience.

## 2. ACEs and Trauma-Informed Care

Research has demonstrated the very significant detrimental impact of multiple adversities in childhood on health and social wellbeing outcomes across the life course (e.g. Felitti et al., 1998; Bellis et al., 2015; Hughes et al. 2017). This has led to the development of what has become known as Trauma-Informed Care [TIC] which uses childhood trauma as a lens to understand the cognitive, behavioural, physical and emotional symptoms which present in health and social care settings, and seeks to inform service policy and delivery across diverse contexts (Decandia et al., 2014; SAMHSA, 2014). TIC has a value base of client safety and empowerment, and encourages the formation of strong working alliances between service users and providers (Leitch, 2017) – making the conceptual shift from ‘what’s wrong with you?’ to ‘what happened to you?’ (Harris & Fallot, 2001).

### *The benefits of using ACE: early trauma identification and intervention*

The NI ACE initiative seeks to use the ACE study findings and questionnaire to assist frontline workers identify and analyse the impact of adverse experiences on children and families over time, as a means to improve decision-making and provide timely and appropriate interventions to better meet the needs of children (McBride, 2016). Using the NI adapted 15-item ACE questionnaire as a screening tool at initial assessment, with its straightforward question and response format, it is hoped parent childhood trauma may be identified helping guide intervention. ACE awareness offers practitioners different ways to understand parent behaviours – and assist parents consider the impact of their own childhood experiences on their current situation and their wishes for their own children. While not losing sight of the current concerns for children's welfare that have elicited statutory involvement, ACE awareness invites us to begin the family story in a different place, by considering how

ACE Score Questionnaire:		Parent (tick if yes)	Social worker (tick if yes)
Prior to your 18 <sup>th</sup> birthday:			
1. Did a parent/other adult in your household OFTEN swear at you, insult you, put you down, humiliate or intimidate you?			
2. Did a parent/other adult in your household OFTEN push, grab, slap, or throw something at you or EVER hit you hard enough to leave marks or bruise you?			
3. Did an adult or a person at least 5 years older than you EVER sexually touch or fondle you, have sex with you or force you to engage in sexual acts?			
4. Did you (or 14s) feel that no one in your family loved you or thought you were important OR that your family didn't look out for or support each other?			
5. Did you (or 14s) feel that you didn't have enough to eat, had to wear dirty clothes or had no one to protect you or that your parents were too drunk or high to care for you or take you to the doctor if you needed it?			
6. Were your parents EVER separated or divorced?			
7. Was your mother or stepmother OFTEN pushed, grabbed, slapped or hit, or EVER seriously physically assaulted or threatened with a weapon?			
8. Was your father or stepfather OFTEN pushed, grabbed, slapped or hit, or EVER seriously physically assaulted or threatened with a weapon?			
9. Did you live with anyone who was depressed or mentally ill or who attempted suicide?			
10. Did you live with anyone who was a problem drinker, alcoholic or drug user?			
11. Did a household member go to prison?			
12. Did a member of your household have a serious health problem, illness or disability?			
13. Were your parents/parents always missing?			
14. Did adults in your household OFTEN worry about money OR have difficulty in paying for things like food, heating, housing or transport?			
15. Were you or members of your household the victims of only/bourhood crime or "incidents" related violence? (e.g., vandalism, assault, theft, murder)			

<sup>1</sup> The term parent is used in this text to refer to a child's primary care-giver. It is recognised that in some families, this may not be the child's birth parent.

parental childhood experiences have influenced their evolving life narrative. In addition, the children's ACE tool (developed in NI) assists practitioners consider children's experience across the different adversity domains to inform assessments and decision-making.

### ***Using ACE in child welfare settings: unintended risks & practice challenges***

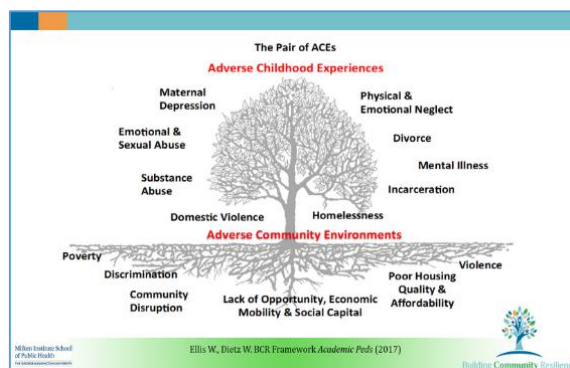
While the use of the ACE questionnaire with parents in NI has potential benefits (McBride, 2016), it is recognised as not without specific challenges for statutory practitioners in child welfare/protection settings where involvement with Social Services may be uninvited and unwelcome, and where there exist concerns for children's wellbeing (e.g. Atwool, 2018). The following challenges are expanded as a means to help practitioners guard against using the ACE research in their practice in a reductionist manner that might inadvertently exacerbate service user-practitioner power differentials and further diminish service engagement.

***Over attention to the negative:*** Internationally, it has been recognised that the ACE questionnaire's sole focus on negative experiences of childhood, without consideration of protective factors or experiences, can produce a 'lopsided understanding' of service users' lives (Leitch, 2017), risking amplifying the experience of trauma and the potential for dysregulation. This has had unintended consequences in some settings, influencing practices to the detriment of the people the initiative intended to serve (Leitch, 2017).

***Predicting poor outcomes:*** In a statutory setting, there may be a temptation to use a parent's ACE questionnaire score as a predictor of poor parenting and child outcomes, with a high number of adversities perceived as risk factors when assessing parental capacity. This would be in opposition to its intended use as a mechanism for early identification of parental adverse life experiences to assist consideration of the impact of early adversity on parents' lives, any connection with current concerns and get the right supports in place to assist recovery. There is a need to distinguish between *population level* risks and *individual* risks – so while a high number of ACEs may be associated with a higher likelihood of individual stress/distress, this does not tell us if the parent in front of us, with a high ACE score, is unusually stress/distressed - just that it is more likely.

***Shame and blame:*** Many people who have experienced significant adversity in childhood, often hold a level of shame and misplaced responsibility for these experiences – making them difficult to speak of (Featherstone et al., 2014). This reticence to talk of childhood adversities can be exacerbated by a fear that they will be negatively judged by others, perceived as personally damaged and destined to repeat the cycle of adversity - indeed they may also judge themselves in these ways (Bunting & Lazenbatt, 2016). In such circumstances, ACE focused discussion holds the risk of eliciting feelings of shame and blame. This can be magnified in child welfare contexts where there already exist significant power differentials between parents and practitioners, with practitioners specifically tasked with forming professional judgements with regards to children's welfare. Rather than choosing to speak of early adversity, parents may instead feel mandated to engage given practitioner statutory authority and uncertain about how this information will be used. Speaking of adversity in child welfare settings therefore risks inadvertently re-stigmatising parents, and may lead to further distress, exacerbate parent-practitioner power differentials and reduce the likelihood of service user engagement. Paying due respect for parents as persons in their own right and attending supportively to their experiences of early trauma, while holding the best interests of the children as the key priority, is perhaps the primary challenge for practitioners in child welfare settings.

**Beyond case work:** The relationship between poverty and adverse child outcomes is well established (Davidson et al., 2012; Webb et al., 2014). It is also known that families engaged with Social Services often face multiple stressors directly associated with community violence, precarious housing, lack of opportunity, poor employment options and economic disadvantage (Bywaters & McLeod, 2012). Such 'adverse community environments' (another set of ACEs) are identified as the root causes of toxic stress and childhood adversity (Ellis & Dietz, 2017), eroding people's resilience to adversity. While maintaining a clinical focus on addressing the impact of childhood adversity and seeking to strengthen parent and family resilience, practitioners are faced with working in circumstances where universal child services and community resources are often insufficient and vulnerable to Government policy changes. It is important for practitioners to find ways to acknowledge and respond to these wider community factors (e.g. see Anti-Poverty Practice Framework for Social Work N. Ireland).



**Information is not enough:** From a practice perspective, knowledge of parental adverse childhood experiences does not necessarily help us know what to do next (Leitch, 2017) in our efforts to improve children's welfare. While it is the number of adversities which has statistical significance in relation to adult health and wellbeing outcomes, each adversity may not have equal significance for an individual at a particular time in their life. Knowing what to speak of, and how, therefore demands due care and attention, and clinical practice skills.

Such tensions when applying ACE awareness and tools to child welfare settings led to the development of the Family Life Stories workbook and this associated guidance to assist practitioners talk with parents about the impact of adverse childhood experiences in ways that maximise the benefit for parent and child wellbeing, and service engagement.

### 3. Workbook underpinning principles

This workbook is based on theoretical concepts and principles drawn from Systemic Theory and Practice (see Madsen, 2013), Narrative Therapy (see Freedman & Combs, 1996) and Trauma-Informed Care (see Leitch, 2017 & SAMHSA, 2014). Some core underpinning principles are worthy of brief expansion to inform this Family Life Stories practice guidance.

#### **Why is it important to work with parents?**

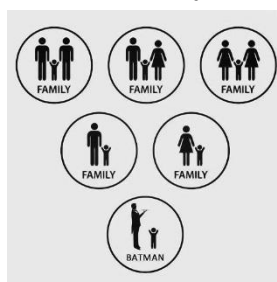
When we work with families where there are child welfare concerns, it is easy to position parents as 'the problem', given our knowledge of accentuated child vulnerability and our statutory imprimatur to safeguard the child's welfare – and indeed, in many instances, parental behaviours can be part of the presenting problem. It is therefore important to remind ourselves why families are important, and why working closely with parents and families is worth doing. A significant body of literature tells us just how important family relationships are for the wellbeing of individual members over the life course, for good and ill (Walsh, 2016). Our early family experiences as children have been recognised as particularly significant in shaping life chances. Until such times as parents are assessed as unable to provide adequate care for their children, it is parent and family practices which will either



enhance or diminish child safety and wellbeing. So, for practitioners interested in promoting children's welfare, getting to know the parent and family resources and constraints is essential.

### ***What do we mean by 'family'? Thinking 'network' and 'doing' family***

While recognising parents and families as potentially powerful resources in children's lives, we must avoid romanticising families and remain astutely aware of the harm that also occurs in families. Thinking about our practice with parents experiencing difficulties, it is important to use our conversations to seek out relationships who can serve as a 'community of support' in a person's life (Madsen, 2013) – these might include immediate family, extended family, family of origin, family of choice, friends, neighbours and professionals. It is essential to extend our ideas of 'family' beyond traditional nuclear family structures to encompass the diverse shapes and sizes that families take – and become curious about family *practices* (as opposed to family structures) – recognising that all families 'do' family differently.



### ***Parenting is tough!... parents need support too***

While much has been written about good parenting, it is worth reminding ourselves that parenting is a complex, ever-changing range of micro-practices which can be testing of our physical and emotional energy, resilience and relationships - in the best of circumstances. ACE awareness invites us to remember that parent/carers were once children too, and for most, they wish to be good parents for their own children, sometimes desiring to give their children a better experience of childhood than they had themselves. Many parents involved with child welfare services have been impacted by multiple stressors (including poverty, community and domestic violence, unemployment, illness) which can have a chronic deleterious impact on their capacity to be available for their children (Webb et al., 2014). While ACE literature makes reference to the importance of the 'one available adult', it is worth reminding ourselves that no one person is enough on their own – that all parents need help – and the more stressors, the more support that may be required.

## ***WHAT SOCIAL WORKERS SAY...***

*"In the back of your mind, you know what they've been through, if you've had the case for a long time... but revisiting it again, and bringing it to the fore... and actually, yes, they have had significant ACEs in their lives... but they're coping and they're parenting and they're doing really well... it's good for us as practitioners to revisit that"*

*"In this field, you don't do a lot of what you thought you would do as a Social Worker... with ACE, you actually do get out there - you feel people do open up and tell you their story whereas with a lot of child protection cases, you're dealing with crisis, risk... with ACE, you get a chance to do what you thought you were going to do as a Social Worker... it's an opportunity"*

### ***Why is collaborative practice with parents important?***

If a central feature of our jobs as statutory practitioners tasked with enhancing children's wellbeing, includes getting to know, understand and influence the practices of their primary care-givers - then finding ways to develop collaborative relationships with parents is essential, although not straightforward in the context of significant power differentials. While research shows that parents often feel powerless in their engagement with statutory services, it also demonstrates that if parents feel practitioners have a better understanding and appreciation of their difficulties, they may be able to hear and engage with their concerns more constructively (Featherstone et al., 2014; Bunting et al., 2017). Remembering parents as persons and that the parent-child relationship is life-long can help us invest in building respectful parent relationships – even if decisions must be taken to remove children from their care on a short or longer term basis. To understand why people behave the way they do, we have to become curious about their relationship with the problems in their lives – what contributed to the formation of these problems, how they think of these problems, and what they believe might help them be solved or dis-solve (White et al., 1990).



### ***Understanding family life stories and identities***

As human beings, our experience of life and personal identity are profoundly influenced by the stories we tell about our lives, and the stories told about us (Madsen, 2013). These stories can become the dominant narratives of our lives and identities, shaping our experiences (White, 2007). It is in our families, that we come as children to know who we are in the world – unconsciously shaping, resourcing and constraining our behavioural responses and sense of self. Embedded in broader cultural narratives, these stories of ourselves continue into adulthood, creating meaning that goes beyond the individual to provide a sense of self through time and in relation to family (Fivush et al., 2008). These family life stories of growing up and being parented as children take on new influence when we become parents ourselves – as we organically generate how we will 'do' the micro-practices of Mum and Dad.

### ***The importance of affirming parent and family strengths and positive stories***

Many service users with adverse childhood experiences will have developed a dominant negative/problem-focused narrative of their lives that offers little hope of a more positive future. Helping

### ***WHAT SOCIAL WORKERS SAY...***

*"you might be surprised at people wanting to engage with it - be careful not to right off people... just give them the opportunity... careful not to write off a family just because it's a child protection case"*

*"And don't worry if people don't engage - give it a shot - try it again - 6 months down the line"*

*"That investment even in terms of time - that's not going to be completely lost on our parents - they will be used to people flitting in and out of their house and checking if everyone's alright... it's the parents we need to work with to reduce the risk for the child... that won't be lost on them..."*

parents identify such narratives and engage with them in ways that have potential to deconstruct, revise and develop less problem laden narratives, drawing on overlooked aspects of their histories, can enable new understanding of themselves and a move toward greater wellbeing (Freedman & Combs, 1996). It follows therefore that practitioner conversations with parents are powerful in contributing to parent identity – the questions we ask, and the experiences we attend to. In these ways, different types of dialogue can have very different impacts in terms of self-perception and motivation to change. Using our conversations with parents to search for and affirm strengths and resilience, while acknowledging and appreciating difficult life experiences, does not mean minimising presenting concerns/risks/abuse/neglect. Instead, recognising the ‘whole’ of people’s lives, helps counter the shame and blame that people experience when talking of difficult life experiences. Supporting parents to also retell the story of their family’s positive moments and their ability to come through and/or learn from difficult times (Driessnack, 2017) is affirming of personal worth and can galvanise hopeful family practices.

#### 4. Family Life Stories workbook

The Family Life Stories workbook aims:

- To help parents and practitioners consider together how previous parental life experiences may be influencing current identified difficulties in relation to child wellbeing
- To assist the development of a collaborative relationship between practitioner and parent in which parents feel recognised as persons in their own right
- To enable practitioners to identify *with* parents the support/services required/desired to address and ameliorate the impact of adverse life experiences so as to enhance parenting capacity.

##### *The benefits of mapping activities*

The workbook incorporates four distinct activities (relationships map, life map, preferred futures, feedback) designed to help practitioners explore parental childhood experiences while maintaining a focus on the reason for their involvement, i.e. the current concerns for the children’s welfare and the goal of positive change in child and family wellbeing. The workbook is designed to be used flexibly - as a whole (printed on A4 or A3 paper), or the individual activities and ideas can be used when deemed appropriate by the practitioner using ordinary pen and paper, or flipchart.

### WHAT SOCIAL WORKERS SAY...

*“Doing the life story with a mum – she found the whole process very therapeutic... and to be fair, she had actually been through a lot... there was a lot of resiliency there too... she had dealt with it a lot herself... and reinforcing the positives as well... built her confidence back up again... taking the time... time for her”*

*“with ACE, you have this questionnaire so it gives you the confidence to start a conversation”*

*“it gives you a chance on a visit to do something different... actually, I’m going to visit when the children are not there – this is about you, and spending time with you”*



The workbook uses a mixture of diagrammatic mapping tools (genogram, ecomap, timeline). These tools have been incorporated into (and their use further developed within) Systemic Family Therapy practice and are recognised as core social work activities which can assist practitioners completing initial and ongoing assessments (see Hartman, 1995; Parker & Bradley, 2015). Visual diagramming was selected as the method of choice for this initiative as a means to level parent-practitioner power differentials and mitigate to some extent the potential shame experienced by parents when invited to talk about adverse experiences. These interactive participative activities are known to reduce parent nervousness and anxiety by deflecting focus to a shared practical task that can assist parental self-confidence and motivation (Parker & Bradley, 2015). The visual informal nature of these activities is also thought to help people make their own connections to the issues discussed. The flexibility of such activities allows both parents and practitioners to move backwards and forwards, keeping in mind (and on the page) the safety and wellbeing of the children as the reason for statutory involvement, while zooming in and out to talk about important relationships and events in the parent's early life. In these ways, it is hoped that such activities can assist practitioners and parents adopt a different position in relation to the presenting issues/concerns which have brought them in touch with Social Services. It is important therefore that activities are seen and used as opportunities for productive conversation – not to create neat and/or comprehensive diagrams.

We encourage practitioners to become familiar with these activities, keep symbols to a minimum, and draw on collegiate and manager support to develop their confidence and skills in using such tools with parents.

## 5. Using the workbook

The following practice pointers provide application guidance for the workbook activities.

### **Preparation**

**Introductions:** Before inviting a parent to undertake the ACE questionnaire or the Family Life Stories workbook, it is important to clarify why talking about difficult childhood experiences may be helpful for the parent and the practitioner. We encourage practitioners to experiment with formulating an introductory statement, developing an empathic appreciation of their hopes for the parent experience of the exercise. The introductory statement will be unique to the practitioner, tailored to their

## WHAT SOCIAL WORKERS SAY...

*"I've been involved with this family for a while... but because you've been involved for so long - and different Social Workers ... things tend to get lost along the line, so actually sitting down and talking to her about her own history and her own difficulties - it was a really good tool to use... a good social history tool... good to get people talking about their own upbringing, what's happened in their life - to open up"*

*"ACE gives us another language to advocate on behalf of the parent - it is important for parents to see us taking that stance... challenging the other professionals"*

specific context and role, grounded in their knowledge of the current child welfare concerns and family circumstance.

**Timing:** The activities in this workbook can be used at various times in the social work process, but not in the midst of a crisis. Deciding upon activity timing and the appropriate parent are important considerations. Practitioners tell us they found the activities most useful with new cases, re-referrals, when the case transferred, or when they felt 'stuck' in their work with the parent/carer/family.

**Preparation:** It is always helpful to give some time to thinking carefully about the particular parent/family circumstances before the session – considering what the parent may be concerned about if invited to talk of adverse early life experiences.

**Be clear about child welfare concerns:** Be as clear as you can on the current child wellbeing concerns in straightforward language, prioritising child safety and wellbeing but seeking not to apportion blame.

**Identify strengths:** It is useful to identify any (potential) strengths in the family referral that you might want to draw attention to/bear in mind in the conversation. Remember, there may be aspects of the family circumstances that you view as positive (e.g. parents no longer in abusive relationships) that the parent may feel ashamed of and be fearful that you will judge negatively.

**Practicalities:** It is important to have access to a private space – whether in the family home or the office – without the need to look after children. It is important to establish a context for a different type of conversation. Explicitly including parents in the choice of time and venue can help give a sense of agency in the process.

### **Activity 1: Relationships - What was it like growing up in your house?**

This first activity includes a combination of genograms (family trees) and ecomaps (social network maps) as a means of understanding service users within their family and community contexts, and helping parents identify and talk about important people and experiences in their family of origin when they were growing up. Displaying family information graphically over three generations can provide a quick overview of family patterns, and give ideas about how problems evolve in a family's life over time (McGoldrick et al., 2007). Drawing a relationship map with a parent creates an opportunity to explore and re-tell family stories, enabling re-authoring of difficult times and tracking down family resources and wisdom (Chrastowski, 2008). While detailed comprehensive genograms can be used for case files and supervision, the primary purpose here is to facilitate a useful conversation and help parents

## **WHAT SOCIAL WORKERS SAY...**

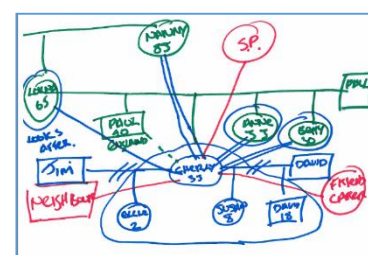
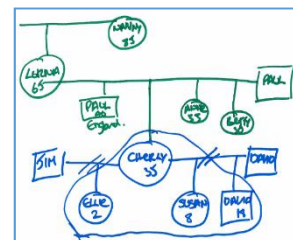
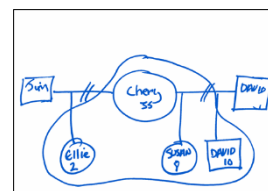
*"Trying not to have a blaming culture... this process does actually connect with parents – because they feel so stigmatised... so it does filter through when people have time to tell their story... it really does filter through, that we are not there to blame"*

*"Even if it's been done before and you're taking over a case... it might be a good point to revisit it... reading the files is great but hearing it from the people, turns it into something real rather than just down on paper"*

begin to consider their own experiences of being a child and being parented – and connect with their concerns and hopes for their children.

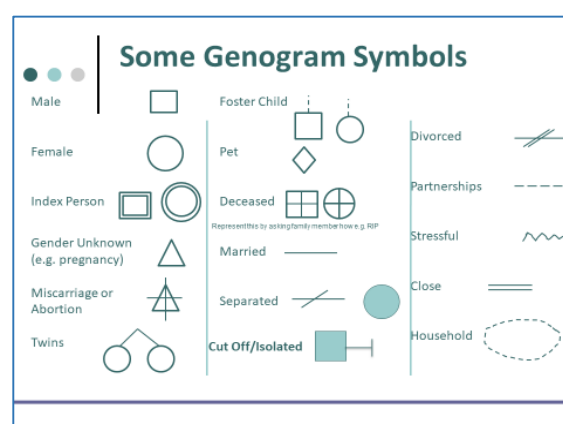
Start with the parent's own children who you will be familiar with (and who are the reason for your involvement), and then move up a generational level to facilitate conversation about their siblings and parents. Remember to 'think network' and add in important adults beyond the birth family. This helps people recall the importance of good adults in children's lives, who can make a positive difference when times are tough.

Help parents consider how these relationships have changed over time – who are they still involved with now? How might they be a resource in their lives? Who is no longer in the lives? Is their presence/absence a source of relief and/or regret? Zoom in on care-giving/receiving experiences to help parents think about their own experience of being parented at the age their children are now. What was it that their own parents did/didn't do that they now value and/or want to do differently? Remember the idea of everyday family practices and 'doing' family – ask how their family 'did' meal times, bed times, bath times, school, birthdays, discipline, arguing and making up, comfort and affection, loneliness and specialness, being a boy/girl, belonging, security and safety. You may have some information from the parent's ACE questionnaire which you can draw on.



Before undertaking this activity familiarise yourself with the standard symbols. Be sensitive about how you denote deceased persons –the standard cross though the person's symbol may be too stark. While developing the family structure, take the opportunity to explore what ways particular relationships were helpful/not helpful, difficult/supportive – what did they do that made them so? This will help link experiences with behaviours. Stay curious on unique features of the parent's family e.g. gender, birth order, age differences, births and deaths.

Encourage the parent to think again after the initial phase to see what additional networks may be accessible. Invite reflection on the completed relationships map.



### RELATIONSHIP MAP TOP TIPS

- ✓ Keep diagrams simple and symbols to a minimum – use as a support for the conversation, try not to confuse.
- ✓ Draw the genogram yourself as preparation to help you think about the family – some family structures are complex. It is important to feel at ease and as confident as you can with the activities to release your concentration for the conversation.
- ✓ Focus should be on moving at the parent's pace, ensuring their engagement in the process.
- ✓ Check-in with the parent - are you talking about useful aspects of their lives?
- ✓ Help connect to their own children and current family circumstance.

## Activity 2: Life map - good times/hard times

This visual activity builds on the idea of story-boarding, allowing parents to consider their current situation in the context of past experiences and transitions over the life course. This over-time perspective is important as individuals and families characteristically lack time perspective when they are having problems, tending to magnify the present moment, lose sight of the influence of past experiences and become immobilised by overwhelming feelings. They can also become fixed on a dreaded future moment or a time they long for (McGoldrick et al, 2011). Helping individuals and families consider how their current situation may be influenced but not determined by past events and experiences can help restore a sense of life as continuous movement.

Family Life Stories Workbook



My Life Map: Good times, Hard times



This activity encourages consideration of the impact of transitions and turning points on an individual and family's life. Individual and family stress can often be heightened at periods of transition (Walsh, 2016). All families experience normative life-course transitions – such as the birth and death of family members; adolescence, young adult and older adult life; partnership/marriage, separation/divorce – as well as changes in social and living circumstances – for example house and school moves; employment changes; health and illness. While these are common transitions in all families' lives, they will have differential impact depending on the family's circumstance, relationships, and personal and social resources. It is important to remember that family members' lives are inter-connected, so change in one person's situation will have implications for all family members e.g. a parent becoming unemployed or an older sibling moving out of the family home.



Individuals may also identify key turning points in their lives (Hockey & James, 2003), which they ascribe with meaning for their life-course, both positive and negative. Use what you know of the parent's life to ask about the impact of important life experiences or transitions you are aware of. Although as statutory services we may become involved in families' lives at crisis events (e.g. a domestic violence incident to which the police were called), such events are often evidence of more chronic experiences which can have a deleterious over-time impact of individual and family wellbeing. It is important to enquire about the *impact* of these chronic experiences.





### LIFE MAP TOP TIPS

- ✓ You can start at any point on the timeline – moving backwards and forwards as important events/transitions emerge in the conversation. Invite the parent to start wherever they would like to – this might be the birth of their children or other key life experiences.
- ✓ Remember to consider the good times as well as the hard times. Zooming in on positive family stories, and what made them positive – paying particular attention to care-giving narratives – can affirm positive parent practices.
- ✓ Explicitly appreciate the difficult times the parent has experienced - when individuals have had adverse life experiences, they often normalise these experiences or lose sight of the many difficult experiences lived through.
- ✓ Help the parent identify what or who helped them get through any difficult life experiences and any learning from previous adversity – this can affirm personal and family resilience and appropriate help-seeking.
- ✓ Where families have had previous experiences with statutory services, include this in the timeline and specifically ask about parental experience of the help received – what was helpful/unhelpful? How could they have been more helpful? Use previous help-seeking experiences to build a productive parent-worker relationship now.

### Activity 3: Preferred futures

We create much of our identities through familiar stories we tell about ourselves, which often reflect stories told about us and to us by our family, local community and wider society. These stories over time form the narratives of our lives. Many service users have negative problem-laden storylines that can obscure hopes and goals for their own and their children's lives. Helping parents re-engage with their hopes and dreams can be powerful, seeing how their current situation may undermine positive futures and revealing what may need to change in order to move toward a preferred future.



The preferred futures activity aims to help build hope and start identifying small steps toward change. Posing the question – ‘if I were to meet you in 5 years’ time and things were going really well, what would life look like...?’ makes it clear that change is possible - that tomorrow is a new day with new opportunities. This can be helpful when families (and practitioners) feel stuck and hopeless. Using the questions – what might help you get there? What might get in the way? And what needs to happen next? – a future plan can emerge (Madsen, 2011).





### PREFERRED FUTURES TOP TIPS

- ✓ It is important that the goals and hopes come from the parent and that professionals do not inadvertently reflect the professional's preferred future for the family. All too often, well-intentioned practitioners refer parents to services which they do not attend, inadvertently setting up another cycle of parental failure and negative judgement.
- ✓ The parent should be encouraged to be as specific as possible when describing preferred futures. Talking about a preferred future in detail makes it more likely that some initial building blocks of that future will be identified and acted upon.
- ✓ It is important to enquire about the parent's preferred future for each of their children separately. Children in families often have very different lived experiences and are narrated differently in families.
- ✓ You may need to tailor the time-span for your particular parent, as 5 years may be too far into the future – experiment and find what time-span works for the family.

### **Activity 4: *Bringing the conversation to a close and getting feedback***

Bringing the conversation to a close is as important as preparation, and so demands some prior consideration. Showing an interest in the parent's experience of the activities, helps demonstrate respect for them as persons in their own right and goes some way to level practitioner-service user power differentials. We recommend you spend some time at the end of each session reflecting on the experience and considering any new learning/perspective that has emerged for you or the parent about their current circumstance. Follow this up by asking the parent to complete the short family life stories evaluation form.

Given the significant practitioner-parent power differentials in child welfare settings and potential concerns for judgement, shame and blame, it is important for the practitioner to overtly appreciate the parent's willingness to share and discuss the impact of adverse life experiences. It is to be expected that parent/carers will edit what they choose to share – this should not lead you to think of the parent as dishonest – but rather taking understandable measures to protect themselves and their families. As the parent is likely to have had some legitimate concerns about sharing their experience with you - and will be wondering how you are making sense of what they have shared - it is very important to summarise clearly what you are taking from the conversation. This may be simply that you have a better idea of some of the important people and experiences in their lives.

### CLOSING TOP TIPS

- ✓ It is helpful to agree a time limit for the session, in order to leave sufficient time to bring the conversation to an appropriate close.
- ✓ Invite the parent to complete the feedback form, leaving it at reception. Apart from any specific feedback, the key message for them will be that you are interested in this conversation being useful for them too. This is important given practitioner-service user power differentials.
- ✓ Ask the parent how the activity was from their perspective? Did anything new emerge in their thinking about their current circumstance?
- ✓ Share your own sense of how the conversation has gone – what new has emerged for you?

## 6. Important practice reminders

**Practitioner disposition:** Your disposition/commitment toward the work is more important than the particular tools. *You* are the opportunity.



**Staying curious:** Parents for the most part do want to be good parents (this is not to minimise any inappropriate behaviours/abuse/neglect). Thinking of parents as in some sort of relationship with the problems in their lives helps everyone stay curious.

**Good times:** The ACE questionnaire is not the sum total of someone's childhood – remember to ask about the good times as well as the difficult times.

**Alert to difference:** Lives are complex and unique – one person's experience (answering yes to one of the ACE questions) will be very different to the next person's. Each child's experience in a family will also be different.

**Lived experience:** It is important to move beyond broad short-cut descriptions (such as 'separation', 'domestic violence', 'depression', 'arguing', 'drinking') and expand the lived experience of the headline descriptor. What did life look like? If we had been there, what would we have seen? What was the parent's experience and understanding as a child? What age were they when they first noticed? What did they notice? How did it impact them? How did it impact other family relationships? Who helped? How did they help?

**Demonstrating respect:** We should always remember that although we talk of narratives or 'stories', these are people's lives. These activities therefore demand due respect and care as we invite parents to think and talk about difficult life experiences as children and adults. We demonstrate our respect to parents in how we talk about them and their family, and how we are prepared to listen and act respectfully.

**Pacing:** Pacing is important. Sometimes our rush to get the activity complete can miss expanding important moments/conversations. Be prepared to slow down. Keep checking in with the parent - are you talking about the right things? Are there things you are missing? Don't try and do everything in one session.

**Distress:** Some practitioners worry about the potential to re-traumatise someone by asking about previous adverse experiences, eliciting further distress. This will be less likely if a shared purpose for undertaking the work is established and parents are clear that you are not inviting them for counselling – but can refer onward for further therapeutic work if desired. Explicitly ensuring parents are aware that there is no onus on them to speak of adverse experiences they do not wish to will make re-traumatisation less likely, as they decide what they wish to use the opportunity to reflect upon. Parents may however become distressed during the activities. This is not uncommon – nor worrying. In these circumstances, practitioners should use their skills to monitor the parent's emotional reactions and calibrate their actions accordingly. If you are concerned for someone's emotional wellbeing at session end, ask how they are and work out together how best to extend support. Who else can they talk with?

**Impact versus content:** It is helpful to keep focus on the *impact* of life events/experiences, both personally and on family relationships/dynamics/practices, as opposed to needing to know detailed *content* of the experiences. ACE conversations should avoid becoming investigatory.

**Confidentiality limitations:** Practitioners worry that parents may share information in the course of these activities that elicit further safeguarding concerns and actions. This is a possibility – as it is with every conversation we have as practitioners with statutory responsibilities. Be clear when setting up the activities about the limitations of confidentiality. Act respectfully if information arises that requires consideration of safeguarding actions, and be as transparent as possible with the parent with regard to the actions to be taken and why.

**Parental strengths:** Acknowledge and appreciate parental difficulties and identify strengths. People appreciate when others take time to try and understand their experience. Remember it will not be possible for you to ‘fix’ everything that has not gone well in a parent’s life. People tell us that ‘feeling understood’ helps them to a greater appreciation of themselves and is more useful than ‘a better story’ (Pocock, 1997: 298).

**Realistic steps:** Small changes can open the door for bigger changes. Keep the steps realistic and manageable.

**Experiment:** Trying any activity for the first time can be daunting for the most experienced practitioner. Don’t let this put you off. Take time to familiarise yourself with the activity and draw on the resource of your team and manager. Share successes and things that didn’t go so well – reflecting on our practice is how we develop our skills.

## References

- DoH (2018) *Anti-poverty practice framework for social work in N. Ireland*. Department of Health NI <https://www.health-ni.gov.uk/sites/default/files/publications/health/Povertyframework.pdf> [Date accessed 21.9.18]
- Atwool, N. (2018) Challenges of operationalising trauma-informed practice in child protection services in New Zealand. *Child & Family Social Work*, 1-8 DOI: 10.1111/cfs.12577
- Bellis, M. A., Ashton, K., Hughes, K., Ford, K., Bishop, J., & Paranjothy, S. (2015). Adverse childhood experiences and their impact on health-harming behaviours in the Welsh adult population. *Public Health Wales*, 36, 1-36.
- Bunting, L. & Lazenbatt, A. (2016). Changing the narrative—Life span perspectives on multiple adversity. *Qualitative Social Work*, 15(4), 484-500.
- Bunting, L., Webb, M. A., & Shannon, R. (2017). Looking again at troubled families: parents' perspectives on multiple adversities. *Child & Family Social Work*, 22(S3), 31-40.
- Bywaters, P., & McLeod, E. (2012). *Social work, health and equality*. Routledge.
- Chrzastowski, S. K. (2011). A narrative perspective on genograms: Revisiting classical family therapy methods. *Clinical child psychology and psychiatry*, 16(4), 635-644.
- Davidson, G., Bunting, L., & Webb, M. (2012). *Families experiencing multiple adversities: A review of the international literature*. Barnardo's NI: Belfast.
- DeCandia, C. J., Guarino, K., & Clervil, R. (2014). Trauma-informed care and trauma-specific services: A comprehensive approach to trauma intervention. *Waltham, MA: The National Center on Family Homelessness*.
- Driessnack, M. (2017). "Who are you from?": The Importance of Family Stories. *Journal of Family Nursing*, 23(4), 434-449.
- Ellis, W. R., & Dietz, W. H. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model. *Academic Pediatrics*, 17(7), S86-S93.
- Featherstone, B., White, S. & Morris, K. (2014) *Re-Imagining Child Protection – Towards Humane Social Work with Families*. Policy Press: Bristol.
- Felitti, V. J., Anda, R. F., Nordenberg, 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 Preventive Medicine*, 14(4), 245-258.
- Freedman, J. & Combs, G. (1996) *Narrative Therapy: The Social Construction of Preferred Realities*. New York: Norton Publications
- Fivush, R., Bohanek, J. G., & Duke, M. (2008). The intergenerational self: Subjective perspective and family history. *Self continuity: Individual and collective perspectives*, 131-143.
- Harris, M. E., & Fallot, R. D. (eds.) (2001). *Using trauma theory to design service systems: New directions for mental health services*. Number 89. New Jersey: Wiley.
- Hartman, A. (1995) Diagrammatic assessment of family relationships. *Families in Society*, 26, 2, 111-122.

- Hockey, J. & James, A. (2003). *Social Identities across the life course*. Basingstoke: Palgrave Macmillan
- Houston, S., Montgomery, L. & MacDonald, M. (2018) *Building Better Futures: Assessing and enhancing parenting capacity in child protection*. Belfast: Health & Social Care Board NI
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., ... & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health*, 2(8), e356-e366.
- Leitch, L. (2017). Action steps using ACEs and trauma-informed care: a resilience model. *Health & Justice*, 5(1)
- Madsen, W. C. (2011). Collaborative Helping Maps: A Tool to Guide Thinking and Action in Family-Centered Services. *Family Process*, 50(4), 529-543.
- Madsen, W. C. (2013). *Collaborative therapy with multi-stressed families*. Guilford Press.
- McBride, N. (2016) *SEHSCT Adverse Childhood Experiences (ACE) Pilot: Initial Evaluation*. South Eastern Health and Social Care Trust
- McGoldrick, M., Gerson, R. and Shellenberger, S. (2007) *Genograms: assessment and intervention* (3rd edition). New York: W. W. Norton.
- McGoldrick, M., Carter, B., Carter, E.A. & Garcia-Preto, N. (eds.) (2011) *The expanded family lifecycle: individual, family and social perspectives* (4th edition) New York: Pearson Allyn & Bacon.
- Mooney, S. & Bunting, L. (2019). *Family Life Stories Workbook*. Queen's University Belfast and South Eastern Health & Social Care Trust
- Parker, J. & Bradley, G. (2015) (3<sup>rd</sup> edition) Tools and diagrammatic aids to assessment. In *Social work practice: Assessment, planning, intervention and review*. Exeter: Learning Matters, (Chapter 3, 71-104).
- Pocock, D. (1997) Feeling understood in family therapy. *Journal of Family Therapy*, 19, 283-302.
- SAMHSA (2014) *SAMHSA's Concept of Trauma and Guidance for Trauma-Informed Approach*. Available at <http://web.archive.org/web/20150809214001/http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf> [Date accessed 22.8.18]
- Turnell, A., & Murphy, T. (2017). *Signs of Safety Comprehensive Briefing Paper* (4<sup>th</sup> edition). East Perth: Resolutions Consultancy
- Walsh, F. (2016) *Strengthening Family Resilience* (3rd Ed.) New York: Guilford Publications
- Webb, M. A., Bunting, L., Shannon, R., Kernaghan, D., Cunningham, C., & Geraghty, T. (2014). *Living with adversity: A qualitative study of families with multiple and complex needs*. Barnardo's NI: Belfast
- White, M. (2007). *Maps of Narrative Practice*. New York: Norton Publications
- White, M., Wijaya, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. WW Norton & Company.



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