The Tree of Justice
Narrative, Collaborative and Transformative Justice Approaches for Trauma

by
Walter H Bera, PhD, Director
Kenwood Therapy Center, LLC
2809 South Wayzata Boulevard
Minneapolis, MN 55405-2131, USA
612-377-9190
Email: walterbera@visi.com
www.kenwoodcenter.org
Walter H. Bera ©2003-2010

Paradoxes and Therapy

Nine Dot Paradox
• Draw four straight lines
• Through all nine dots
• Without lifting the pen

Ten Tree Paradox
• Plant 10 trees
• In five rows
• Four trees per row

Proposal: That These Narrative Therapy Ideas and Practices Invite the Best Practice
1. Science (through disciplined inquiry and co-research) vs. Scientistic (reified words and practices)
2. Legally through care of words and contexts
3. Ethically through care of words and contexts
4. Community and relationship building through attention to context and collaborative practice
5. Offers innovative, pragmatic and problem solving approaches for common dilemmas
6. Easiest, safest and most pragmatic general approach for an extremely wide range of people, problems, communities, and cultures
7. Rejuvenating creativity for all involved

Initial Definitions
• Narrative
  – People make meaning of their lives in the form of narrative (Brunner, 1990). Such stories are constitutive of people’s identities, realities and lives and always viewed through the grand narratives of gender, race, ethnicity, class, etc. The narrative metaphor was first developed for therapy by Michael White and David Epston (1990).
• Collaborative
  – Consulting and coordinating with concerned parties, family members, relatives, friends, etc. In abuse cases, it is an abuse-sensitive collaboration between the person who perpetrated abuse, the person(s) victimized and associated stakeholders (Bera, 1994).
• Restorative/Transformative Justice
  – Recognizing that the experience of interpersonal violence or abuse is often experienced as injustice and betrayal. Provide, where possible, full accountability, information, clarification, closure and justice. More than restoring the relationship to pre-abuse status (impossible and often unwanted), but inviting involved parties to transform their lives and relationships to more fully prevent abuse in the future (Bera, 1994).
How do you apply such ideas…

- In a “modernist” therapy cultural context?
- With court mandated people and families?
- With insurance companies or social service agencies?
- With traditional ideas of paperwork like charting and record keeping?
- With traditional ideas of assessment, diagnosis and treatment plans?
- With ideas of research and evaluation?
- To work pragmatically and creatively using art and music?

How do you apply such ideas…

- With a therapist who thinks visually first, verbally second?
- With a therapist who struggles with “dyslexia” and who can mix up names and story sequences?
- With a therapist who struggles to keep up with the paperwork, reports, phone calls, etc.?
- With a therapist who struggles to keep hold of the story clearly and accurately for those he is consulting with? Especially when there are multiple problems, people, themes, etc.
- With records that may be subpoenaed into court cases because the story may have criminal, civil, or other legal concerns?

Trauma, Memory, Consequences (White, 2007)

- Memory Systems and Language of Inner Life
- Lev Vygotsky (1962) Russian child development theorist and researcher. Development of language through symbolic play is a social and relational achievement.
- I (Observer Self), Me (Seen Self), Myself (Autobiographical Identity)
- Short Term vs. Episodic Memory (Nelson, 1992) and (Meares, 2000).
- Dissociation and Narrative Re-Association

Therapy Records of Abuse and Trauma

- Conscious that they may be put into a legal or investigation context or read by others
- Often Therapy Notes in Two Sections: Abuse Narratives (There and Then) and Current Narratives (Here and Now)
- Abuse story often comes out as triggered episodic memories often without clear context in time: Write in Abuse Narrative/episode note section and make a chapter heading.
- Can later, with person, can lay out episodic Abuse Narratives into a linear Narrative Abuse Story: Set of events/people, linked in sequence, over time, according to meaning or plot.
Narrative Therapist Position and Practices

- All Therapy is Relationship Counseling
  - To Self, to Problem, to Other's (Living and Dead), to Values, Hopes, Dreams, Ideas, etc. that people hold precious
- Therapist is Influential but Decentered
  - Begin defining the Anti-problem Team from the First Session
- Non-pathologizing, double-listening, collaborative, recognizing agency, initiative and intentional states
- Therapist avoids being a Colonialist or Missionary, rather strives to be an Anthropologist or Archeologist of Hope and Possibility (from Epston).
- Therapist avoids well intentioned “perpetrator language”: Doing this for your “own good”, “confidential”, “trust me”.

Narragram Concept Map - Visualizing the Relationships of People, Ideas and Practices in Narrative Therapy (Bera©2010)

(In the Context of Grand “Normative” Narratives: Gender, Class, Ethnicity, Race, Theory, etc.)

Narragram Timeline
Understanding and Living Our Lives Through Stories:
Events/People, Linked in Sequence, Across Time, According to Meaning or Plot
(Influenced by Grand “Normative” Narratives: Theory, Gender, Class, Ethnicity, Race, etc.)

Therapeutic Documentation: Assessment, Diagnosis, Plans, Reports

- Consider who is the “client”?
  - Family members, Relatives, Friends, Colleagues, Involved Professionals and cultural-historical contexts.
- Collaborative Release of Form signed by all possible (esp. who to contact in case of a crisis)
- Consider using NIFQ-1 for comprehensive assessment of problems from each participant’s perspective
- Consider using NIFQ-2 for progress check, quality assurance, research
- Discuss “diagnosis” and its possible positive/negative effects with all “clients”
- Participants co-author, co-edit, review, tests, sign assessments and therapy plans
Session Formats/Processes

• Introduction: Want assistance in getting the story in as full and comfortable way as possible. So will meet together and separately.
• Assessment: First three of so sessions, to ensure best fit of people and approaches.
• Often in three phases: Weekly, bi-weekly, monthly or so. Then sessions PRN.
• Trauma, abuse or concerns of harm situations: Couple/family will work collaboratively but often meet separately in an abuse/safety sensitive manner.

Charting/SOAP Notes

• Ask Statement of Position 1 & 2 Questions:
  – Effects in Relationship
  – Evaluation of Effects
  – Landscape of Meaning/Identity: Why?
• Other Narrative practices: Re-membering, Outsider Witness, etc.
• Write client’s words (quotes) in session
• Narragrams.

PP: Presenting Problem-In person’s words
S: Subjective- Person’s description of the problem’s history and practices vs. ways person stood up to and resisted problem
O: Objective- (in brackets) Person’s tears, laughter, behavior, etc
A: Assessment- Person’s assessment of how therapy’s going
P: Plan- Person’s Initiatives (*), Ideas, Plans, Hopes, Dreams,

• Signed by therapist/copies and offered to client for review and editing
• RESULT: Transparent, respectful, legal, ethical, effective, pragmatic and most paperwork, calls, etc. are done in session

Use Multiple Intelligences

1. Linguistic: Use verbal (Also a weakness)
2. Logical-Mathematical: Use logic
3. Personal Intelligence (of Self): Use feelings of Self
4. Personal Intelligence (of Other): Feelings of Other
5. Visual: Use art, written (40% of cases)
6. Musical: Use music, songs,
7. Bodily-Kinesthetic: Use role-play, movement
8. Naturalist: Go outside, walk, metaphors

Using White Board, Photos, Email, Conference Calls…

• Use White Board for Narragrams, art therapy, planning, assessment and report drafting, and on and on.
• Immediately Externalizes, can consider multiple problems/initiatives at once, provides session to session continuity, etc.
• Digitally photographing results.
• Emailing to clients, stakeholder and printing for record
• Conference calls and calls made in session to other family members and stakeholders