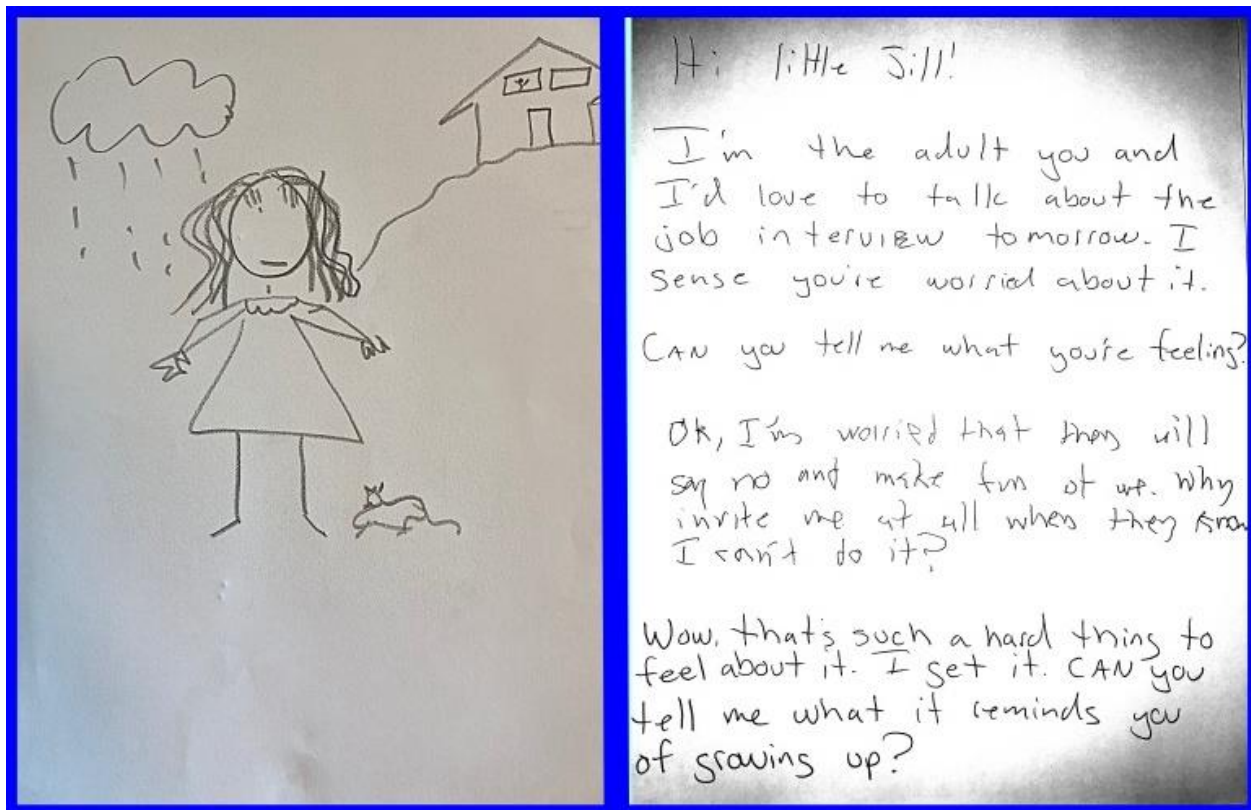


# RRP - Relationship Recovery Program

Level 2 Training

**\*Draw a person test**

**\*Inner Child Dialoguing**



This training covers two primary tools regarding working with individuals with childhood trauma.

**Tool 1) Introduce the client to their inner child through the modified draw a person test with non-dominant hand on pen and paper.**

**Tool 2) Begin the process of inner child reparenting and processing through dominant and non-dominant hand dialoguing with pen and paper.**

These two exercises are rooted in creative exploration of the subconscious and were born from creative processes. The treatment goal in utilizing these two tools are to assist clients in getting their inner adult part in place to begin the process of inner child reparenting.

We are making the subconscious conscious for better mental health and processing of childhood trauma for integration.

### **Tool 1 Overview**

The draw a person test or (DAP), is a psychological assessment tool in working with children and is scored and interpreted. The test is a measure of non-verbal intelligence and screening for emotional and behavioral deficits. It was developed in the 1920s and codified in the 1960s to interpret potential behavioral patterns in children and while criticized for its subjectivity, it is deemed a reliable measure.

For our purposes in RRP, Amanda Curtin LICSW modified the test as an in-session tool in working with *adults* with childhood trauma. The DAP in RRP is modified for adult clients to do a drawing of themselves as a child by using their non-dominant hand.

This was inspired by the work of **Lucia Capacchione**, Ph.D., a psychologist and art therapist who explored dominant and non-dominant hand artwork and self-exploration and integration. *See book list for Recovery of Your Inner Child and the Power of Your Other Hand.*

When utilized in RRP, the modified DAP, assists the client to create a visual on their inner child or subconscious sense of self and is interpreted *by both the therapist and client* deviating from the clinician's dominance or interpretation.

Adherence to strict DAP interpretation is not necessary as the test is subjective and in RRP we are including the client's interpretation not just the clinicians.

### **Tool 2 Overview**

Dialoging in RRP was also inspired by Lucia Capacchione's work.

It consists of a written conversation done on paper by the client and assisted by the therapist until the client feels confident to dialogue outside of sessions which is a primary treatment goal in RRP.

The dominant hand represents the inner adult or the loving new parent and the nondominant hand represents the inner child.

This is done on paper as a physical concrete activity. Dialoging is not done internally because that does not engage the hemispheres of the brain which creates a self-soothing effect.

**The therapist guides the client in narrating** what the healthy adult would write to their inner child about life or triggers and the client writes out what the therapist narrates and is done as a collaboration. The client learns of the caring attitude of a healthy adult in this process. This experience of a loving adult will be foreign to childhood trauma survivors.

Once the healthy adult message is written, the client switching the pen, pencil or marker to their non-dominant hand to all the inner child to responds to what the adult wrote.

This conversation exchange between hands is then repeated. The benefits of dialoging include emotional regulation, core belief work, integration of parts, and shifting out of present problems and stuck places.

## **Assessing client readiness, informed consent and choice.**

*The healer doesn't push or pressure into this work without consent and informing the client on the type of treatment. I always ask clients if they would like to dialogue with me giving choice.*

\*Ideally the client would be seeking this work out and welcoming it and it is already understood and informed that the work is about childhood trauma.

\*All clients will experience some level of emotional activation on some level with these tools. A healer needs to be prepared and confident in holding space, validating and assisting in grounding safety.

\*Some clients repress trauma for good reason and want to keep it repressed for rightful fear of becoming dysregulated. Strong anxiety and resistance inform the healer that it is not the time to use these highly investigative and intimate tools.

\*Ideally, clients need a level of stability, ego strength and emotional space for these tools and work. I do not start this work with clients who:

\*Are expressing active suicidality

\*Have been hospitalized for mental health in the last 12 months

\*Clients who are newly sober from substance use and do not have 6-12 months of continuous sobriety

\*Clients who struggle with psychosis, thought disorders, mania and experiences extreme interpersonal strife and clients who struggle with **high** levels of dissociative problems, (DID, depersonalization, derealization). However, this work was done with someone with DID successfully, but they were in treatment and recovery for 10+ years.

\*For those who do not hold a clinical mental health license, it is imperative to refer clients with similar problems to be seen by a mental health professional as good standard practice. Extreme mental health symptoms should be resolved before continuing i.e., suicidality, psychosis, alarming depression, substance abuse, or exhibit problems with safety (domestic violence).

If such client presentations are not in your professional wheelhouse, refer the client to mental health services.

\*Clients who are currently not physically, sexually or emotionally safe (domestic violence) or living with perpetrators – safety first. However, this was successfully done with a client in Ukraine during conflict who was sheltering in place.

\*Clients tend to have more successful outcomes if:

\*They have support outside sessions (partner, group, sibling)

\*They have distance from abusive family or have done a cut off

\*They have prior positive recovery experience (therapy, 12step, yoga, overcoming a trauma behavior)

\*They seek out and engage in social media recovery (videos/ reddit/ IG, podcasts) – seeking answers and are on some kind of path

\*They know it's about their childhood but need help defining and processing

\*They are open to learning about their inner child and parts without extreme self-loathing and or hatred for such parts.

\*They exhibit a capacity to develop a working intimate therapeutic relationship with the healer / practitioner.

\*They exhibit a stable ego strength (able to maintain a sense of self and self-reliance)

**Tool 1 -The modified draw a person  
test instruction, interpretation  
and therapeutic principles.**



## Instructions

- 1) Provide or have the client obtain pen and paper. Colored markers are preferable since they are more child centric.
- 2) Inform the client that the drawing exercise is an introduction or their inner child.
- 3) Instruct the client to draw a full-bodied picture of themselves as a child by using their non-dominant hand.

- 4) Inform the client there are no mistakes, it will feel awkward but is fun, and to just allow what comes up without overthinking. Usually takes 1-3 minutes or less.
- 5) Inform the client that they can draw whatever feels comfortable, stick figures to more abstract – it does not matter.
- 6) Either an in-person session, or remote, allow for both client and clinician to view the drawing at the same time for mutual exploration.
- 7) Mutually interpret the drawing exploring the interpretive factors, body language, personal history or client and client's feeling toward the child in the drawing.

Things to be mindful of in this exercise:

\*Obtain a good enough summary of the client's childhood trauma history prior as the healer needs that context for interpretation of the drawing. I get a full history in the first session with clients and do this exercise in the 2-3<sup>rd</sup> session of individual work.

\*Ask all client's if they are artistically adept at drawing. If they are, ask them to try not to rely on those skills, we want a more organic and primitive drawing.

\*Understand the client may have performance anxiety in front of the clinician.

\*The inner child concept in RRP is a singular entity. Our inner child can manifest as different ages through different periods of development and trauma history. (inner infant, inner teen, inner 3<sup>rd</sup> grader). Semantically, different modalities such as IFS describe distinct separate parts but in RRP the inner child is one child but can present from different developmental stages or history of the trauma.

Clients may ask the clinician for what age to draw from and just redirect the client to just let the non-dominant hand come up with whatever and let the drawing determine age.

**Interpretation** (their drawing tells their story)

In steps:

- 1) Inform the client that it's a **mutual interpretation** and the client is the expert not the healer. We are just asking about signs and issues not subscribing or labeling them as in antiquated psychoanalysis.
- 2) Ask the client what the age or childhood era of the child feels like to them and make note of it.
- 3) Ask the client what might have been taking place around that time in their history i.e., parental divorce, move, loss, abuse.
- 4) **Discuss the head.** Is it out of scale with the body and explore if the client is more in their head as opposed to their emotional body? Signs:
  - Thinking about feelings as opposed to *knowing* them (confusion or second guessing)
  - Do they toss and turn at night about what they might have done or said? (shame, hypervigilance, perseverating)
  - Does the client experience a delay of upset – fine in the moment and an hour later upset about what was done or said?
  - Do they have fights in their head?
- 5) **Discuss the neck area** assessing for **voice and vulnerability** issues. The throat area can be omitted from the drawing, clearly defined, or balloon string which can also suggest dissociation.
  - Inquire if the client has too little or too much voice during conflict or emotional expression (constricted expression or aggressive).
  - Inquire about emotional expression in the family of origin in terms of speaking up and safety of expression.
  - Biologically the neck connects our brain to our body - the life force and vehicle. It is a biologically and emotionally unique area that when we hear a loud noise, trauma or not, our shoulders cover and protect the neck. (reptilian brain)



**6) Discuss the body and clothing.** Whether it's drawn a stick figure, gender specific, out of scale, or done with specifics such as a dress, belt, or shape, all of which is content.

- Inquire about how the client felt about their body growing up.
- Inquire about how the client felt about their gender growing up and how the parent saw their gender. "Did you like being a girl/boy?"
- Ask about specifics of clothing – they are often done with trauma content or identity content i.e., "my mother hated me wearing shorts all the time, but I loved it."
- Look for discrepancies in body symmetry such as a larger arm. I've had clients draw this and led to their story about growing up in a school system that forced children from not using the left hand. (abuse of identity and personhood).
- A client once drew their big clunky boots worn all through adolescence and high school as a symbol of self, leaving the family and establishing identity out of toxic family.

**7) Explore the direction of the drawn feet.**

- Feet facing opposite directions could imply stuckness (physical, emotional, sexual, situational).
- Feet facing the same direction could imply the ability to be free from the family. (grandma's house, neglect from oppression, achieving at school or extracurricular, or fantasy). Fantasy might also imply dissociation covered in the head area.
- Feet facing down could imply despair or existential problems and gives the impression that the child is floating.

**8) Explore hair, eyes and ears.** – evident or not.

- Distinct drawing of hair usually accompanies a story. It can be pride, abuse stories of harsh hair combing, identity, abuse stories of haircuts and not being seen. Children often feel like their hair is an extension of self or source of pain/embarrassment.
- As how the client feels about their hair in the present.

- Ears missing or not can imply hypervigilance of parental secrets or tuning out oppressive family members or dynamics.
- Inquire about the client overly needing to know intimate information or do they miss big pieces of info for being tuned out- what's the childhood piece to that?
- Eyes can be omitted or drawn in detail or just dots. Inquire if the client looked for conflict or felt dismissed or shielded from family issues. Omitted eyes can suggest separation from care takers or helplessness.

9) **Explore facial expression** – for congruency of trauma and family system dynamics.

- Does the expression line up with the child's situation?
- What is the child's affect? (negative, scared, smirking, desperate, angry). Line that up with the client's history if possible, for validation. What emotions come up for you about the child's expression?
- Ask the client what emotional might be coming through from the drawing and is it surprising or affirming.

10) **Explore the definition of hands.** Hands describe capacity and development.

- Mitten or balled hands might suggest missing developmental milestones or not feeling capable.
- Defined hands might suggesting stronger sense of self or capability (drawing, sports, music, doing) as a sense of self not nurtured in the family. Children describe what they can do as opposed to who they are.
- Absence of hands might suggest helplessness or disconnection from operating in the world.
- Inquire if the client felt like they were good at or capable of anything growing up. We need such evidence to preserve ourselves in trauma. Think of a child's "*I can.*"

11) **Explore surrounding elements** - personal meaning to self or history. (pets, houses, friends, family in background, bicycles).

- These are included on purpose as a way to share self and history.
- They usually carry significance to coping, survival or source of trauma.

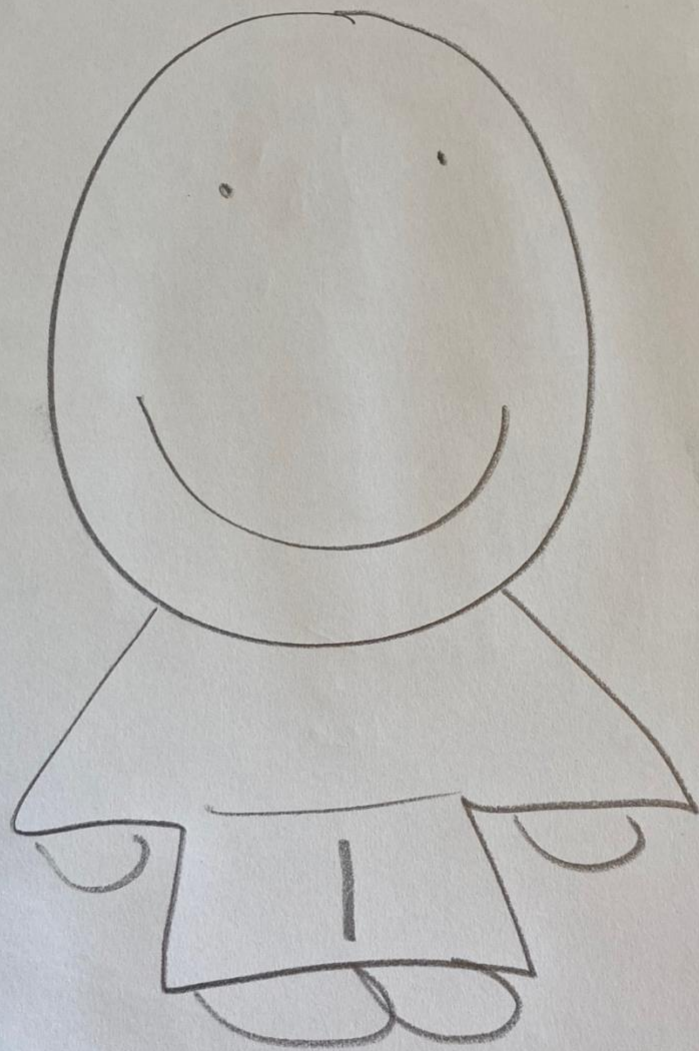
12) **Explore how the client *feels* about the child** – as a way to assess *where the inner adult is* in terms of parenting, integration and heart space. There are no wrong answers.

- Clients who express sympathy and empathy, “I just want to hug them.” Will have an easier time in reparenting. This can be expressed by the healer.
- Clients who express hatred or blame for the inner child “messing up their life” are simply parenting their inner child how they were parented with contempt. The healer can inform the client of this.
- Clients who express ambivalence might be also expressing a learned emotional and relational distance modeled by their parents. This can be expressed by the healer.
- The healer educates that going forward, there will be a process of connecting to this child wherever the client is at, (heart space, ambivalence, or self-loathing) is where we start.

## Therapeutic Principles

- 1) The modified DAP connects the client to a sense of self long forgotten or repressed. A powerful beginning to make the unconscious conscious as a direct and tangible experience.
- 2) Connecting the client with their lost sense of self and uniqueness in context of the abusive family system.
- 3) Connecting the healer and the client into a share endeavor of exploration and interpretation in the name of shared power, not a professional with authority over a problemed client.

## Example Drawings





2nd grad 1984

"I'm fine."  
(presenting  
as happy as  
cover)

beaming affect not  
congruent with abuse  
( pleasing adults &  
pretending ) (survival)

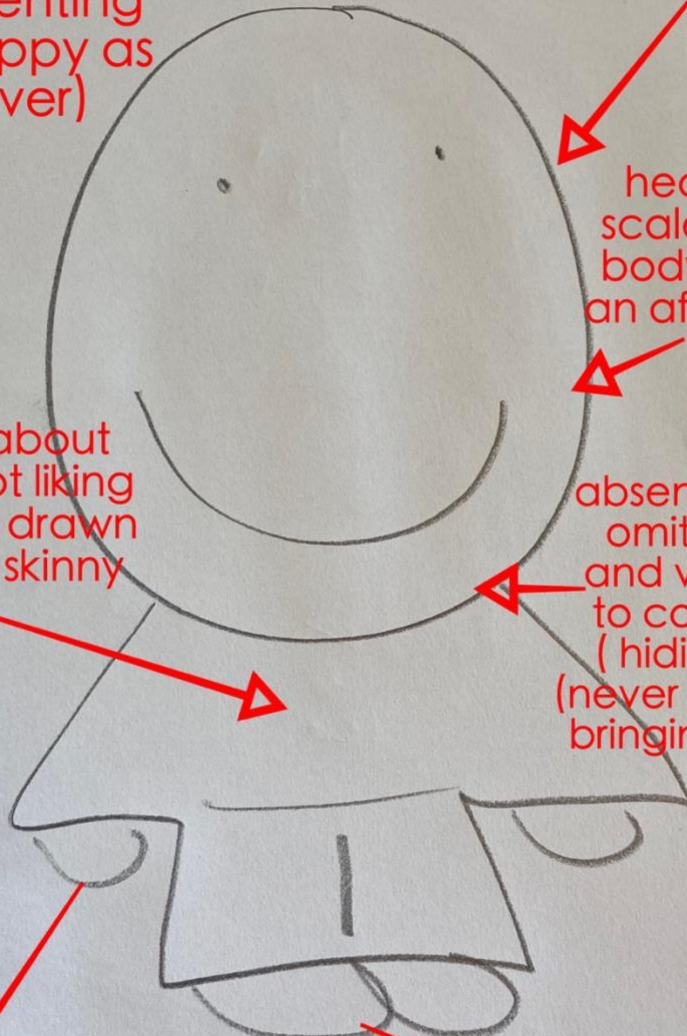
head out of  
scale w/body.  
body is almost  
an afterthought

shame about  
body - not liking  
attention drawn  
to being skinny

absence of neck.  
omitting voice  
and vulnerability  
to cope/survive  
( hiding abuse )  
(never comfortable  
bringing up upset)

poor self-esteem  
poor sense of self  
not feeling like can  
do much ( neglect)

feet going in  
same direction  
( escape ) fantasy,  
comics

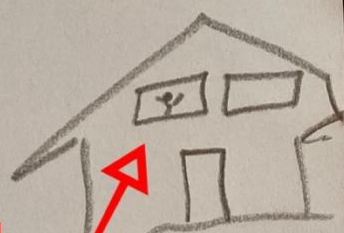
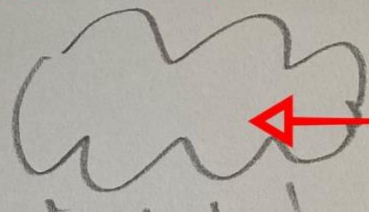






approx 9 yrs old

\*would prefer outside even in bad weather (escape)



defined hair (hard brushing by mother)

mother constantly watching (safety)

arms unsure of getting dress dirty and concentrated affect.

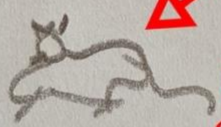
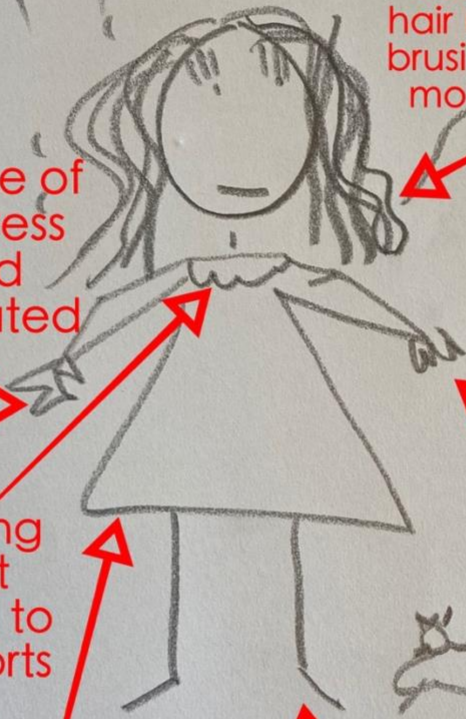
built gardens and forts in secret

\*ballon string (head not connected to body - reports lifelong dissociation)

cat - sole companion (lonely and lack of social engagement)

forced into dresses despite "tom boy" id

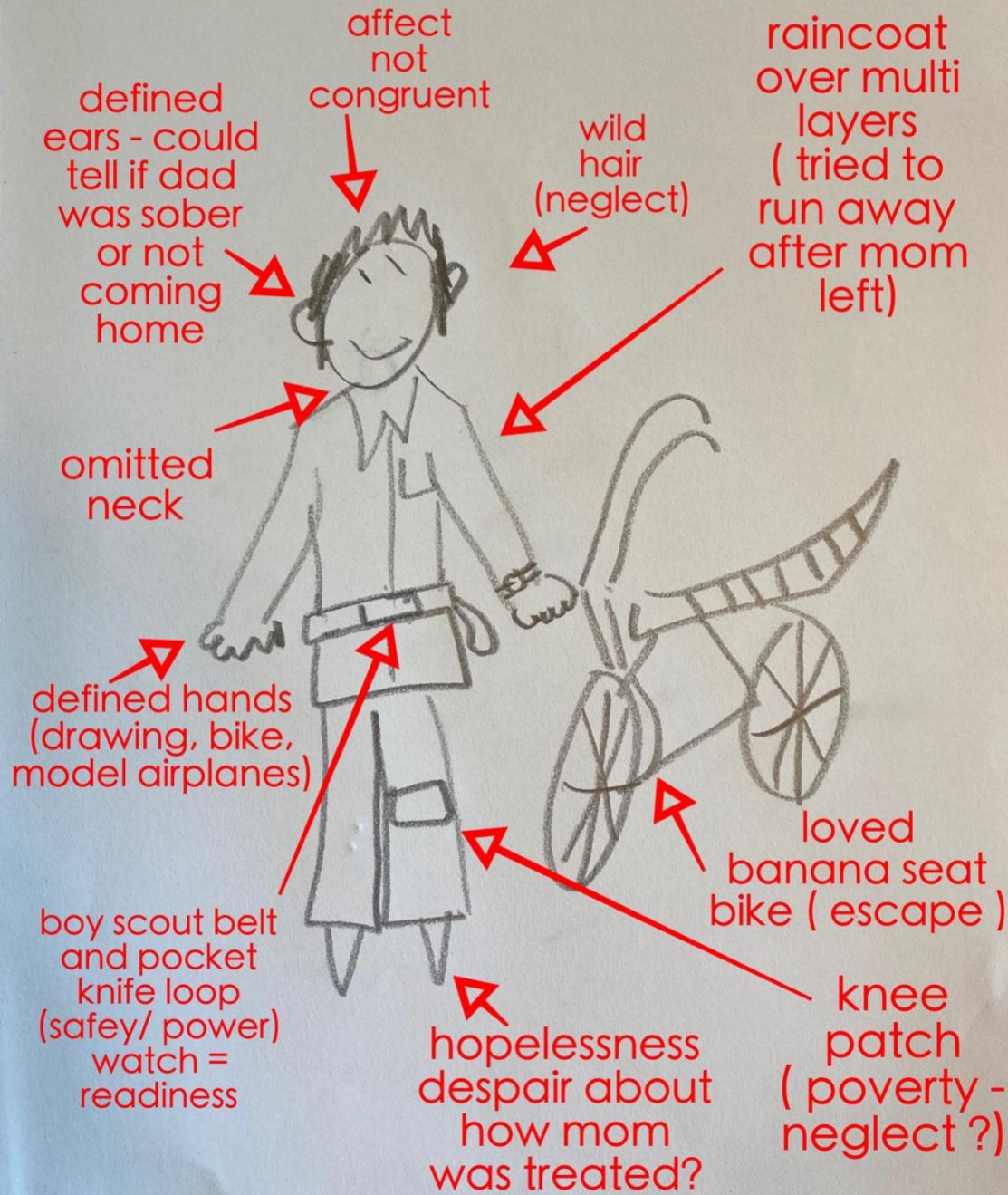
\*feet splayed out (stuckness - couldn't play due to overprotective & oppressive neurotic parent)







# approx age 12

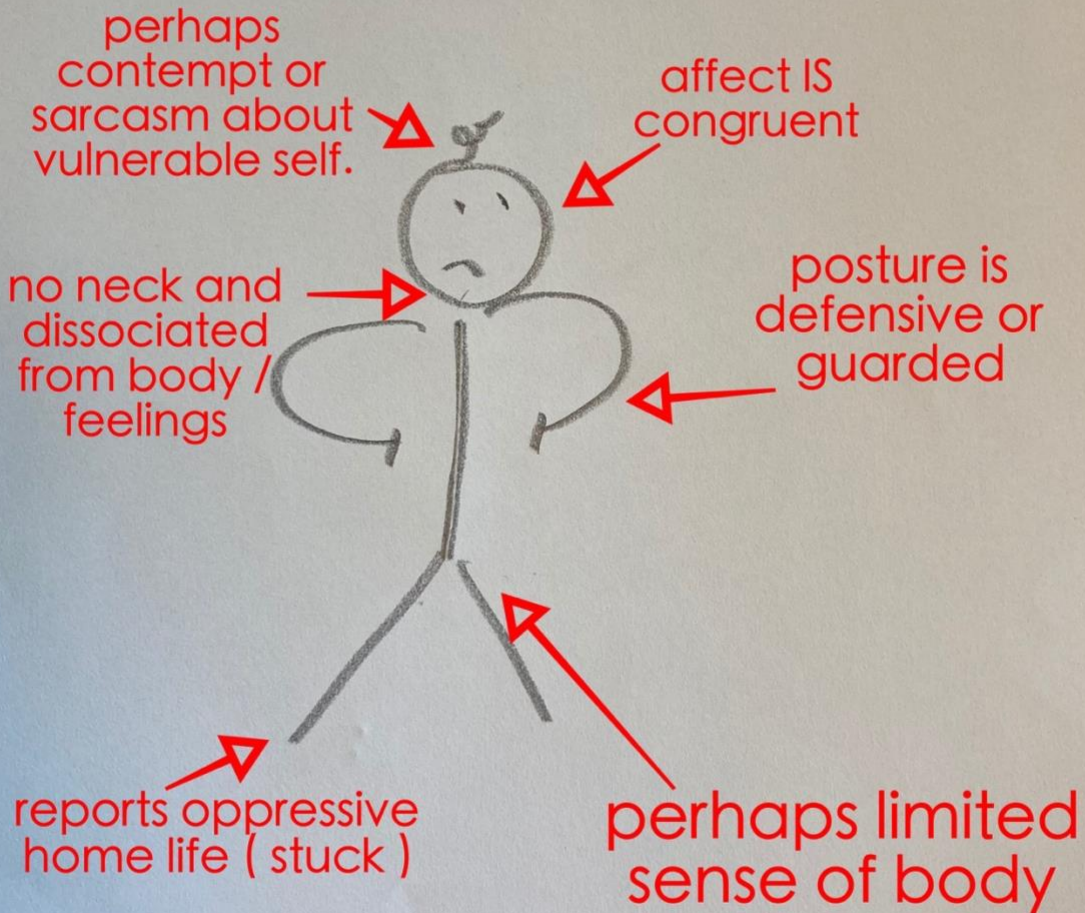






# age unknown

\* client might have very little sense of self or just drew it from a narrative over primal injustice or rage - for valid reasons on abuse story



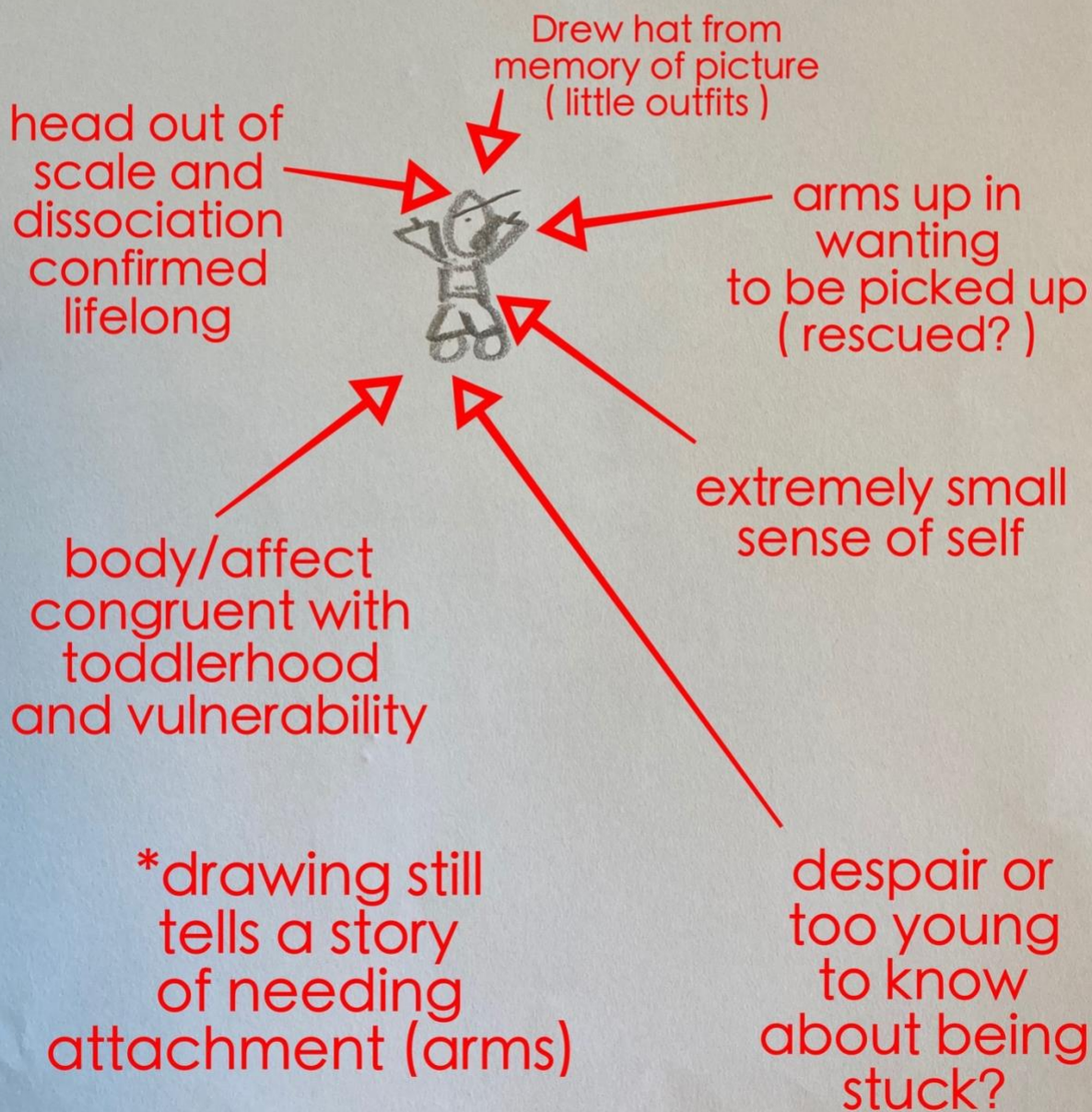
\* client seems disinterested in internal vulnerable self





# age 3

\*did not want to take up too much space on page (worth / existence)



The modified draw a person test takes up a full fifty-minute session. I close the session with the following.

- 1) Ask the client how they feel towards this child and take note of response.
- 2) Ask the client to hold onto the drawing for future reference in the work and as a homework assignment explore the drawing a couple of times before the next session.
- 3) Congratulate and support the client on connecting with their inner child.

## **Tool 2 - Dominant and non-dominant hand dialoguing with pen and paper.**

Sample dialogue.



Hi little Jill,

I'm the adult you and I'd love to talk about the job interview tomorrow. I sense you're worried about it. Can you tell me what you're feeling?

Ok, i'm scared that they will say no and make fun of me why invite me at all just to ridicule me?

Got it. That's such a hard feeling. I'll take care of the job interview so you don't have to. I'm the adult & I can do that.

What does this remind you of from growing up?



I don't know...

How about when you really needed something? We really need a job right now. In fact, we are desperate.

leaving grandmas house. I cried to mom about not seeing Bill at home because he was violent & mom said grandma was faking loving me & was only nice to me to get back at her & I was dumb for not seeing that & make fun of me.

Omg I remember that now. I'm so sorry she was so off with you. I think mom was mentally ill & that's terrible to do to



a child. She confused you & made you feel dumb while trying to turn us away from grandma. She was abusive.

I don't like talking about mom that way. She needed help.

I know but you needed help more. She didn't protect us from Bill & wrecked our bond w/ grandma.

I think you needed mom to still be good to survive but it's ok to be mad at her for being abusive.

she did make fun of me when I would cry after Bill hit me

I really hate her for that & it's ok if you're not ready to be fully mad yet.



ok :)

You know, I think mom  
kicked us when we are  
down. Do you think the  
job people want to do that?

Kind of. I'm not qualified.

Got it. It was true growing  
up that we couldn't trust  
people to not mess with  
us when we weren't safe.

What do you think the  
job people want?

maybe to know that we  
are nice & do good  
work



LOL! I think so too...  
They just want to see but  
they are not seeing us  
as like entertainment to  
be cruel.

haha

I'll handle the interview so  
you feel safe. I need to  
show you that it's a win  
to go on the interview but  
it's not make or break  
like it was with mom.

that feels good. I like you

You're such a cool kid &  
I love you. Talk soon!

alr!

# The physiology of dialoguing

Engaging in dominant & non dominant handwritten dialoguing achieves two physiological self-regulating functions.

- 1) Activates both hemispheres of the brain to enhance emotional integration (self-soothing) akin to bilateral stimulation in EMDR.  
The back and forth between the hemispheres regulate our system and dissipates triggers.
- 2) Engages the prefrontal cortex (thinking and feeling brain) and disengages the limbic system (emotional distress brain)

The prefrontal cortex can be considered the adult thinking and emotional regulation brain while the limbic system can be considered the inner child/emotional memory system.

When the limbic system is activated (adrenalized to fight, flight, freeze, submit, cry for help), the prefrontal cortex goes offline and we lose our ability to communicate, **think AND feel** at the same time.

When triggered we are in a primal safety state and like a deer in headlights the system's focus is on an action response and NOT curious thinking about emotional regulation.

If we were running away from a lion who wants to eat us, our limbic system is doing what it's designed to do. The system shuts off the prefrontal cortex, slows metabolism and adrenalin rushes into our system to expedite physical escape and safety.

If someone ran alongside you and asked how you're feeling, what you had for breakfast, the thinking brain is gone and the system sort of say's "not now! I'm surviving."

Except as trauma survivors we are having the same physiological response of survival mechanisms not from a lion chasing us but from making a minor mistake at work or feeling that our partner is upset with us.

However, clients are unaware of that their conditioned childhood trauma is keeping them in an adrenalized state at baseline. Dialoging is extremely helpful in correlating trauma conditioning to present upset and malaise.

Dialoging on paper between the hands is much like a distressed child receiving emotional soothing care from a healthy parent/adult. When client's dialogue with me in session their affect and energy changes from being in the trauma response to processing and working through it. Dialoging puts the client into a different cerebral space due to the nature of the motor and cognitive skills required.

Amanda Curtin LICSW gives a beautiful analogy to inner child dialoging.

The adult (dominant hand) is like a foster care parent who has taken in an abused child, but the parent knows the child's history. The child will be guarded, wounded, and appropriately distrusting if not indifferent. The foster care parent allows for this and begins to talk with the child to establish a relationship of trust and to get the child to talk about the abuse in their own words. The foster care parent knows the abuse story because they are the same person.

**General formula to dialoging** *“What does this remind you of from growing up?”*

In steps – switching pen/marker between hands.

Adult = dominant hand.

Inner child = nondominant hand.

- 1) The adult opens the dialogue and asks if the inner child would like to talk about a felt sense like anxiety or a problem that has come up.

- “Hi little Joe, I sense you’re worried about Mike getting back to us. I think it would be good to talk about it.”

2) The inner child responds with the nondominant hand.

- “He’s not going to get back to us. We always get forgotten.”

3) The adult responds with **validation** and then **directs the inner child to talk about the childhood** (redirect them to the abusive family system away from the present trigger or stress).

- “That’s frustrating and I understand. We’ve struggled with waiting on people and trusting them. Can you tell me what this reminds you of growing up?”

4) The inner child responds with the nondominant hand. If the inner child cannot come up with a memory, the adult can name issues to get the child thinking.

- “I don’t know...Dad made promises and I’d wait all day on Saturday when he said he come but never did.”

5) The adult responds with **validation and holding the abusive parent accountable**.

- “I remember that. He would do that even on our birthdays and waiting by the window all day is such a long time for a kid. He wasn’t a good dad because he would promise time together and acted like the promises were all you needed. I hate he did that to you and would be out drinking or gambling. Do you remember that?”

6) The inner child responds with the nondominant hand.

- “Yes. He still does that and even missed graduation. I’m never relying on anyone again and Mike is JUST LIKE HIM!!”

7) The adult responds with **validation about abusive parent, accountability and begins to address projection/redirect back to abusive parent.**

- “I really hate dad for being so selfish. We are disconnected from him for good reason and I want to protect you from him because he wrecked being disappointed. He would disappoint us and not show up for us and we felt unlovable. Dad not showing up was a big message to you. But you’re safe with me know in the present to be safe even if we feel let down by Mike. Can you tell me how Mike is different than dad?”

8) The inner child responds with the nondominant hand.

- “He’s not different at all!”

9) The adult responds with **validation** and helps **parent around expectations and reality testing.**

- “I think that anger and frustration belong to dad. Remember, Mike is a new friend, and we don’t know him very well. It also hasn’t been a full day for him to get back to us. And if he doesn’t, you’ll be ok because you are with me and we can hang out. We can still be loveable without hanging out with others but that wasn’t true growing up. Kids need to have their parents show up and be into them. I’ll handle getting to know Mike because it isn’t safe for you yet to give people the benefit of the doubt. Of course we struggle with that because of dad.”

10) The inner child responds with the nondominant hand.

- “Ok... that sounds good. I wanted to send Mike an angry text, but I can wait if he’s busy.”

11) The adult responds with **validation and affirmation.**

- “Excellent! When we send those texts, we don’t feel good about ourselves later. You’re really a great kid and I want to be a good parent to you. If Mike is busy, you and I will just go to the movie and hang out all day.”

- 12) The inner child responds with the nondominant hand.
  - “That sound really good. Don’t let me down!”
- 13) The adult closes the dialogue.
  - “I won’t but sometimes I might because I’m learning how to be a parent and I love that we’re talking, and I love you.”

## Summary

- 1) Opening dialogue to connect or address trigger.
- 2) Ask the inner child to describe the feeling / problem.
- 3) Redirect the inner child back to childhood (it’s not about the present)
- 4) Assist the child about family system if stuck.
- 5) Once the childhood memory is discussed validate and hold the parents Accountable.
- 6) Validate how the child got stuck in the present. “Of course we struggle with disappointment because of dad.”
- 7) Ask the inner child how the present is different. The adult can assist.
- 8) Parent around the present issue.
  - Take it over for the child.
  - Help the inner child feel secure.
  - Give evidence how the present is better than childhood.
  - Set a boundary such as “Inner kids shouldn’t be in charge of dating.”
- 9) Close the dialogue – **never leave them hanging.**

## Bumps in the road

Learning to dialogue takes a long time with a lot of false starts. Some common bumps in the road:

- The inner child not liking the adult or blaming them from a place of self-hate. Some inner children have extreme distrust for adults for good reason. The inner adult trying to reparent is now a safe target for projection. This requires the adult not taking it all on and educating the child that they are not like their parents and are trying to show up better.



- The adult not wanting or not feeling confident about taking on the parenting job. They will need help from the healer around buying into the work and being a beginner.
- The inner child going blank when asked questions. The adult can just do a one-way short conversation letting the inner child know they don't have to talk until they feel safe. The healer should note that the client might be working with a preverbal inner child or client is dissociative. Is the client possibly freaked out by performing in front of the healer?
- Ending the dialogue abruptly because the adult doesn't know what to say. Urge clients to always close the dialogue and be transparent. "I don't know how to respond but I'll ask how to better parent you."
- Semantically dialoguing is confusing. I urge the use of "we" as the adult and the inner child are the same person. *"You were so unsafe, and we struggle with choosing good people."*
- Nondominant handwriting is difficult. Clients will report difficulty with the dead fish quality of motor skill. Clients will also be impatient and want to just verbally tell the healer. Redirect the client to the writing and go slow and don't worry about penmanship. They know what the child is saying. Being patient and slow is valuable as this is the first time in the child's life that they are allowed to have the microphone. Clients who get caught up in grammar and penmanship usually have abuse around perfection and being good enough or experienced control as abuse or a way to survive.
- Try to avoid the adult doing all the talking and try to avoid convincing the inner child or overly educating them. It should be a back-and-forth exchange and inner children say more as comfort with dialoging progresses.

**Resources for ideas.**

**If the client is stuck in exploring the trigger and there is no lead into the childhood piece, here are some common beliefs Rooted in childhood trauma.**

- How I look to others around this issue.
  - I'm always wrong.
- Others have it way more together than I do.
  - I'll never be normal.
- There's something really wrong with me.
  - People know I'm...
  - I'm in trouble again
  - I'm not loveable
- Now they're going to leave me
- You'll never show up for me because I'm
  - I'm terrible for feeling this way
  - I'm such a mess to deal with
    - I've blown it
    - I'm going to get fired
  - I'm a fraud and people can see it.
- I should feel more but don't. I'm bad

**Clients parent the way they were parented to modeling loving messages in the healer narrating the dialoguing process is crucial.**

"I'm so glad we are talking. You're my heart and important to me."

"I know adults weren't safe and you don't have to trust me yet."

"You were always in a no win growing up and that's not good for you anymore."

"Mom and dad were so wrong about you."

"You need to be protected from not liking yourself. Kids need to be reminded that they are loveable."

"I'm learning to be healthier so I can take care of you better."

“Things felt so big growing up because you didn’t have a safe home base. That’s not true now. We can handle this.”

“I think you have great things to say.”

“I know you’re good at things even though no one told you that.”

“I don’t want you to feel like you have to be perfect. I’m learning how to just be us.”

“It’s safe to make a mistake now but I know that wasn’t true. Also...being perfect is exhausting and not fun.”

“You just said what you thought. You have a right to that.”

**Dialoging can be done creatively and there doesn’t need to be a problem or trigger present to dialogue. The inner child is like a real child warranting real and bonding conversations.**

## **Additional dialoguing questions**

\*Tell me about the house we grew up in?

\*What would happen when we made a mistake growing up?

\*What would happen if we said something wrong?

\*What did you not like about being a member of your family?

\*What kind of kid did you think you were?

\*What do you think people felt about you?

\*Were there any adults that made you feel safe or good?

\*What is on your mind lately?

\*What would mom and dad say about you?

\*Who was the problem growing up?

\*What is something you might like to do together?

## **Books**

*Recovery of You Inner Child* – Lucia Capacchione, Ph.D.

*The Power of Your Other Hand* – Lucia Capacchione, Ph.D.

*Inner Bonding* – Margaret Paul Ph.D.

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