The Life Story Board: A Feasibility Study of a Visual Interview Tool for School Counsellors
Le scénario-maquette de la vie : Une étude de faisabilité d’un outil d’entrevue visuelle pour les conseillers/ conseillères scolaires

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ABSTRACT
The article describes the findings of a pilot study of the Life Story Board (LSB), a novel visual information system with a play board and sets of magnetic cards designed to be a practical clinical tool for counsellors, therapists, and researchers. The LSB is similar to a multidimensional genogram, and serves as a platform to depict personal narrative information and catalyze verbal and nonverbal approaches in assessment and therapy. A prototype version of the LSB was pilot-tested to assess its clinical feasibility for school counsellors in Winnipeg, Manitoba, working for the most part with newcomer immigrants. Results confirmed that the visual participatory process facilitated rapport with students and elicited useful information. LSB methods may be well suited to assessment and interventions common to schools and in diverse therapeutic and assessment applications.

This article presents the findings of a study on a novel visual language system, the Life Story Board (LSB). The LSB takes the form of a play board and kit of magnetic cards and accessories, to be used as a practical clinical tool for counsellors, other helping professionals, and researchers. A prototype version of the LSB
was pilot-tested to assess its clinical feasibility for school counsellors in Winnipeg, Manitoba, for use with newcomer student clients.

**BACKGROUND**

Visual tools are used by many counsellors as effective means to elicit and display information upon which verbal interactions and therapeutic conversations proceed. The family diagram was developed in the late 1950s by Murray Bowen to portray facts of functioning (physical problems, emotional symptoms, and educational achievement) that reflect the emotional processes within the family, as framed within a unifying natural systems theory (Bowen theory; Bowen & Kerr, 1988; Butler, 2008). The genogram derives from the family diagram exemplified by McGoldrick, Gerson, and Shellenberger (1999) that is widely used across a range of professions. The genogram views problems within a family systems perspective across at least three generations, and identifies multiple contextual levels impacting the nuclear family (e.g., gender, ethnicity, family life cycle). The ecomap is another visual system used by clinicians and researchers to depict supports and connections surrounding an individual or group of individuals, which fits a social ecology perspective as summarized by Baumgartner and Buchanan (2010).

Carpenter-Aeby, Aeby, and Boyd (2007) combined genograms and ecomaps to map out the interconnecting layers of issues in students with problem-saturated families assigned to a mandatory alternative education program. Underlying such research is the vision of an interdisciplinary method of communication that can portray relevant information useful to both clinician and client and can facilitate the process of therapy.

Methods that incorporate visual, narrative, and experiential processes may have more advantages in eliciting personal information from children than standard verbal interviews or questionnaires, particularly in non-Western cultural contexts and disadvantaged community settings (de Berry & Boyden, 2000). There is an emerging literature on interventions involving narratives, testimonials, and storytelling that are distinct from clinical, psychometric assessment of psychiatric disorders such as posttraumatic stress disorder (Lustig & Tennakoon, 2008). As Freedman, Thornton, Camburn, Alwin, and Young-DeMarco (1987) suggest, identifying key influences in a child’s life through a mutually collaborative process may be particularly valuable early in the therapeutic relationship.

The LSB is a tabletop activity played on a board using sets of cards and a notation scheme with which to construct a pictorial map of a client’s life experiences and circumstances. The board’s coloured zones represent areas of the life of individuals: personal (yellow), proximal family and relations (green), and community and distal circles (blue). Across the top of the board is a timeline, shown as a red arc (Figure 1). The board becomes a field of time, space, and relational dimensions on which are placed variously shaped and coloured “element” cards to represent persons, events, dwellings, acts, roles, relationships, feelings, behaviours, activities, thoughts, and self-esteem. As an information system it operates as a visual
taxonomy of the interrelated dimensions and elements of a personal narrative. The counsellor guiding the LSB session co-constructs with the client a *lifescape*, representing key semantic elements in a meaningful, multilayered representation.

**Figure 1**
*Photo of a Life Story Board Lifescape*

LSB methods were developed by one of the authors, Rob Chase, as an alternative to conventional interview and questionnaire approaches in field research with war-affected children since the 1990s. Early versions of the LSB were applied in Sri Lanka and Uganda, and with refugee children in Winnipeg (Chase, 2000; Chase & Doney, 1999). LSB co-construction engages the individual, verbally and visually, in the formation of a *lifescape* that depicts family and social networks, events along a timeline, aspects of lived experience, and sources of physical and psychosocial risk, self-esteem, resiliency, and so on (Chase, Mignone, & Diffey, 2010). The LSB builds on approaches of the genogram and ecomap to organize family information and help overcome reticence in sharing personal aspects of life (Altshuler, 1999; Watkins, Terrell, Miller, & Terrell, 1989).

Adaptation of LSB methods for use by counsellors working with youth and children in a developed country, in a North American context, began in 2008. The process seems to facilitate rapport and allow the client “storyteller” and the counsellor “guide” to reflect on aspects of the narrative in a pictorial form. The LSB is not a substitute for standardized psychometric or diagnostic instruments. Nonetheless, it elicits and records rich personal information in a contextual way.
Use of the LSB methods as a clinical tool is at a developmental stage. A feasibility study with the Winnipeg School Division (WSD) was undertaken upon an invitation by the director of the Child Guidance Centre (CGC), the school department that provides clinical services to students; the CGC was particularly interested in its use with newcomer immigrant students, an identified area of need. The WSD is the central and largest school division in Winnipeg, the capital of the province of Manitoba, Canada, with a population of 675,100 (2009 statistic). The WSD runs 77 schools in four districts in central Winnipeg, serving 33,000 of the 98,320 students in the city’s publicly funded school system (Manitoba Education, Citizenship and Youth, 2010). Manitoba’s expanding immigrant program saw 11,000 newcomers in 2007 with the goal of receiving 20,000 immigrants annually by 2016 (Manitoba Immigration, 2008); although this addresses declining provincial population figures, it also strains the capacity of schools to mediate adaptation to life in Canada for youth. A recent study of the province’s English as an Additional Language (EAL) program found that high numbers of adolescent and young adult newcomers from war-affected countries create significant challenges, as well as opportunities, for programs and services that seek to address their specific needs in Winnipeg’s school system (MacKay & Tavares, 2005). In 2007/2008 9,441 full-time students were enrolled in the EAL Support Program; this figure doubled those of 2004. The majority of these students live in Winnipeg, although there is a growing trend for EAL school services being offered in other communities in Manitoba as immigration patterns evolve (Manitoba Education, 2010).

Education is a prime socializing activity for youth and a major determinant of how immigrants integrate into Canadian society (Wilkinson, 2002). In addition to literacy and educational needs, the school is the main access point to prevention and treatment services for mental health problems (Rousseau & Guzder, 2008). According to the WSD, in one inner-city Winnipeg high school, 60% of the students come from a war-affected country. For children with significant experience of trauma and social upheaval, disclosing sensitive details to therapists or researchers may be particularly difficult due to literacy, cultural, and trust-related barriers. Consequently, a clinical tool that assists school counsellors’ work with immigrant and refugee children would have significant value.

**STUDY OBJECTIVES**

The study is the first formal assessment of the LSB as an interview tool with youth in a counselling context. The overall goal was to test the use of the LSB by school guidance staff particularly (although not exclusively) with immigrant and refugee newcomer youth to assess its feasibility and usefulness in the school setting. The conceptual framework (Figure 2), based on the methodology of Peters et al. (2004), was used to organize the data collection and analysis. Specific objectives of the study were to (a) determine the feasibility of using the LSB during counselling sessions with school-based counsellors (e.g., time required, ease of
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use, comprehensibility); (b) assess the utility of using the LSB as a tool for assessment (e.g., how it helps the disclosure of useful information and enables clinical formulation); and (c) evaluate the quality of interaction and therapeutic process (e.g., facilitating rapport and relationship building).

Figure 2

*Conceptual Framework for the Assessment of LSB Methods for Counsellors*

The study project involved the recruitment and training of eligible school counselling staff, refining the prototype LSB toolkit to the specific context, and evaluating its performance by gathering data from the counsellors and students. With approval by the CGC Refugee Advisory Committee to proceed with the research, a WSD Area Service director was designated to provide coordinating support and assistance. Consequently, participants were drawn from the high schools and elementary schools of that particular school district. The study protocol, the forms, and the instruments were approved by the WSD Research Department and the University of Manitoba Health Research Ethics Board.

For the purposes of the pilot study and to orient training, an enquiry sequence for the LSB session was proposed based on the following series of open questions:

1. “Tell me about your current home and household.”
2. “What was home like before? Who used to be at home but is no longer?”
3. “What have you gone through to get to where you are now?”
4. “How are people doing at home? What is their health like?”
5. “What circles of influence and social networks do you have?”
6. “Where are your strengths and supports? Where are your troubles and risks?”

The questions were followed by reflections on the session and closure. It was acceptable to diverge from this approach to the session as appropriate.

Participants

Staff counsellors of the WSD were invited to volunteer to be part of the study. Eligible study participants (LSB users) were CGC counsellors and social workers with provincial clinical certification in upper elementary or high schools with student caseloads that included immigrant newcomers. Participants had to have the support of the CGC Area Service Director for release time to attend training and focus groups. Those interested received additional information about the LSB, the research, consent forms, and so on. Seven counsellors (6 females and 1 male) volunteered and took part in the study; of these 4 were social workers, 2 were guidance counsellors, and 1 was a Bachelor of Social Work practicum student supervised by one of the social workers. The group had considerable professional experience, totalling 110 years among the 7 ($M = 18$ years, range: 10–32), 65% of those years working in the school system and 35% with other agencies (e.g., Child and Family Services). All were familiar with newcomer immigrant challenges and had received professional development in this area, mostly through personal initiative but also with some in-servicing. An orientation session for prospective participants and senior CGC administrative staff was held in the fall of 2009 to present LSB methods and the study protocol, review informed consent procedures, and field questions. All participants completed consent forms before the study commenced.

Eligible students were between the ages of 8 and 20 years. Children under the age of 8 years or with significant development delays were excluded from participating, as the LSB requires a minimum level of cognitive development. The students who went to see a counsellor were informed about the LSB, provided with a descriptive brochure, and asked by the counsellor if they would be interested in participating. If the students were interested, consent forms were given for their parents’ review and signature. In one case, the counsellor presented the LSB to all students in an EAL class, after which interested students received the consent forms.

Twenty students from five schools took part in the study (10 females and 10 males). Their age was between 12 and 19, with an average age of 15 years. Their countries of origin were Canada (11), Iraq (2), Somalia (2), Ethiopia, Sierra Leone, Ukraine, Syria, and Sudan (1 each). Most of the Canadian students were children of immigrants; one student was Aboriginal and had recently relocated from a northern community. The reasons for having been referred to the school counsellor included ongoing counselling, several issues, parents separated, abuse, suicide, trauma, violence, chaotic life, depression, social support, and self-referral.
Each LSB session with a student lasted between 40 and 100 minutes ($M = 65$). Record keeping of the sessions included anonymous digital photographs of the LSB diagram created by the student. Nineteen students had one session and one student had two sessions.

**Data Collection**

Data collection from school counsellors consisted of three focus groups over the 6-month study period (December 2009–May 2010). The first focus group was held a few weeks before starting to use the LSB, the second one during the initial months using the LSB, and the third focus group after all counsellors had finished using the LSB. The focus group sessions were transcribed verbatim and analyzed following a series of guiding themes. During the final focus group, a 6-item anonymous questionnaire was given as a Chip Pouch Collection exercise. Questions were answered by secretly placing bingo chips (on a 0–10 score range) in an unmarked sock; a different colour of chip was used to answer each of six questions. The socks were then collected from all participants at the end and tallied. Furthermore, the school counsellors filled out session feedback assessment forms after each LSB session to summarize their impression of the session.

For the student data, the 20 students were briefly interviewed (10–15 minutes) by one of the researchers (from the University of Manitoba and who was not part of the WSD) one to two weeks after their LSB session. These interviews included short responses to open-ended questions and a 6-item survey.

**Analysis**

The second author was responsible for the main thematic data analysis, following the conceptual framework. Data were analyzed in relation to the feasibility of the LSB to assess the time required to administer, the ease of use, the degree of comfort of students and counsellors with the LSB process, and how understandable the process was. In relation to its utility, the data analysis identified themes related to the disclosure of information, and how the LSB session assisted counsellors to understand the student’s life experience or not. Finally, the quality of interaction was examined in terms of relationship and trust-building themes. Mean scores and range of scores of the study counsellors’ session feedback forms were calculated, and qualitative comments were tabulated and organized according to the above-mentioned themes.

**PILOT STUDY IMPLEMENTATION**

The initial focus group with school counsellors was used to outline the purpose of the study timeline and steps, and to gather information about the characteristics of the students the counsellors worked with. Open-ended questions about the participants’ background, work, and caseload led to discussions and comments. Subsequently, the LSB was presented, including an explanation of how it may assist school counsellors with their student clients. The session continued with the
description of the study methods and procedures. The first focus group revealed
that the sources of information about students were limited and sometimes of
dubious accuracy. Counsellors also mentioned not having a complete understand-
ing of the different cultural backgrounds of students.

After the first focus group, two nonconsecutive days of LSB training were held
two weeks apart in December 2009. On the first day, the background to LSB meth-
ods was presented, and the toolkits and instruction manual were handed out with
a brief orientation to the various elements in the LSB system. In the afternoon,
participants performed LSB practice sessions in “storyteller” and “guide” pairs,
followed by discussion, with an assignment to brainstorm items for inclusion in the
LSB elements sets (e.g., feelings, behaviour, and activities) relevant to their practice
as school counsellors. They were encouraged to practice on friends and family.

On the second training day, the items suggested for inclusion in the elements
sets were collected and categorized. Based on this, revised marker sets were pro-
duced and added to the prototype LSB kits, the Instruction Manual was revised,
and three brief instructional video clips were prepared and posted on the “Vida-
view” website. A second LSB practice session was held so that all participants had
the experience of both being a storyteller and leading as a guide. Study materials
(e.g., the revised parental consent form and session feedback forms) were reviewed,
and practical issues regarding comfort and confidentiality were discussed. At the
request of the participants, a third session demonstrating a full-length LSB session
with one of the researchers role-playing a student client was held approximately
one month later. One school counsellor opted to drop out after the first day of
training; the main reason was the time commitment involved. This individual
felt that the LSB was complex and would be too time-consuming to learn to use
with confidence.

The participants started using the LSB toolkits by late January 2010. The
last LSB sessions were held in April 2010. The requirement of signed parental
consent forms proved to be onerous, as newcomer students were slow to return
signed forms: many parents did not speak English, and the step used for gaining
approval raised concerns. Ethics approval was granted to simplify the process to
allow verbal telephone consent. The study goal of 20 LSB sessions with students
was achieved with 5 counsellors using the LSB (1 counsellor was paired with the
BSW practicum student).

FINDINGS

The findings are presented in two subsections: counsellor feedback (focus
groups, chip pouch questionnaire, and session feedback forms) and student feed-
back (postsession interview and questionnaire).

Feedback from Counsellors

The initial focus group suggested that the most common clinical tools used
by the counsellors were genogram diagrams, drawing, painting, and toys. Some
students would also write stories that were springboards for discussion. Counsellors considered that making students feel welcome and comfortable was important but at times a challenge. Among the most common reasons for which students were referred to school counsellors included (in no particular order) abuse in the home, non-attendance, law enforcement matters, gang involvement, suicidal cases, illiteracy, and behavioural issues.

At the time of the midpoint focus group, the 5 counsellors had used the LSB at least once, and 1 of them had used it three times. The counsellors found the LSB intriguing and reported interesting outcomes. Three counsellors expressed feeling tentative and not yet confident in their use. Among the reasons was the unfamiliarity with the many element sets in the toolkit; searching for specific markers in the kit storage container distracted from their focus on the student. In contrast, 2 counsellors who had had past experience with interactive tools used by international humanitarian agencies and in play therapy were quite comfortable with the process. The midpoint focus group helped identify and address some process issues. For instance, for those frustrated by the many element markers, the suggestion was given to write or draw freehand on the larger blank cards instead of looking for the exact marker.

The final focus group was held toward the end of the study period and the school year. Feedback related to the training suggested that the LSB be first introduced at a simpler level and that participants learn more through practice and improvising. Demonstrations and simulations in the initial training were strongly favoured rather than “explaining all the details” from the beginning. Being comfortable with the set first with informal practice would help, and, since the toolkit was somewhat complex, an organized set-up to start the session was important. As learners, they found that the “busyness” of the toolkit detracted from attention on the student. Nonetheless, several noted that looking for pieces was a positive interaction, engaging and fun to share, particularly with nonverbal students.

All counsellors remarked how the verbal and nonverbal process of the story-board enabled interesting insights from the students. They found that students liked how the LSB provided a casual conversational mode to talk about themselves and their relationships, and how elements in the kit (e.g., mental health markers, feeling marker charts, and the risk and resource chips) were catalysts to evoke or bring up sensitive issues for exploration in a nonthreatening way. Given the potential for disclosure, they considered their clinical training important for responsible use of the LSB.

The counsellors thought that session lengths would improve as they mastered the LSB toolkit, and that use with a given student would pay off in subsequent sessions once the student became familiar with the process, allowing for more focused and time-efficient use. Although most counsellors indicated that the sessions were somewhat lengthy (around one hour), several saw how the process could be conducted over a series of sessions, each with a different focus (e.g., past and present family, current peer relationships, and explorations into personal and school behaviour issues).
The counsellors unanimously stated that the LSB had promising clinical value and that they were now excited to have it in their repertoire. They all intended to continue using it and saw how the LSB could be integrated into routine use, not just with newcomer students. The counsellors considered that adopting the LSB for regular use depended on their various responsibilities and caseloads; for some, that would require scheduling rearrangements in some settings.

In the final focus group, the counsellors used the Chip Pouch Collection as an anonymous survey that scored aspects of the LSB (Table 1). On average, the counsellors rated the helpfulness of the LSB to develop trust, relationship, and facilitate therapy as very high (8.5 out of 10). Offering a rating that was slightly lower, but still high, they found the LSB helpful as an information-gathering tool (7.6). They considered that it was relatively comfortable to use the LSB (7.0) and estimated that more than half of their peers (62.5%) across the Canadian school system would wish to use it as a clinical tool “if they knew about and could acquire the LSB.”

Table 1
Feedback from Counsellors:
Life Story Board User Chip Pouch Questionnaire Results (N = 6)

<table>
<thead>
<tr>
<th>Question</th>
<th>Scale (0–10)</th>
<th>Mean score (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How comfortable do you now feel to use the LSB?</td>
<td>Poorly (0) to very well (10)</td>
<td>7 (6–8)</td>
</tr>
<tr>
<td>How helpful is LSB as an information-gathering tool in school guidance work?</td>
<td>Not at all (0) to the best (10)</td>
<td>7.8 (6–9)</td>
</tr>
<tr>
<td>How helpful is LSB process to develop trust and relationship and facilitate therapy?</td>
<td>Not at all (0) to the best (10)</td>
<td>8.5 (7–10)</td>
</tr>
<tr>
<td>What % of school counsellors/social workers across Canada would want to have and use LSB?</td>
<td>0 (0) to 100% (10)</td>
<td>62.5% (20%–90%)</td>
</tr>
<tr>
<td>Considering what you know about the students you see, how well is the school system handling the challenge?</td>
<td>Poorly (0) to very well (10)</td>
<td>5.5 (4–6)</td>
</tr>
<tr>
<td>How would you rate your experience as a participant in this research project?</td>
<td>Poor (0) to fantastic (10)</td>
<td>7.5 (6–9)</td>
</tr>
</tbody>
</table>

In the session feedback forms, counsellors reported session lengths ranging from 40 to 100 minutes (M = 65). In descending order, the average scores (on a 5-point scale) on various aspects of the LSB session were 4.57 (engagement of the student), 4.36 (how the LSB helped to organize information and think systematically), 4.21 (how it helped with communication), 4.21 (general comfort level with its use), 4.14 (how well it was understood by the student), and 4.14 (how it facilitated disclosure of personal/sensitive information). The time efficiency of the LSB process received middle scores (3.36).

A qualitative thematic analysis of answers to the question “What aspect of the LSB process helped or hindered the session?” suggested three main aspects where it was helpful. First, the LSB helped organize the student’s life story and clarify
relationships with family members and acquaintances. This appeared as a strong theme reiterated by all counsellors in different ways that can be summarized with the statement of one counsellor: “The systematic format of the board helped with the understanding of the student’s story; it facilitated the session immensely."

Second, together with the fact that the students enjoyed using the LSB, it enabled the disclosure of important information that had not been previously revealed and discussion of family details not identified in previous encounters. One counsellor offered a revealing statement: “I have known this student for 3 years and I learned many new things (by using the LSB) that I have wondered about or speculated but never had the avenue to ask these questions or had these issues raised before now.”

Finally, aspects of the LSB process helped the students feel comfortable around issues of disclosure. For instance, the “hollow zone” and “secret markers”

allowed her (the student) the respect for me not to pry, but allows her to put chips down without needing to explain ... it was clear that she felt safe ... but when asked if we could discuss this at a later date she agreed.

Furthermore, the LSB appeared to help students be involved in longer conversations because of the shared activity, using their hands at the playboard with less face-to-face interaction.

The themes related to how the LSB may have hindered the session clustered around one central aspect: the need for more practice. The counsellors were almost unanimous in indicating that the many pieces and symbols of the LSB made it initially confusing and overwhelming. Nonetheless, they all considered that, with more practice and familiarity with the tool, this would not be a hindrance.

**Feedback from Students**

After the students had attended an LSB session, one of the researchers asked them the following questions:

1. How did the LSB session go? (What did you like/not like about the session, and did the LSB help and/or hinder the session, and if so how)?
2. For a counselling session would you prefer (or not) the use of the LSB?
3. Did you have any difficulties afterwards with emotions or personal reactions (for example, nightmares, negative thinking)?
4. Overall, how helpful or not was the LSB?

All but 2 of the 20 students liked the LSB, and many were enthusiastic about how it helped “to see my life” and how it became “easier to talk with it”—“I could visually see it, it’s not just in my head.” Six expressed not liking aspects of the session in general, for instance, having to talk about family or not liking to think about the past, and a few about technical problems (e.g., “a bit confusing with so many pieces” and “not a lot of detail about relationships”).

Overall, more than 80% felt the LSB helped in their session with the school counsellor, and none felt that it hindered. None of the students reported adverse
effects from the LSB session, while many remarked positively about enduring thoughts. Some described talking to others about the experience, while for others it was a more private experience. The thematic analysis of the students’ responses to the question “Did the LSB activity help the session? If so, how?” suggested that it helped in three broad aspects: to recall things about their life (“basically I can see my life on it”); to talk about specific issues (“instead of talking general things, we talked more specific”); and to reveal aspects of their life that they do not normally talk about (“it helps to relief things I never talk about”).

The post-LSB student survey (Table 2) suggested it was a very positive experience for them. Particularly relevant was the high rating that suggests the LSB helped them share personal or sensitive information. The issue of general comfort during the session was the only item that was scored close to average by the students.

Table 2

Post-LSB Student Survey (n = 20)

<table>
<thead>
<tr>
<th>How do you rate your experience with the LSB in the following areas?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1 = poor, 3 = average, 5 = excellent)</td>
<td></td>
</tr>
<tr>
<td>How is the LSB as a tool to help a counsellor to get a picture of a person like you?</td>
<td>4.1</td>
</tr>
<tr>
<td>General comfort during the session</td>
<td>3.65</td>
</tr>
<tr>
<td>Helps me share personal or sensitive information</td>
<td>4.4</td>
</tr>
<tr>
<td>Keeps me interested in the counselling process</td>
<td>4.3</td>
</tr>
<tr>
<td>Helps me to see my life situation in a helpful way</td>
<td>4.25</td>
</tr>
<tr>
<td>There was enough time in the LSB session</td>
<td>4.4</td>
</tr>
</tbody>
</table>

**DISCUSSION**

The objectives of the study were to (a) determine the feasibility (length of time required to complete, understanding by students and counsellors, comfort, and ease of use of the media) of using the LSB during counselling sessions with school-based counsellors; (b) assess the utility of using the LSB as an assessment tool and in therapeutic counselling; and (c) evaluate the quality of interaction between the youth and the counsellor (Peters et al., 2004). A potential limitation of the study was the risk of positive bias, as one of the researchers involved in the assessment is also the main developer of the LSB. As a way of minimizing this potential bias, two researchers with no vested interests in the development of the LSB became part of the study. Although the study design was jointly developed by the three researchers, the data were collected entirely by one of the researchers not involved in the development of the LSB, as were the data analysis and interpretation of the findings. Consequently, while there was a potential for positive bias, the use of triangulation across the three researchers sought to minimize this possibility. Furthermore, a report of the findings was discussed with the school division, and their interpretations of the findings were also used as a way to minimize the poten-
tial for positive bias. The piloting of the LSB in only a few schools of a Winnipeg school division limits the generalizability of the findings.

The LSB sessions were considered by some of the counsellors as fairly lengthy for the school setting. This was due in part to the formulation of the LSB session around a proposed question sequence that spanned the life history of the student, rather than a more focused enquiry about present situations and recent developments. While the session process and enquiry were left to the discretion of the counsellors, their limited experience with the LSB inhibited explorations of more responsive situational approaches. Some felt tentative and not yet confident in its use, especially in the initial sessions. Lack of familiarity with the many elements in the toolkit made the process somewhat time-consuming and distracting. However, there was a marked increase in understanding with increased use, and most felt that with more guidance and practice the ease of use would be clearly enhanced. They foresaw that with more experience and with its use over a series of sessions (each session focusing on different areas), the length could be reduced without limiting its usefulness.

The students, on the other hand, seemed to have an intuitive understanding of the process that allowed the majority to involve themselves without much difficulty. General comfort during the sessions seemed positive, although the findings suggest that, with more use of the LSB, both counsellors and students could further increase their comfort level.

In terms of utility and quality of interaction, the counsellors reported that the LSB sessions did assist with rapport, communication, and information. This finding is particularly relevant, as school counsellors mentioned that, prior to using the LSB, the information about the students was limited and sometimes of dubious accuracy, and that they were hindered by their lack of understanding of different cultures. The LSB appears to be particularly useful to elicit information necessary to intervene effectively.

The LSB facilitated engagement with youth who were nonverbal by disposition and those with limited English language abilities. Furthermore, it increased the engagement with the students, helped them to organize information and think systematically, and assisted with communication. The LSB facilitated disclosure of personal or sensitive information, and helped to visually organize all members of the student’s family, where they lived, and so on—information that may be complex and difficult to understand from verbal means alone.

As important and promising as those results was the fact that 90% of the students liked the LSB. Most were enthusiastic about how it helped them to see their life and how it made it easier to talk about things. Aspects that some expressed not liking about the LSB were consistent with normal experiences of resistance that occur during counselling sessions (Beutler, Moleiro, & Talebi, 2002), for instance, having to talk about family or having to think of unpleasant things in their past. Some also stated that it was confusing to have so many pieces in the set. Among the positive aspects, they mentioned that more things came up in their mind to talk about, that it was better than just talking, that it helped them remember and notice how things had changed in their life, that they could see their families
better, and that it had helped them to release things that they had never talked about. The scores and comments provided by the students confirmed that the LSB process contributes to building trust, facilitating rapport and communication, and providing valuable information.

In relation to the use of LSB in the school context, several issues were identified. All counsellors thought that the tool had promising clinical value and were excited to have it in their repertoire; all intended to continue to use it. They considered that the LSB could be integrated in routine practice; for example, several saw how it could be used in a series of shorter sessions, each with a different focus. The adoption of the LSB for regular use will depend on their various responsibilities and case loads, and may involve scheduling considerations. Next steps relevant to the school setting would be to trial shorter (30–45 minute) sessions that focus on various assessment and rapport-building purposes to address behavioural concerns such as absenteeism and bullying, crisis briefing, mapping social agency involvement, social networks and relationships, life aspirations, and career planning.

More generally, emerging experience with the LSB by therapists within the circle of early adopters confirms that it is a novel and versatile clinical tool that may be suitable to a wide range of assessment and therapeutic applications. As a tool for therapeutic work, the LSB appears to be a dynamic and multidimensional alternative to the genogram as used in systemic therapies (McGoldrick, Gerson, & Petry, 2008). Dunn and Levitt (2000) juxtapose use of the genogram as primarily an information-gathering tool to organize data and track relationships with its use in mutually collaborative, process-oriented explorations. They favour the latter orientation, citing Paré’s (1995) recommendations of openness to multiple perspectives and approaches in family therapy that fits within the postmodern paradigm involving the telling of stories and using the genogram as a heuristic tool. Similarly, Chrzastowski (2011) presents methods whereby genogram creation is an opportunity to explore family stories with the invitation to reflect upon and re-author a person’s role within that story. Early work with LSB methods suggests similar potential to these approaches, with the advantages of a more dynamic and playful interface.

Feedback from therapist users liken LSB methods to “sand tray therapy” as a hands-on nonverbal process using three-dimensional figures, either nondirectly as in sand play (Kalf, 1980; Lowenfeld, 1979) or combined with talking therapy, art, and other techniques in directive interventions. LSB methods may also be complementary to expressive therapy approaches: action-oriented, participatory, and which require clients to engage in their therapeutic process to gain insight and find new ways of communication.

LSB methods appear to be a responsive, flexible, multidimensional therapeutic approach. The visual storyboard is a means of engaging, while the therapist “holds the space,” enabling narrative and conversational processes to develop, whether or not they are rendered into the story board itself. The LSB fits well with narrative therapy approaches, “externalizing” problems and intentions for reflection and co-investigation about unique outcomes and alternative perspectives (White & Epston, 1990).
SUMMARY AND FUTURE STEPS

This article reported on findings of a formative mixed methods research of a novel visual interview tool tested in the setting of school counsellors with newcomer immigrant youth. The findings suggested that the LSB’s incorporation of visual, task-based, and experiential processes was more effective for eliciting personal information from children than standard verbal interviews among students with non-Western cultural backgrounds and from disadvantaged community settings. The visual, participatory process elicited useful information, facilitated verbal and nonverbal communication, and opened opportunities to build rapport. The LSB appears to be well suited for assessment and therapeutic interventions common to school clinicians. The feasibility study confirmed that the tool is amenable to clinical use and assessment or therapy purposes, and may have more general application across a variety of settings.

The study provided valuable information on how to improve the tool itself, the process of its use, and the training of users. Based on participants’ feedback on the prototype, there has been considerable revision of the LSB kit: the LSB board was reduced in size by 60% and the cards magnetized, with “palettes” for easier display and handling (Figure 3). The training workshop and instructional resources better consider the learning curve to become familiar with the LSB system before clinical use.

Figure 3
Revised Life Story Board kit (post-pilot study)
Parallel to the research project, a small university-based company was created to produce toolkits and develop LSB methods and applications. Beta versions of the LSB toolkit are available for clinicians to collaborate in pilot testing and evaluation in diverse practice and program settings. Explorations of emulating the visual information system in a digital interface are underway.

LSB methods development, including refinements to the toolkit, adaptation to various clinical settings, and testing of a digital version, should be informed by clinician users. Subsequent workshops with the revised toolkit and training format have been held with counsellors in private practice and with social agencies, as well as with a community health centre in Winnipeg that is the site of further study on LSB methods. The suitability of the LSB for adoption as a tool in assessment and/or therapeutic approaches warrants clinical outcome evaluation by independent research collaborators, with training and user support provided to test sites. Optimal study design calls for a multisite clinical intervention study with case-control pairs (e.g., matched for gender, age, reason for referral) with randomized assignment to study arm (with LSB as a communication interface) or waiting list control, and with incorporation of an appropriate clinical outcome measure, for example, the Youth Counseling Impact Scale (Reimer & Kearns, 2010) or the Outcome Rating Scale (Miller, Duncan, Brown, Sparks, & Claud, 2003).

Acknowledgements

This research was supported by the University Research Grants Program, University of Manitoba.

Notes

1 The Chip Pouch Collection was an activity devised for groups of children as part of the pilot test of Life Story Board methods undertaken in Uganda by War Child Canada, which is summarized in a document available on the Vidaview website http://vidaview.ca/about/publications/. The CPC was well received by the children in the pilot test, and it was used in the focus group with the school counsellors as a demonstration of alternate survey methods that could be adapted to a classroom setting.

2 The Vidaview Informations Systems Ltd. website <www.vidaview.ca> provides online information about the Life Story Board. Topics include LSB development history, clinical applications, research collaborations, sale of the Life Story Board Toolkit to qualified professionals, training opportunities, and newsletter sign-up.

References


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