Trauma Narration –
Level 1
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Objectives

• Revisit the rationale for Trauma Narration (TN)
• Learn how to structure TN based on different trauma histories
• Learn and practice how to construct a timeline
• Learn and practice how to construct a “Chapter 3”
• Learn and practice caregiver TN preparation

Why Trauma Narration?

• Desensitize the child to traumatic reminders – “Take the heat out”
• Unpair thoughts, reminders, or discussions of the traumatic event from overwhelming negative emotions such as terror, horror, extreme helplessness, shame, or rage.
• “There is evidence that encoding traumatic memories is not only traumatic but it is traumatic.”
• “It is the memory that is fueling the PTSD symptoms, the emotion surrounding that memory.”
• “It is not the trauma, but the emotion surrounding the memory that perpetuates the trauma.”
Purpose of Trauma Narration

- Goal = DESENSITIZE
  - You CAN talk about this even if it is uncomfortable (e.g. 4-7 range)
  - 10 is too much
  - 1 is too little (either no problem or disconnected)

Why Trauma Narration?

- Red Flag Cognitive Distortions (BUT DO NOT PROCESS YET)
  - You do not process a cognition while actively in TN for the same reason you do not try to rebuild a house as it is actively on fire
  - Put out the fire, THEN begin re-constructing
  - What you are allowed to do is this:
    - "Billy that's a really heavy thought you wrote there. I want to make sure you have a chance to talk about it. Can I make a mark here and I promise we'll come back to it later?"

- Some children have had "desensitization by the system"
  - This is NOT the same as Trauma Narration

Why Trauma Narration?

- Contextualize traumatic experiences
  - Trauma is only one part of child life experience and self-concept, rather than the defining aspect of both
  - Contextualization adds in addressing negative beliefs about the world, self, and the future
  - You have done this before many times in every Lit class you ever took
    - It is why The Iliad can be millennia old but still have MANY different interpretations
  - Final chapter is where you do the most directly
  - But the child, themselves, will tend to do it spontaneously during a TN (for them, it's pretty cool)

- Implicit in TF-CBT is that it is not creating a story that is important but finding a more adaptive interpretation of their story
GRADUAL EXPOSURE
IS THE HEART OF TF-CBT

Wait. Didn’t you used to call it Trauma Narrative???

• Ya, we did, but we changed it for a good reason
• “Narrative” indicates . . .
  • An endpoint, that once the story is written you and/or the child are “done”
• “Narration” indicates . . .
  • A beginning point, that this may very likely be the first time a child will, in a therapeutic way, START the encapsulation of their story
  • With the implication that they will do this many times throughout their lives
  • So you are not giving them a concrete thing, you are showing them a process for therapeutically perceiving their story and having control over the story and, therefore, their experiences

When Trauma Narration?

• “C” Student (3 Questions)
  • Can they do a relaxer?
  • Can they tell the difference between a thought and emotion?
  • Younger children get a pass here
  • Can they report on a SUDs scale?
  • And a GEC (Good Enough Caregiver)
• The burden of proof is on YOU
• You have to give me a REALLY good reason to NOT go into TN
• Otherwise I’m expecting you to go into TN after you have taught the child the Cognitive Triangle
Strong Handshake

- Have MULTIPLE rationales
  - Cleaning the wound
  - Coke bottle
  - Roller coaster
  - Scary movie
  - Also go back to your psychoeducation books (e.g., Jesse’s Story)
  - The TF-CBT workbook has good language as well
- Lead in VERY strong (no limp handshake)
- CAREGIVER needs rationale too
  - Surgery metaphor
  - Prep the caregiver (at the later) at the last cognitive coping session
- Research indicates that children say TN was the most helpful part

Structure is your friend

- Time (perhaps the MOST important)
  - For highly avoidant or highly hyperactive children but good for ALL children
  - Consider use of a timer
  - Costal, they HAVE TO be working
- “Cushion” session (e.g., 10 minute free time after TN work)
- “Healthy” distraction
  - Some children need something to play with while doing the TN
  - Make sure to put structure around this meaning SET IT UP BEFOREHAND

- Behavior Chart
  - Some children will need this not just in TN, but throughout the model
  - You can praise effort, because you are not praising content
- Room
  - How are you going to physically arrange the room?
  - Will you have the same room throughout sessions?
  - Do you need a “ring”? (i.e., a physical boundary where you do the TN)
The Timeline (aka “Gradual Exposure Hierarchy”)

- Biggest mistake during your first TN = No Timeline
- You (and your child) need a road map.
- If you take the time to do this, the TN will be MUCH more smooth
  - I promise
- Many ways to do this
  - Sticky notes
  - On the floor
  - Big sections of butcher paper
  - Clock
- TIME LINE IS TRAUMA NARRATION!
  - So do your SUDs check, relaxers, etc

Happy Memories

- 1 y.o.
- 5 y.o.
- 10 y.o.

Hard Memories

- 1 y.o.
- 5 y.o.
- 10 y.o.
Happy Memories

- 1 y.o.
  - "First time I remember dad hitting mom. She was bleeding." 4 y.o. (November)
  - "Dad hit me so hard I had to go to the hospital. He told them I fell." 5 y.o. (summer)
  - "Dad pulled out a gun and said he was gonna kill all of us." 3 y.o. (eight months)

- 6 y.o.
  - "Mom took us on a trip to Dallas." 8 y.o.
  - "Moved in with Mrs. Johnson." 9 y.o. (August 2013)

- 8 y.o.
  - "First time I remember dad hitting mom. She was bleeding." 5 y.o.
  - "Dad hit me so hard I had to go to the hospital. He told them I fell." 4 y.o. (summer)
  - "DHS took us out of our house." 9 y.o.

- 11 y.o.
  - "Moved in with Uncle Dudley." 11 y.o. (December 2014)
  - "First time I remember Adam hit mom." 5 y.o. (November)
  - "DHS took us out of our house." 11 y.o.

Hard Memories

- 4 y.o.
  - "Dad hit me so hard I had to go to the hospital. He told them I fell." 4 y.o. (summer)

- 5 y.o.
  - "DHS took us out of our house." 8 y.o.

- 9 y.o.
  - "Moved in with Mrs. Johnson." 9 y.o. (August 2013)

How to structure the TN

- Make sure to do the following
  - SUDs check-in
  - WRITE IT DOWN
  - Cool down
  - Use a timer if necessary
    - The rule is "As long as we are working the timer stays on"
  - NEVER finish in the middle of a SUDs max out
The Two Cornerstones of Good TN’s

- **SPECIFICITY**
  - **Bad specificity:** “It was beat and my mom hit and oh ya there was that one time I saw a guy shot.”
  - **GOOD specificity:** “It was last summer when I was 10. It was after school. I walked in and shut the door and could hear yelling. I went in the living room and see my dad with his hands on my mom’s neck. She was gagging.”

- **COHERENCY**
  - **Bad coherency:** “When the police showed up they had like vests on. And my foster mom ended up being nice but my mom went to jail and my mom was cooking meth. The cops kicked the door and it was scary but I got to go to a nice home so it’s okay”
  - **GOOD coherency:** “The first thing I heard was the police yelling. They said, ‘come out now’. They didn’t wait cause they broke the door with like a big...”

How to structure the TN

- **YOU** must be at least 3 steps ahead of the family at all times
- **Notice** we are almost 20 slides in and we are just NOW talking about chapters
  - That’s because the key to a good TN is PREPARATION!!
- **YOU** must know what the structure will be like BEFOREHAND
  - Usually chapter format but other formats are possible
  - Usually will add in a Neutral Narrative
    - Neutral Narrative Type 1 = A Happy Memory
    - Neutral Narrative Type 2 = Before the Trauma

Pop Quiz

- How would we structure the following TN’s (i.e., how would each chapter look?)
  - One Trauma
  - 5 Trauma’s
  - Complex Trauma
One Trauma

- Chapter 1 = About Me
- Chapter 2 = Happy Memory (NN Type 1) OR Before the Trauma (NN Type 2)
  - You can do a Chapter 2A (Happy Memory) AND a Chapter 2B (Before the Trauma) for highly avoidant kids
- Chapter 3 = The Trauma
- Chapter 4 = Final Chapter
  - Variations = What I’ve learned? What I would tell other kids who have gone through trauma? What I want my future to be like? Etc.

Multiple Traumas

- Chapter 1 = About Me
- Chapter 2 = Happy Memory
  - Caveat – with some kids this can QUICKLY turn into a chapter 3
- Chapter 3 = Bronze Medal
- Chapter 4 = Silver Medal
- Chapter 5 = Gold Medal
- Chapter 6 = Final Chapter
  - Variations = What I’ve learned? What I would tell other kids who have gone through trauma? What I want my future to be like? Etc.

Important points

- First, if/when kids have problems with the TN, do NOT give up; just add structure
- Second, ALWAYS make sure to check in with the caregiver about how the child is doing outside of session
  - Homework becomes fun activities for the family to do together
- Third, retype these AS SOON AS POSSIBLE
  - Also use this time to plan what your questions will be for next session
- Last, the final chapter is your DOVETAIL into Cognitive Processing
  - Depending on how you set it up, you may be able to process the majority of maladaptive cognitions if you do it right
Complex Trauma (cause this is a whole other presentation in and of itself)

• First, complex trauma and complex history are NOT equivalent
• A single incident of abuse could result in complex trauma
• And 10 incidents of physical abuse can result in standard PTSD
• The child has internalized VERY core beliefs and now picks out experiences that support those beliefs (so this becomes much harder to process)
• Second, you have been collaboratively identifying themes THROUGHOUT the PRAC components (you CANNOT start to try and identify them at session 10)
• Third, for TN with Complex Trauma, you become a lawyer
  • “So your Bronze Medal Theme is ‘Everyone will hate me.’ Okay Billy, he’s be lawyers. Start telling me your exhibits A, B, C, D, etc of why you have a strong case for that.”

Complex Trauma

• Chapter 1 = About Me
• Chapter 2 = Happy Memory
  • Caveat – with some kids this can QUICKLY turn into a chapter 3
• Chapter 3 = Bronze Medal THEME
• Chapter 4 = Silver Medal THEME
• Chapter 5 = Gold Medal THEME
• Chapter 6 = Final Chapter
  • Variations = What I’ve learned? What I would tell other kids who have gone through trauma? What I want my future to be like? Etc.

Example Q’s Used to Facilitate TN Development

• What time of day was it?
• Who else was home?
• What did you do after _____ stopped?
• What did your body feel like when _____?
• Where on your body did _____ touch/hit you?
• What part of _____’s body did he touch/hit you with?
Example Q's Used to Facilitate TN Development

• What did ____ say to you?
• How long did it last?
• What did ____ face look like?
• 5 senses
• Your fallback questions are always
  • Tell me more.
  • What do you mean?
  • Then what happened?

I always add in the following questions at the end of TN
• What was the hardest part about this memory?
• What part do you think about the most now?
• What part did you think you would never tell anyone?
• The reason is you’re looking for the hottest spot of that memory

What do I say when we start?

• You’ve learned a lot so far about upsetting/confusing events, feelings, coping, relaxation, and thoughts. Congratulations! These are all important things that will help you as you begin to tell about the upsetting/confusing events that happened to you. You get to decide where you want to start and how you would like to tell your story. If you start feeling upset, you can stop, and I will help remind you of ways to manage your feelings. You’re in charge!
• I straight stole this from the TF-CBT workbook
• You said that the third hardest thing that happened was when your mom and dad got in a fight last Christmas. Start at the beginning and tell me so I can see it through your eyes. I’ll start writing when you start talking.
• I’ve also used “I want there to help me to see it as if I was right there beside you”
The 3 Reasons Susan Will Cut You

* If you do not CHECK SUD's
* If you do not WRITE DOWN (or in some way document)
* If you PROCESS

This is the last thing you will see

Caregiver Trauma Narration Conjoint Prep

* Preparation is your friend
  - The Conjoint Session is 80% complete BEFORE the child and parent ever walk in the room together
* You are NOT watching a movie, you are DIRECTING a movie
  - Therefore be very directive in both the child prep, caregiver prep, and in the actual session
  - The Conjoint Session is a GREAT place to address and restructure maladaptive cognitions

Step 1: Review TN with child to determine which parts to share with caregiver

* DO NOT ask “Can I share it?”. Ask “Any parts you don’t want shared?”
* If the child says “NO!” review with them why
* Sometimes they have valid reasons
* Oftentimes they are afraid they will get in trouble
* Create a PG version (Parent Guided Version) collaboratively with the child
* LAST resort is you can share the normal narrative and final chapter
* Majority of the time they say, “Ya, it’s okay”
Caregiver Trauma Narration Conjoint Prep

- Step 2: Review selected TN pieces with caregiver prior to conjoint session (you're doing a LOT of work here)
  - What does the caregiver think the child will need to hear from them or experience to feel positively about the TN process?
  - What does the caregiver, him/herself, need to navigate this process
    - The caregiver with you and the caregiver alone is the time for them to yell and scream. NOT when the child is in the room.
  - Check in with the caregiver on their SUDs (You are running this EXACTLY like a standard TN session)
  - Remember the obvious things
    - For example, the caregiver should tell the child "I love you" or "I'm proud of you"
    - WRITE THIS DOWN

- Step 3: NOW you have permission to bring them in
  - STILL run this EXACTLY like a TN session → SUDs check in, cool down, etc.
  - At any point you can pull the rip cord (but ONLY do this if absolutely necessary)
  - You've already written down everything, so this is actually the easy part

Information about TF-CBT and a map of Oklahoma treatment providers can be found on our website:

www.oklahomatfcbt.org

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405-271-5700
Ask for Child Trauma Services (CTS)