Advanced TF-CBT Level 3: Trauma Narrative

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Sometimes you don’t feel the weight of something you’ve been carrying until you feel the weight of its release.

~ Unknown ~
Even at royal engagements, he said, he had found himself battling a “flight or fight” reaction without understanding why.

“My way of dealing with it was sticking my head in the sand, refusing to ever think about my mum, because why would that help?

“I know there is huge merit in talking about your issues and the only thing about keeping it quiet is that it’s only ever going to make it worse,” he said.

https://www.headstogether.org.uk/
What we can learn from those who study learning and cognition…

• Bloom’s Taxonomy and later adaptations find that the first step in understanding is remembering
  1. First, people remember facts and details.
  2. Then comes understanding:
     • What were my thoughts/feelings then?
     • How did I explain what was happening then?
Revised Bloom’s Taxonomy

- **REMEMBERING**: Recalling relevant knowledge from long term memory
- **UNDERSTANDING**: Making sense of what you have learnt.
- **APPLYING**: Use the knowledge gained in new ways.
- **ANALYSING**: Breaking the concept into parts and understand how each part is related to one another.
- **EVALUATING**: Making judgements based on a set of guidelines.
- **CREATING**: Putting information together in an innovative way.
1. Identify the key trauma memories driving re-experiencing and avoidance symptoms in the youth.

2. Engage in gradual and repeated reviews of trauma memories to reduce the intense negative emotions and physiological sensations that are paired with these memories.

3. During gradual exposure, work with the youth to identify thoughts and feelings experienced during the trauma(s) in an effort to begin connecting to the youth’s overarching trauma-related beliefs and understandings.
The following real narrative demonstrates the way in which youth most commonly recall traumatic events:

– First, factual details
– Next, Feelings, thoughts
– Then attempts to understand and synthesize information.
TN Development
Tips for Managing Avoidance

The only way around is through.

ROBERT FROST
First, Establish an In-Session Safety Plan

• Identify level on feelings scale that means a relaxer is needed.
• Develop list of brief (1-3 minute) relaxers to be used when a break is needed.
• Reinforce that when relaxers are completed and distress is down, you’ll go back to their story development.
• Develop plan for a grounding activity at the end of the session.
Second, Create the Exposure Hierarchy

• Use a timeline to help identify trauma events and create hierarchy from least to most distressing.

• Collaborate with the youth to select up to 3 trauma memories to review, with the most distressing being the last trauma chapter to review.

• Ask the youth to identify a positive memory to start.
Third, Collaboratively Develop a Plan for Reviewing the Youth’s Trauma Memories.

• Will the standard chapter format work? Or is a more creative way going to better fit for this youth?

• Examples from past cases:
  – UFC Fighter fighting opponents toward the final match with the toughest competitor
  – Spiderman battling progressively tougher villains
  – Frodo journeying through the dangerous forest and battling specific obstacles along the way
  – Star Wars episodes about the hero’s greatest battles against the Dark Side
Fourth, Develop a Plan for Structuring GE to the Youth’s Individual Trauma Memories

- Will the standard plan of the child telling the memory and you capturing the memory in writing or on the computer work?
- If not, what child interests can be incorporated into the exposure process?
  - Examples from past cases:
    - Using a puppet theater
    - Talk show interview format
    - Using a video camera to record repeated “takes”
    - Place individual questions to support narrative development around the room for the youth to find and answer. This may be paired with something fun like a treasure hunt, solving a mystery, helping a character advance through a story (e.g., helping Anna find Elsa, helping Taylor Swift get to her concert, searching through a jungle to find the treasure, etc.)
    - Questions to support narrative development are assigned a points number. The youth then earns points (e.g., to help the Thunder win the game, etc.) by selecting and answering q’s. A q can be returned to answer later in the activity, if desired.
TN Development
Glitches, Snags, Challenges…

The only way around is through.

ROBERT FROST
What do I do now???

• Narrative isn’t coherent or cohesive
• Youth isn’t reporting or exhibiting distress
• Questions re: the accuracy or truthfulness of the narrative
• Chronic or extended session absences
• Youth is experiencing significant distress between GE sessions
• Others?
THE TRAUMA NARRATIVE PROCESS WITH CAREGIVERS

Questions to consider:

– What agreement will be set with child and caregivers to keep TN sharing contained to therapy only for now?
– How much of the child’s trauma story is already known by the caregivers?
– How much of the child’s trauma story will be appropriate to share with caregivers?
– How to work with the child to select what portions of the TN will be shared with the caregivers?
– What work needs to be done with the caregivers to prepare them for hearing the story?
Trauma Narration
Youth with Complex Trauma

I'm tired of crying.
I'm tired of yelling.
I'm tired of being sad.
I'm tired of pretending.
I'm tired of being alone.
I'm tired of being angry.
I'm tired of feeling crazy.
I'm tired of feeling stuck.
I'm tired of needing help.
I'm tired of remembering.
I'm tired of missing things.
I'm tired of being different.
I'm tired of missing people.
I'm tired of feeling worthless.
I'm tired of feeling empty inside.
I'm tired of not being able to just let go.
I'm tired of wishing I could start all over.
I'm tired of dreaming of a life I will never have.
But most of all, I'm just tired of being tired.
The following slides are used with permission from:

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Matthew Kliethermes, Ph.D.
Children’s Advocacy Services of Greater St. Louis at University of Missouri, St. Louis
What is Complex Trauma?

• Don’t treat CT experiences (early multiple traumas in context of caregiving relationship) but **CT OUTCOME**
• PTSD + severe dysregulation
  ICD-11: dysregulated affect, interpersonal problems, negative self-concept
• Trauma reminders: often diffuse, not discrete
• Differential diagnosis is difficult (complex), may coexist with other psychiatric disorders
TF-CBT Modifications for Complex Trauma

• Don’t know if needed—no studies compare standard vs. modified TF-CBT for complex trauma

• Studies HAVE SHOWN that STANDARD TF-CBT→ positive outcomes for PTSD and complex trauma outcomes

• Modifications for complex trauma were based on clinical experience, not research

• Likely these modifications would → better outcomes for SOME youth with complex trauma
TF-CBT Proportionality

- Psychoeducation
- Relaxation
- Affect Modulation
- Cognitive Coping

Stabilization Phase

Trauma Narrative Phase

Integration/Consolidation Phase

Parenting Skills

Gradual Exposure

In vivo Conjoint sessions Enhancing safety

Time: 8-16 sessions

TF-CBT Proportionality

1/3

1/3

1/3
TF-CBT Proportionality – Complex Trauma

- **Parenting Skills**
  - Enhancing Safety
  - Psychoeducation
  - Relaxation
  - Affect Modulation
  - Cognitive Coping

- **Gradual Exposure**
  - In vivo Conjoint Sessions
  - Enhancing Safety

- **Trauma Narrative and Processing**

- **Stabilization Phase**
  - 1/2

- **Integration/Consolidation Phase**
  - 1/4
  - 1/4

Time: 16-25 sessions
Common challenges:
1) Taking too long for TF-CBT—front end engagement in trauma treatment
2) Recognizing when TF-CBT ends and other treatment may be needed
3) Identifying unifying themes
4) Processing of pervasive and persistent challenging cognitions
Challenge #1: Engaging Youth in TF-CBT

• Due to betrayal, lack of trust, youth may not acknowledge trauma/initially engage in trauma-focused treatment

• May need engagement, Motivational Interviewing, supportive therapy, trauma-informed care, etc., prior to starting TF-CBT

• TF-CBT starts when trauma is focus of each session
Challenge #2: Need Longer Treatment

• Transition from TF-CBT to trauma-informed care
• Many youth need ongoing treatment after TF-CBT
• Trauma-specific outcomes vs. comorbidities/outcomes related to other adversities, challenges
• After TF-CBT: graduate; redo treatment plan to conceptualize new goals and ID new EBT
• Recognizes insurance requirements, youth needs, also youth’s accomplishments and mastery
Challenge #3: Identifying Unifying Themes

“What the heck is a THEME?”
View from the Literary World

• Definition:
  – The underlying message of a story
  – Critical belief about life conveyed in the story
  – What the story means
  – Stories often have more than one theme.

• Function:
  – Bind together essential elements of a story
  – Provide understanding of the “character’s” experiences
  – Give key insight into how the author views the world/life
A “stable and coherent framework for understanding one’s experience” is an important psychological need for trauma survivors (McCann & Pearlman, 1990)

Processing themes is an attempt to help meet that need
Processing Themes:
Moving Away from “TN Tunnel Vision”

• Processing themes requires looking for meaning across traumas rather than within one trauma
• The meaning ascribed to a trauma often changes following exposure to subsequent traumas
Events

- Desensitization
- Behavioral/Emotional
- Trees
- Who, what, when, where, how?

Themes

- Meaning Making
- Cognitive/Emotional
- Forest
- Why?

- Visualize trauma narration and processing as a continuum
- Adjust your location on this continuum based on the session-to-session needs of the client
TN Continuum

Desensitization ——— Meaning Making
Identify, Organize, and Process Complex Trauma Themes: Useful Strategies

• TIMELINES
  – Can be used in assessment and all PRACTICE components
  – Facilitate “forest level” processing,
  – ...but also allow “tree level” processing
  – Visual nature of timeline seems to make themes more accessible for youth