

Trauma Narration – Level 1

Roy Van Tassell, Saba Shahid and Regina Ertz
Center on Child Abuse & Neglect
Child Study Center

1

Objectives

- Revisit the rationale for Trauma Narration (TN)
- Learn ideas for how structuring TN based on different trauma histories
- Learn and practice how to construct a timeline
- Learn and practice how to construct a “Chapter 3” meaning chapter
- Learn to identify/address trauma reminders from the narrative
- Learn and practice caregiver TN preparation

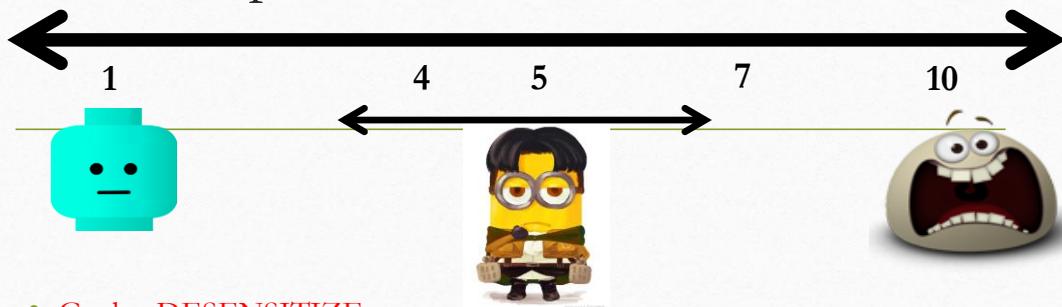
2

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
 - *Thereby decreasing avoidance and hyperarousal symptoms*
 - *Modeling effective coping*
 - It is the MEMORY that is fueling the PTSD symptoms, the EMOTION surrounding that memory?
 - Consider tying-in scores from the CATS to the symptoms

3

Purpose of Trauma Narration



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

4

Why Trauma Narration?

- Red Flag Cognitive Distortions (BUT DO NOT PROCESS YET)
 - You typically do not process a cognition while actively in TN
 - Getting the story out; details, thoughts and feelings -helps identify areas in need of processing
 - What you might say is something like:
 - *“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” [become numb]
 - This is NOT the same as Trauma Narration

5

Why Trauma Narration?

- Contextualize traumatic experiences
 - Trauma is only *one* part of child’s life experience and self-concept, rather than the defining aspect of both
 - *Conetextualization aids in addressing negative beliefs about the world, self, and the future*
 - Final chapter is where you do this the most directly and is crucial to meaning making
 - But the child, themselves, will often tend to do it spontaneously during a TN (let 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 – and knowing they can tolerate memory**

6

GRADUAL EXPOSURE IS THE HEART OF TF-CBT

7

Why are we using the term 'Trauma Narration???

- “Narrative” alone could indicate . . .
 - 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

8

When Trauma Narration?

- There is no such thing as “**ready**”!
- “C” Student (3 Questions)
 - Can they effectively use 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)
- Can they ID a feeling and a thought and experience that a change of mood can change thinking?
- You have to give me a REALLY good reason to NOT go into TN
- Expect to go into TN after you have taught (and the child can use) the Cognitive Triangle

9

“Be Gently Persistent” Judy Cohen

- Have MULTIPLE rationales
 - Cleaning the wound, removing splinter
 - Physical therapy
 - Roller coaster, coke bottle
 - Scary movie
 - Consider your psychoeducation books (e.g., Jesse’s Story)
 - The TF-CBT workbook has good language as well
- Lead in VERY strong (no limp handshake) be directive
- CAREGIVER needs rationale too
 - Surgery, PT, splinter, metaphors etc.
 - Prep or inform caregiver (at the latest) during the last cognitive coping session
- Research indicates that children say TN was the *most helpful* part!

10

What might you say when starting?

- “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 event(s) 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 strongly upset, you can stop, and I will help remind you of ways to manage your feelings. You’re in charge!”
 - We stole the above 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.”
- May also use “I wasn’t there so help me to see it as if I was right there beside you”

11

Trauma Narration

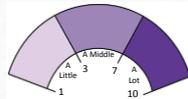
- Interactive process between client and therapist -even if child writes it
 - Starting TN soon after introducing concept, reduces anticipatory anxiety
 - May need to repeat rationale
 - Consider repeat CATS right before TN
 - Reflect and praise for PRAC progress and skills obtained / used
 - “I have real confidence that you are going to handle this so well” Give examples why...
 - “Today I’d like for you to begin to share more about ‘x’, let’s talk about how you’d like to start”
 - While child develops, respond with:
 - Validation, support, encouragement
 - Gentle questions eliciting details, thoughts, feelings
 - Need not be a “product” per se
 - But most typically children create something tangible to help tell story
- Rate feelings level before, during and after**

12

Telling My Story

I will tell my story by _____.

I may have some heavy feelings when I tell my story. It is time to take a break if my heavy feelings are:



I will use these skills to calm heavy feelings:

- 1.
- 2.
- 3.

Structure is your friend!

How will you help guide them in how they will tell their story?

13

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
 - Caveat, they HAVE TO be working
 - “Cushion” session (e.g., 10 minute free time after TN work)
- “Healthy” distraction
 - Some children/teens need something to play with or manipulate while doing the TN
 - Make sure to put structure around this; meaning have an idea BEFOREHAND
- Behavior Chart / Incentives
 - Some children will need this not just in TN, but throughout the model
 - You can praise **effort**; beware you are not praising content
 - *(JAC’s: 18 ways to get kids to do TN)
- Room or location: e.g. office/school/home?
 - How to arrange the space? Physical, psychological safety
 - Will you have the same space throughout sessions?
 - Do you need a “ring”? (i.e., a physical boundary where you do the TN)

14

The Timeline (aka “Gradual Exposure Hierarchy”)

- **A hugely helpful tool during your TN = Timeline**
- You (and your child) need a road map
- If you take the time to do this, the TN will be often be MUCH smoother
- Many ways to do this
 - Sticky notes, pictures
 - On the floor, whiteboard, or wall
 - Big sections of butcher paper
- **TIMELINE IS TRAUMA NARRATION!**
 - So do your SUDs check, relaxers, etc.

15

Structuring the TN Development

- Prep your sessions try to be a few steps ahead of the family at all times
- Have an idea about the structure BEFOREHAND
 - Usually chapter format but other formats are possible
 - Be flexible based on *how child chooses* to tell story
- Usually will add in a Neutral Narrative
 - Neutral Narrative Type 1 = A Happy / Positive Memory
 - Neutral Narrative Type 2 = Before the Trauma (especially non traumatic interactions if it is interpersonal trauma, or describe home before removed, or the tornado hit, etc.)

16

Creating the Trauma Narrative

In many cases the TN is being shared with the caregiver by the therapist as it is being developed

- Listen and **ID** “hot spots” or “worst moments”
- Rate distress (SUDS) before, during, and after narrative
 - Caregiver’s too
- Review child’s description at subsequent sessions
 - Help the child to describe *more* details
 - Encourage child to *add and describe* thoughts and feelings related to trauma
 - For younger kids this could occur in same session

Avoid the temptation to process, that will come!



The Two Cornerstones of Good TN’s

- **SPECIFICITY** Who, What, When, Where
 - Less specificity: “I was beat and saw my mom hit and oh ya there was that one time I saw a guy shot.”
 - MORE 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 saw my dad with his hands on my mom’s neck. She was gagging.”
- **COHERENCY** Beginning, Middle, End
 - Less 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”
 - MORE 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 battering ram. My mom grabbed a gun, when the door broke.”

Facilitating Detailed Narratives

- Questions to elicit more **DETAIL**
- When getting more content and detail...

 - Make clarifying and reflective **OPEN** statements not: Yes/No
 - Tell me what time of year/day it was
 - I want to know all about...
 - Repeat the part about...
 - I wasn't there so tell me about it as if I was there
 - So, your uncle began touching you and...?
 - Can you make me a picture of the room?
 - "And then what...?"
 - Say more about the part where....



Facilitating Detailed Narratives

Questions to elicit **THOUGHTS**

Don't forget to do a SUDS rating

- Ask broad, open-ended questions
 - What were you thinking?
 - What were you saying to yourself?
 - What were you picturing in your mind?
 - What was your brain saying?
 - What came into your mind next?
 - What thoughts did you notice most?
 - What words were going through your mind?
 - Was there something you wanted to say or do?



We are interested in thoughts
 "then" (time trauma occurred)
 And thoughts "now" as they
 are telling.

Facilitating Detailed Narratives

Questions to elicit FEELINGS

Don't forget to do a SUDS rating!

Ask broad, open-ended questions

- How were you feeling?
- What feeling or sensation did you most notice?
- How strong was that feeling?
- What did you notice in your body?
- Where in your body did you notice them?
- What feeling are you aware of now as you are telling me? How strong is that feeling now?
- Explore senses, sight sound, smell, touch, taste!



We are interested in feelings
“then” (time trauma occurred)
And feelings “now” as they are
telling.

21

Facilitating Detailed Narratives

- Continue broad, open-ended questions
- Don't forget to explore other senses, sight, sound, smell, touch, taste!
- Consider questions to help support resiliency
 - What did you do next or then?
 - What actions did you take?
 - What was your body doing?
 - How did you behave?
- Seek anything that reflected self-care, resiliency & empowerment –reducing victimization

Don't forget to finish with a SUDS rating and praise!



22

Other 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/she touch/hit you with?

23

Other 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 fall back questions are always
 - Tell me more.
 - What do you mean?
 - Then what happened? And then what?

24

Other Example Q's Used to Facilitate TN Development

- Consider the following questions before 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
 - Let's discuss why

25

Important points

- First, if/when kids have problems with the TN, do NOT give up; just add structure or break down into smaller steps to take them back to the moment
 - May need to explore *WHY* they don't want to discuss -it **will** be based on a cognitive distortion. You may need to address / process / correct that first
- Second, **ALWAYS** make sure to check in with the caregiver about how the child is doing outside of session
 - Review what will be their coping plan should some symptoms increase
- Third, retype what is developed **AS SOON AS POSSIBLE**
 - Also use this time to plan what your questions will be for next session
 - Depending on how you set it up, you may be able to process the majority of maladaptive cognitions if you do it right

26

Pop Quiz

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

27

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.

28

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.

You got this
from the
timeline

29

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 rape could result in complex trauma
 - And 20 incidents of physical abuse can result in more typical PTSD symptoms
 - 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 (it may be harder 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 leave me.’ Okay Billy, let’s be lawyers. Start telling me your exhibits A, B, C, D, etc of why you have a strong case for that.”

30

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 (easier event to talk about) **THEME**
- Chapter 4 = Silver Medal (harder event to talk about) **THEME**
- Chapter 5 = Gold Medal (hardest event to talk about) **THEME**
- Chapter 6 = Final Chapter (developed TYPICALLY after TN Processing
 - Variations = What I've learned? What I would tell other kids who have gone through trauma? What I want my future to be like? How I'd like my future to be, Etc.

31

Where do you want to go with Draft 2?

- Continue on with (one of) the stories begun in the first role play choosing who will be the therapist and who the client
- The therapist now goes back and gains details (using example questions as guide)
- Once details are gained review story and then ask about thoughts, feelings
- Make sure to write all of this, list the thoughts at detail points and feelings noticed. Where in body, rate how strong. Note feelings and thoughts now as they are sharing the story

32

Identifying Reminders

- You may already have some ideas about reminders based on descriptions from child, caregiver, teacher, earlier PRAC skill sessions, etc.
- Help by identifying broad categories of kinds of reminders;
- **Let's name some:**
- People, places, objects, situations, words, specific person's names, sounds, sensations, locations, smells, body positions, emotions or moods similar to ones experienced during the trauma. In fact almost any somatic, cognitive, behavioral or emotional stimulus could be a reminder / trigger. (remember the boggart scene in Harry Potter?)

33

Identifying Reminders

- Help the child to list or ID major / significant ones and develop a list – involve caregiver in identifying or understanding how reminders operate.
- Help them identify their own examples (not necessarily trauma related)
- Begin to think about which ones may need In Vivo work...How will you know? Let's discuss.
- Remind that it may not always be possible to identify every trigger (some they may not have encountered yet or recently)
- Teach that the coping skills can / should be applied to any reminder

34

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 actual session
- Conjoint is a GREAT place to address and restructure maladaptive cognitions
- Helpful tip* the initial sharing session is best done briefly and include praise only, process w/child and caregiver in the next one. Let's discuss why

35

Caregiver Trauma Narration Conjoint Prep

- Step 1: Review TN with child determine if all or parts get shared

- DO NOT ask "Can I share it?"; Ask "Any parts you don't want shared?"
- If the child says "NO!!!" review with them why (a distortion will usually be 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 neutral narrative and final chapter
- Majority of time it a green light. See if they have questions for caregiver?

36

Caregiver Trauma Narration Conjoint Prep

- Step 2: **Review selected TN pieces with caregiver prior to conjoint session (you should have a good read on caregiver by now)**
-
- 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 session 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**
 - Share any questions the child developed w/ caregiver and help develop responses

37

Caregiver Trauma Narration Conjoint Prep

-
- Step 3: NOW you have permission to bring them in
 - STILL run this EXACTLY like a TN session → SUDs check in, cool down, etc. Maybe start with review of how proud caregiver is
 - Consider CATS review (especially if NOT done before TN)
 - At any point you can pull the rip cord (but ONLY do this if absolutely necessary). This is a family therapy structured session
 - You’ve already written down everything, so this is actually the easy part

38

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



www.oklahomatfcbt.org

Regina Ertz, Roy Van Tassell, and Saba Shahid

405-271-5700

Ask for Child Trauma Services (CTS)

39