Working with Themes in Trauma Narrative & Cognitive Processing

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Complex PTSD in TF-CBT: Moving Beyond Gradual Exposure

ICD-11 Complex PTSD

- PTSD

- (Disturbances in Emotions): Affect Dysregulation – heightened emotional reactivity, violent outbursts, impulsive or reckless behaviors and dissociation (new)

- (Disturbances in Self) “Defeated/Diminished” Self marked by feeling diminished, defeated and worthless, feelings of shame, guilt, or despair (extends despair)

- (Disturbances in Relationships) marked by difficulties in feeling close to others, having little interest in relationships or social engagement more generally. There may be occasional relationships but the person has difficulty sustaining them. (combines and extends detachment and social withdrawal)
What Drives Complex PTSD?

- Multiple incidents of trauma
- Multiple interpersonal trauma types
- Prolonged trauma exposure across multiple developmental stages

These experiences may contribute to:

- Higher levels of affective dysregulation
- Personal desensitization to trauma history
- Changes to core beliefs about self, others, world
- Interpersonal difficulties
What’s a theme?

**Theme**

- The truth or central idea a story reveals about life.
- Moral, life-lesson, message.
- Implied or not stated.

**Look at the Clues!**

- Locating the theme of a story is really quite simple, once you look at the clues.
- A key clue for finding the theme would be the main character’s thoughts and actions.
- The character will magnify the theme of the book or story by what he/she says, thinks and does.
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 requires looking for meaning across traumas rather than within one trauma.
• The meaning ascribed to a trauma often changes following exposure to subsequent traumas.
Core **Beliefs**

Core beliefs are like magnets. They are always waiting to attract evidence which confirms them. The more evidence they collect, the stronger they get.

Unfortunately they repel anything which does not ‘fit’ with the belief. This makes it hard to ‘see’ or believe anything which would contradict or undermine them.

Core beliefs are not facts. With persistence they can be altered.

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**I’m stupid**

- I failed my exams when I was 15
- I’m dyslexic and my teacher at school said I’d never amount to anything
- I lost my temper & shouted at my children

**I’m unlovable**

- My mother never told me she loved me
- I’ve never had a boyfriend for more than 6 months
- My friends went to a party without inviting me

**I have successfully run my own business for 23 years**

**I won the pub quiz with my friends**

**My hobby is photography and I have exhibited pictures in a national event**

**My current partner says he loves me**

**I’m a kind person, and I have all the qualities that I would find lovable in other people**

**My sister and I have a close relationship**
### Common Trauma Themes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Of Self</th>
<th>Of Others/World</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>I make bad decisions. I can’t trust my own judgement.</td>
<td>People can’t be trusted. Don’t trust the system; authority.</td>
</tr>
<tr>
<td>Control/Power</td>
<td>I don’t have control of future. Control is all or nothing. Must control what I can.</td>
<td>Life is unpredictable, uncontrollable.</td>
</tr>
<tr>
<td>Esteem</td>
<td>I am a bad kid. I am worthless. I am only valuable for….</td>
<td>People are bad, will hurt you.</td>
</tr>
<tr>
<td>Intimacy</td>
<td>I shouldn’t get close to people.</td>
<td>Others will take advantage of me. Relationships cause pain.</td>
</tr>
<tr>
<td>Safety</td>
<td>I am unsafe. Something bad will happen to me….</td>
<td>Adults won’t keep me safe. Adults are dangerous.</td>
</tr>
</tbody>
</table>
Identifying Trauma Themes

Throughout treatment, listen and watch for clues on how trauma has impacted child’s (and caregivers) beliefs about self, others, world.

- Client statements in therapy and at home: through initial and ongoing assessment; in session; through TN – *What the child says*
- Client behaviors/interactions in session – *What the child does*
- Pattern of client behaviors/interactions with others – *As reported by child or caregiver*
- Client’s history of trauma experience & relationships

(Possible) Trauma Theme
INCORPORATING THEMES INTO TRAUMA NARRATION
Trauma Narration Continuum

Event-Focused TN

PTSD

Complex Posttraumatic Stress

Thematic-Focused TN
Thematic Trauma Narrative

- Allows youth to reflect on themes of their life and how their trauma history has shaped their views of themself, others and the world.

- Will likely address specific incident(s) within larger thematic context.

- Gradual exposure to traumatic memories will include exploration of overarching messages learned across traumatic incidents.
Identify, Organize, and Process Complex Trauma Themes

**Events**
- Desensitization
- Behavioral/Emotional
- Focus on the “Trees”
- Who, what, when, where, how?

**Themes**
- Meaning Making
- Cognitive/Emotional
- Focus on the “Forest”
- Why?

- Visualize trauma narration and processing as a continuum.
- Adjust your location on this continuum based on the individual needs of the client.
- TN may include a combination of event-specific “chapters” and thematic “chapters.”
Traditional TN and/or Thematic Narrative?

• What is the major source of distress?
• Where are the PTSD symptoms clustering?
• Repeated or complex traumatic experiences?
DSM-5
Posttraumatic Stress Disorder

B Intrusion Symptoms
- 1-2 Symptoms
  - Recurrent intrusive thoughts/images
  - Dissociative reactions/flashbacks
  - Recurrent distressing dreams (may be general scary content in children)
  - Trauma re-enactment play in young children
  - Distress to internal or external trauma reminders

C Avoidance
- 1-2 Symptoms
  - Avoid memories, thoughts/feelings of event (internal reminders)
  - Avoid (or try to) people/places objects/situations (external reminders)

D Negative Cognitions or Mood
- 2 or More Symptoms
  - Inability to remember aspects of trauma
  - Persistent/exaggerated negative beliefs of self, others, world
  - Distorted thoughts re: cause or outcomes
  - Persistent negative emotional state
  - Diminished activities interests
  - Detached/estranged
  - Can’t experience positive emotions

E Arousal & Reactivity
- 2 or More Symptoms
  - Irritable or angry outbursts
  - Reckless/self-destructive
  - Hypervigilance
  - Exaggerated startle response
  - Problems concentrating
  - Sleep disturbance
USE OF A TIMELINE TO DEVELOP THE THEMATIC PATHWAY
Identify, Organize, and Process Complex Trauma Themes: Getting Started

TIMELINE:
– Facilitates “forest level” processing,
– ...but also supports “tree level” processing
– Visual nature of timeline makes themes more accessible for many youth.
Types of Timelines

- Sequencing of events
- Time periods
- Thematic timeline
DEVELOPING THEMATIC NARRATIVES
Considerations

• The thematic narrative is still gradual exposure
• Collateral information + timeline = effective narrative
• A thematic narrative ≠ a disorganized, free-for-all narrative
Questions to Build Thematic Narrative

• Regarding a specific person...
  – “Tell me about ______. Tell me about the best time you had with ______. Tell me about the worst time you had with ______.”  
  – “What does this person believe about you?”  
  – “What do you believe about yourself because of your relationship with ______?”  
  – “What do you believe about ______ because your relationship with ______?”
Questions to Build Thematic Narrative

• Regarding a specific theme...
  – “What does ______ mean to you? What does it look like?”
  – “Tell me about some times in the past when you have felt ______. Tell me about some times in the past when you haven’t felt ______.”
  – “What does your idea of ______ look like moving forward?”
Cognitive Processing of Trauma Themes
Cognitive Processing

• Beliefs about myself
• Beliefs about others
• Beliefs about the world
• Maximization of control through balanced thoughts
• Be organized and intentional
Cognitive Processing Challenges

• Thinking errors cause us to take a too extreme position in relation to client’s schemas
• Failure to appreciate differences in development of beliefs between complex and acute trauma:
  – Beliefs informed by multiple traumas not just one
  – Beliefs developed over extended periods of time
  – Often no pre-existing “healthy” belief
  – May be a higher degree of objective validity to their beliefs
  – Beliefs are more thematic (e.g., I’m worthless) than event-specific (e.g., I shouldn’t have worn that skirt).
Cognitive Processing with Complex Trauma: Balanced Thinking

- There is often truth to both sides of a debate
- Validates the client
- Helps avoid cognitive processing power struggles
- Trauma can be easily conceptualized as an event that disrupts balance
- Facilitates meaning making
The Importance of Balanced Thinking

**Safety**

I’m never safe-----------------------------------------------I’m always safe

All people are dangerous----------------------------------All people are safe

The world is not safe--------------------------------------The world is safe

**Trust**

I can’t trust myself at all-------------------------------I trust myself completely

I can’t trust anyone--------------------------------------I trust everybody
The Importance of Balanced Thinking

**Intimacy**
I can’t be close to anyone-------------------Everyone is my best friend

**Power/Control**
I’m always weak------------------------------------------I’m always strong
It’s all my fault----------------------------Nothing is my fault

**Esteem**
I’m worthless-------------------------------------------------I’m perfect
Balanced Thoughts

• Unbalanced: “I’m useless. I can’t do anything right.”
• Balanced: “I’m not happy with where my life is, and I am working hard to improve.”
• Unbalanced: “I can’t show any weakness; people will hurt me!”
• Balanced: “Sometimes it is a bad idea to show weakness, but there are some people I can trust to not hurt me when I cry.”
What is the *spirit* of cognitive processing?

- **Collaborative**
  - New belief must be realistic and helpful

- **Truth to both sides of a debate**
  - Avoid taking polar opposite view of client, often this is inaccurate, unhealthy as well
  - Avoid power struggle – Not trying to prove client wrong

- **Maintain focus...**
  - Therapist guides through open ended Socratic questioning

- **Changing beliefs is an effortful process & requires practice/repetition**

- **Empowering client to evaluate own beliefs**
• Complex trauma survivors are often highly sensitive to perceived invalidation/disrespect.
  – Done poorly, cognitive processing can easily be perceived as invalidating.
• Practice validating beliefs.
  – For example, how would you validate:

  “I’m a worthless piece of crap; nobody likes me.”
Cognitive Processing: Useful Strategies

Make the process explicit (a parallel process)

– Identify the problematic belief
– Identify what you want to say, but DON’T say it
– Validate the belief
– Develop understanding of the belief
– Help the youth/caregiver become aware of how the belief might be a problem
– Identify a potential balanced belief
– Identify the information they are not paying attention to
– Help them attend to this information (Socratic process)
– Make the process explicit
Cognitive Processing: Step-by-Step

**Validation**
- **Validate** current belief & connect to trauma experiences
- Using the Cognitive Triangle: Identify how belief might be a problem *(rate belief; rate connected feelings, identify behaviors)*
- Obtain permission to evaluate

**Cognitive Processing Techniques**
- More helpful way to think about it?
- Examining the evidence, including conducting behavioral experiments
- Lists and Definitions
- Best friend role-play
- Responsibility Pie
- Acting “as if”
- Scaling questions
- Metaphors/Stories

**Re-evaluate**
- Summarize new information gained and make a new triangle
- **Rate** new belief and connected feelings – new triangle
- Ask which triangle is more helpful – old one with old thought or new one with new thought
- Home assignment (e.g. try out new beliefs daily, rating feelings with new belief until next session)
Cognitive Processing: The Nuts and Bolts

• Identify the belief the client has shared or that is apparent in the work you have completed
  – “I am the only one who can protect myself.”
  – Frame the beliefs positively

• Identify how much the client endorses that belief
  – “On a scale of 0-10, 0 being you absolutely don’t believe it and 10 being you believe it with every part of you, how much do you believe this statement?”

• Identify how much the client endorses that the belief is helpful
  – “On a scale of 0-10, 0 being completely unhelpful and 10 being the most helpful believe ever, how helpful is this belief?”
Cognitive Processing: The Nuts and Bolts

- Solicit evidence for the rating
  - “How come you believe this at a _____? What would it take for you to believe it more/less?”
- Present counter evidence as needed
- Ask client to reexamine the evidence and come up with a more balanced thought
  - Provide a frame for the new belief and have client fill in the rest
  - “In the past, I have needed to protect myself and now, _________________________________."
- Re-rate the new belief
Cognitive Processing Skills
Responsibility Pie/Circle

Most often used for “my fault” thoughts:

• Ask the client to draw a circle. Write the thought above the circle.
• Ask client to come up with a list of everyone or everything that is responsible
• Have the client divide the pie, showing by size the proportion of responsibility
• Use Socratic questions to understand reasoning for pie slice sizes
• Gently challenge unhelpful/faulty reasoning
• When more helpful/accurate thoughts emerge, have client draw new circle with new divisions
• Ask client to come up with a new, more helpful thought based on the activity
• The sexual abuse happened because I finally said “yes”.
  – Did he say ok, fine when you said No? What did he say, do?
  – Who was older, him or you? Who was bigger?
  – What were some reasons you trusted him at first?
  – Can you give consent legally?

• I can never be happy because sexual abuse happened.
  – What made you happy before? Which of those things still make you happy?
  – When you think about future, how do you fee, what do you look forward to?
  – Are there things you’ve done since SA/times you’ve been happy? Tell me about them.
  – How do you know when you’re happy? What’s it look like? What does it feel like in your body?
Lists

Example: “Your thought is, ‘I am a bad kid.’ Let’s make a list of things kids do that are good. Tell me what you think of when you think about what a kid does that is good.”

• Have client generate a list of actions kids do that are helpful, constructive, and positive
• Ask the client which of these actions they ever done or could do.
• Write down the list of actions the child owns
• Based on the list and identified personal actions, have the child come up new, more helpful thoughts such as:
  - I help my brother with his homework
  - I help with chores sometimes
  - I do some good things so I am a good kid
Ask client to define words AND/OR make lists

• DEFINITION: “You said you cannot trust anyone. Let’s define ‘trust’ tell me what trust means to you.” (Write down trust characteristics)

• LIST: “One thought that is difficult for you is thinking “I am a terrible mom”. Let’s make a list of good things that mom’s do for their children. These can be big things but they can also be small, everyday kinds of things.”
Definitions

Example: “I can’t trust anyone.”

• Have the child (or caregiver) define what trust means. What actions or behaviors indicate that people could be trustworthy?
• Have the child (or caregiver) generate a list of people they know or knew who could be trusted even for the little things, even some of the time.
• Now – ask the child or caregiver if they have a new, more helpful thought about trust. A more helpful thought might be, “I can trust some people for some things.”
Implications for Conjoint

• Less of a product/1-time event and more of an ongoing discussion/process.
• Sharing of evolution of beliefs about self, others, and the world during the trauma and now through treatment.
• Opportunity for youth and caregiver(s) to partner together to challenge problematic beliefs.