

Advanced Applications of Trauma Narration & Processing



Amanda Mitten, LPC
Natalie Gallo, LPC



www.oklahomatfcbt.org

What are your
questions about
Trauma Narration
and Processing?

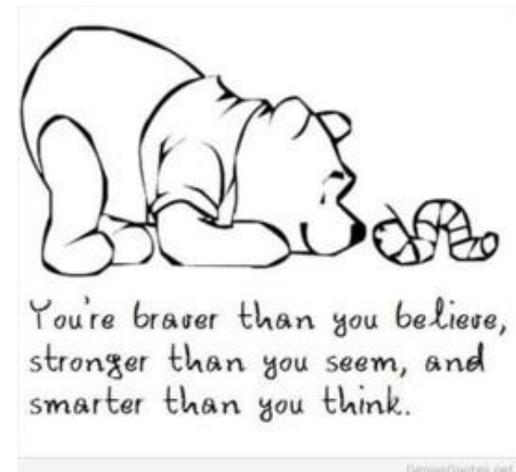
Trauma Narration = Gradual Exposure

Goals:

- Reduce emotional distress related to trauma memories
- Support memory organization and cohesion
- Surface problematic cognitions that will benefit from restructuring in next phase of model
- For complex PTSD, thematic narratives set the stage for cognitive processing.

Why it's Tough AND Important

- It can be uncomfortable to be directive.
- We are asking clients to do hard work that they don't want to do AND we *know* that this is the mechanism to actually reduce the distress clients are experiencing.
- If we as the therapist don't guide, moderate, and direct sessions, client likely won't engage in this type of gradual exposure spontaneously.



Overcoming Avoidance- Our Own and the Client's

Your 13 y/o client finished their timeline and hierarchy last session. Today, they come into session and begin to tell you about a conflict with a peer at school, citing that it's been a "horrible" day and that they really want to spend time in session talking with you about it.

Trauma Narrative Readiness Guide

- Have you completed Psychoeducation, Relaxation, Affect Modulation, Cognitive Coping, and continue working with the primary caregiver related to Parenting?
- Are you meeting with your client/family on a consistent basis?
- Have you incorporated gradual exposure throughout sessions thus far?
- Can your client identify and use relaxation and/or coping strategies in session with you?
- Can your client identify the difference between a thought, a feeling, and a behavior?
- What else?

Managing Avoidance Cheat Sheet

Client is behaviorally overactive (pacing/fidgeting/unable to sit still)

- Short Structured Breaks during session to engage in physical activity
- Engage in active activity during narration itself (if client can focus).
Examples” tossing a ball back and forth; walking around room together while engaging in narrative work
- Behavior Management/Reward chart for opposite/positive behavior (e.g., sitting still, keeping hands to self)

Client repeatedly asks for breaks

- Structure in bathroom stop before session
- Create agenda for session (including short breaks) and provide general time frames (age appropriate) to allow client to know what to expect

Managing Avoidance Cheat Sheet

Client throws a tantrum or displays emotional or behavioral outburst

- In the moment: reference Coaching on Coping Skills handout from oktfcbt.org to manage emotions/behavior
- To prevent the future:
 - Create system for more frequent feelings checks/relaxers during session
 - Bring in more novelty (i.e., clients interests) into structure of session. Example:

Mikel's "Madness" Tournament Schedule

Play-in Game:

Mikel vs. Best Memory (Winning Conference Championship Game)

Round 1:

Mikel vs. Story 1: Getting beat by stepmom in the front yard

Round 2:

Mikel vs. Story 2: Dad and stepmom beat my little brother

Round 3:

Mikel vs. Story 3: Stepmom's dad touched me

One Shining Moment:

Mikel's Underdog Story

Game Schedule:

First Quarter (5 min): Check in from the week. Best and worst thing that happened.

Second Quarter (10 min): Telling your story. Earn points for your team by answering questions with different point values (3, 2, and 1; the higher the points, the tougher the question).

Halftime (5 min): Break

Second Quarter (10 min): Telling your story. Earn points for your team by answering questions with different point values (3, 2, and 1; the higher the points, the tougher the question).

Fourth Quarter (5 min): Tally points, relax, cut the net

Break: Ms. Natalie meets with foster mom. Mikel rests and recovers for the next week's game.

Managing Avoidance Cheat Sheet

Client is disengaged or apathetic during session

- What function is this behavior serving? Use those ABCs.
 - Utilize one of the other noted methods to enhance engagement, reduce avoidance, increase sense of control during session.

Client throwing tantrums

- In the moment: Utilize Coach on Coping Skills handout from oktfcbt.org website.
- Prior to next session: increase structure and predictability in session, increase frequency and time spent in feelings check breaks, integrate sense of control for client (i.e., what decisions can they make during session/about the process?);

Managing Avoidance Cheat Sheet

Crises of the Week

- Active Risk (self-harm, suicidal ideation, aggressive behavior, running away, risky sexual behavior/drug use, etc.)
 - Create weekly check-in rating system.
 - If risk is reported to be high: spend session time reviewing safety plan and identifying immediate needs.
 - If risk remains low to moderate and can be managed through caregiver supervision, oversight, and use of safety plan: acknowledge check in responses and then move into trauma narration.

Skills Diary Card					Filled out in session? Y N (Circle)		How often did you fill out this portion? ___ Daily ___ 2-3x ___ 4-6x ___ Once						Date Started: ___/___/___							
First name:																				

Circle Start Day	Highest urge to:				Emotions										Meds	Actions					
	Self harm	Commit suicide	Run Away	Use Marijuana	Anger	Anxious	Sad	Guilt	Happy	Hopeless	Alone	Out of control	HealingVoice	Worthless	Taken as directed	Self harm	Commit suicide	Run Away	Drug Use	Skills*	
Day of Week	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5	Y/N	Y/N	Y/N	Y/N	Y/N	0-7	
MON																					
TUE																					
WED																					
THUR																					
FRI																					
SAT																					
SUN																					

Coming into session urge to:					Coming into session emotions															
Ability to self-regulate/self-control:		Coming into Session (0-5)																		
Emotions:																				
Actions:																				
Thoughts:																				

RATING SCALE FOR URGES AND EMOTIONS:
 0 = not at all 1 = a bit 2 = somewhat 3 = rather strong 4 = very strong 5 = extremely strong

***USED SKILLS**
 0 = Not thought about or used help
 1 = Thought about, not used, didn't want to
 2 = Thought about, not used, wanted to
 3 = Tried but couldn't use them
 4 = Tried, could use them, but they didn't help
 5 = Tried, could use them, helped
 6 = Didn't try, used them, didn't help
 7 = Didn't try, used them, helped

	Urge to self-harm (0-5)	Self-harm behaviors (Y/N)	Desire to Run Away (0-5)	Running away behaviors (Y/N)	Coping Skills Used
This week					
Today					

Rating scale for urges, desires, and thoughts:

0 = not at all 1 = a bit 2 = somewhat 3 = rather strong
 4 = very strong 5 = extremely strong

Managing Avoidance Cheat Sheet

Crises of the Week

- Non emergent, but stressful events of the day or week brought in by caregivers or teens.
- What function is this behavior serving? Use those ABCs.
 - Utilize one of the other noted methods to enhance engagement, reduce avoidance, increase sense of control during session.

Example Introduction for Child:

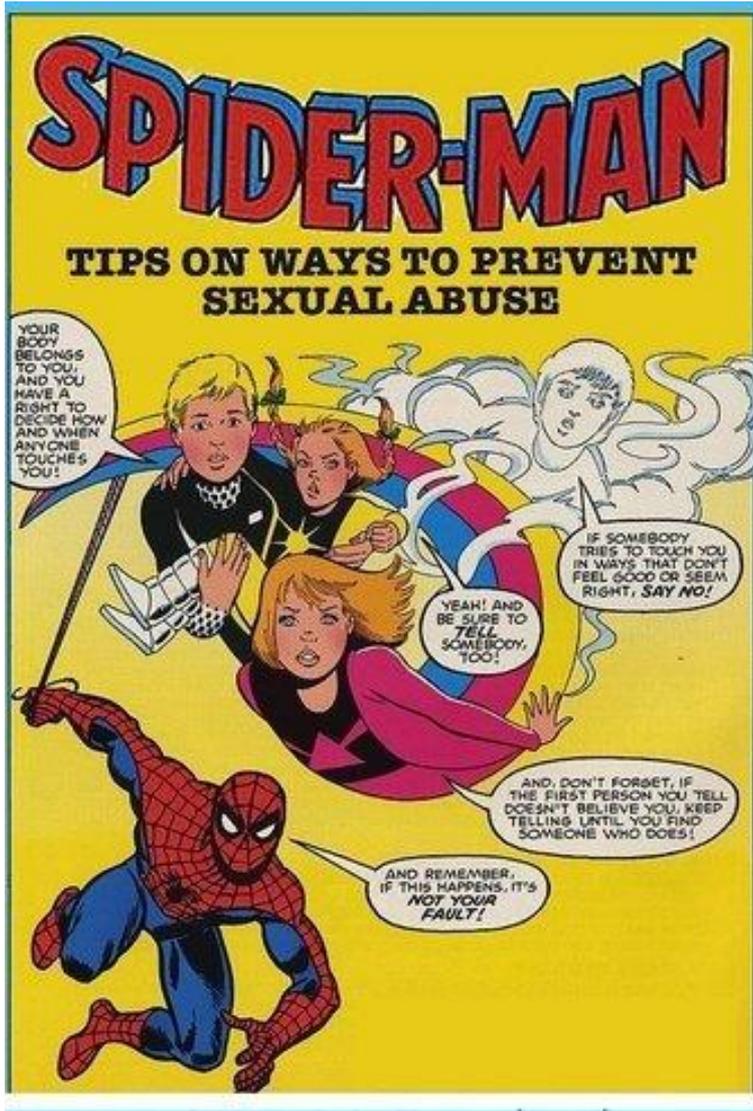
“I’m really impressed with how you’ve learned to relax your body, how to describe your feelings and thoughts, and ways to lighten your heavy feelings and thoughts.”

“That means that we’re ready to use these skills to tell the story of your life. Most kids find that this is the most helpful part of therapy! So we’ll work together to decide which light and heavy memories to tell about and how to tell them.”

Example Introduction for Adolescent

“You’ve worked really hard and pushed through discomfort over these last few weeks. You’ve identified so many impacts that your trauma has had on you, like how you think and how hard sometimes it is to manage your emotions. Now that you’ve developed some ways in here with me to manage some of the distress that comes up when you think and talk about trauma, it’s time that you get a chance to tell your story. This can be tough, but most teens say it’s the part of therapy that helps them the most, because it’s the work that they haven’t actually done before- because they usually try to avoid thinking and talking about these things. That avoidance is the memory being in control of you, though. Through this process, the more you can talk about your memories and overcome those big emotions, with me here helping you, the faster you can get back in control.”

Personalizing the TN Rationale



Example Introduction for Caregiver:

“You and your child have worked hard in therapy to get ready for this next phase of treatment and I know you’re both ready. In the coming sessions, I’m going to use a therapeutic technique called ‘gradual exposure’ to help reduce your child’s distress related to their trauma memories. Most children report that this is the most helpful and healing part of treatment.”

“During these sessions, I’ll lead your child through a controlled, repeated review of specific trauma memories. We’ll pair this with coping skills use to help your child gain control of the emotions that arise when they remember these experiences. You’ll have a very important job in supporting your child during this phase of treatment and we’ll work together to help you feel prepared.”

“Some parents may notice temporary emotional or behavioral changes in their child between sessions during this part of treatment. Sometimes children’s avoidance may increase around this time also. So let’s talk about what you can do if you notice any changes like this in your child.”

Components of Gradual Exposure

1. Exposure to Trauma Memory Detail is Gradual

- Create an exposure plan with gradual steps that lead to full exposure to the distressing memories.
- Each step should be difficult enough to provoke some anxiety, but easy enough for the child to be confident that they can do it.
- Once the child successfully copes with one level of memory content, detail intensity is increased.
- Help the child master one memory. Then step up to a memory paired with increased distress.



My Story: Table of Contents

TRAUMA NARRATIVE HIERARCHY

Chapter	Using your Life Timeline, choose one light and three heavy memories that you will tell about in your Life Story. You can create a title for each of your life chapters.
1	<p>A Favorite Memory:</p>
2	<p>A Heavy Memory:</p>
3	<p>A Heavier Memory:</p>
4	<p>My Heaviest Memory:</p>

You can break memory review into manageable pieces.



What did you see?



What did you hear?



What did others do?

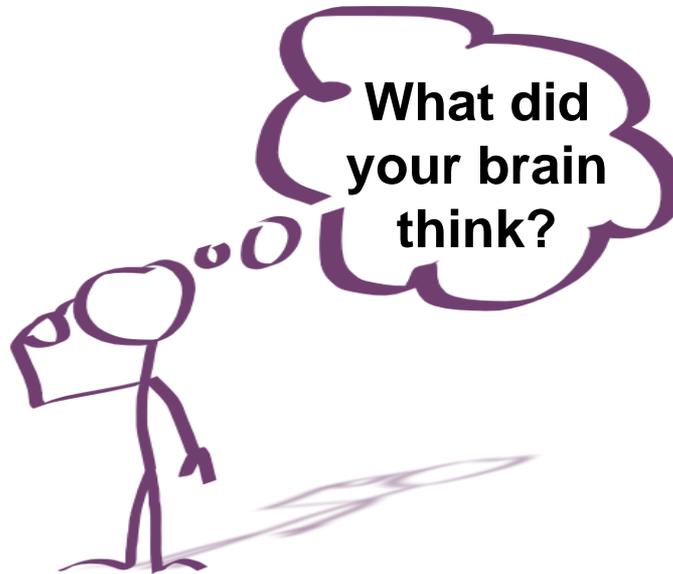
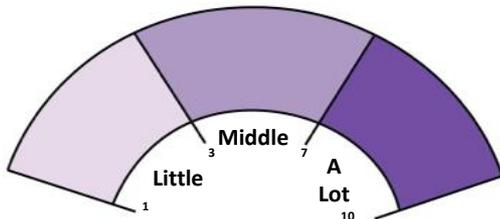
What did you do?

What did your heart feel?

What did your brain think?



What was the scariest part?



- At first...
- In the middle...
- After it happened...

- They did this...
- I did this...
- My brain said...
- My heart felt _____ at a _____.

What were you doing in the car? Thinking? Feeling?

15

What were you doing before you heard any fighting or yelling?

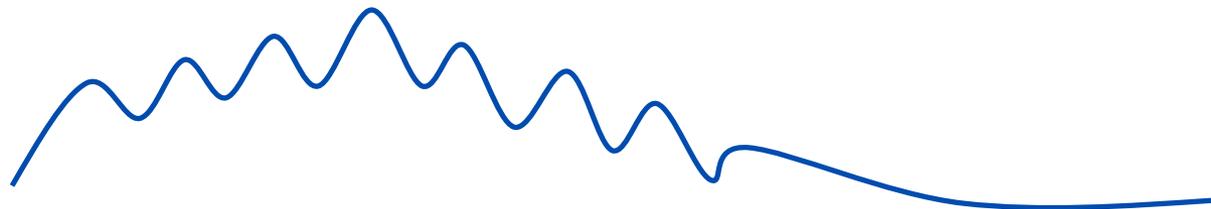
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Components of Gradual Exposure

2. In GE sessions, Memory Exposure is

Prolonged

- The child should stay in the feared memory until their anxiety reduces.
- Staying with the feared memory will eventually reduce anxiety if done in a safe, controlled way.



Telling My Story: My Plan

My
Name:

✓	I will tell my story by:
	Saying it and my therapist will write or type my words.
	Write or type it and then read it with my therapist.
	This way:

I may have some heavy feelings when I tell my story. Feelings I have when I remember what happened are:	
Feeling:	
Feeling:	

It is time for a relaxer break when these feelings are at a: (Circle the #)											
0	1	2	3	4	5	6	7	8	9	10	
Lightest											Heaviest

My therapist and I will use these relaxers to lighten my heavy feelings:	
1.	
2.	
3.	

Components of Gradual Exposure

2. GE Sessions are Repeated and Regular

- If exposure sessions are too far apart, anxiety and avoidance may rise again by the next session.
- Trauma memories are reviewed several times across sessions in order for the child to become confident enough to face them without overwhelming distress.



Example Structure for Trauma Narration Sessions

TN Session	Child	Caregiver(s)
1	<ul style="list-style-type: none">● Introduce TN rationale● Choose TN format● Create trauma timeline● Create trauma hierarchy● Draft/review/revise Ch 1: Light Memory● Grounding	<ul style="list-style-type: none">● Introduce TN rationale● Review sessions structure● Prepare for child reactions● Conjoint: Review plan/structure for TN sessions. Create agreement about keeping TN discussions in session

Example Structure for Trauma Narration Sessions

TN Session	Child	Caregiver(s)
2	<ul style="list-style-type: none">● Review/revise/complete Ch 1: Light Memory● Get child's consent to share portions of Ch 1 with caregiver in caregiver session time.● Draft/review/revise Ch 2: Heavy Memory● Grounding	<ul style="list-style-type: none">● Review child's reactions between sessions● Review parent(s)' knowledge of child's trauma● Discuss parent(s)' thoughts/feelings about hearing the child's TN● Conjoint planning for child coping between sessions

Example Structure for Trauma Narration Sessions

TN Session	Child	Caregiver(s)
3	<ul style="list-style-type: none">● Review/revise/complete Ch 2: Heavy Memory● Get child's consent for portions of Ch 2 to share with caregiver.● Draft/review/revise Ch 3: Heavier Memory● Grounding	<ul style="list-style-type: none">● Review child's reactions between sessions● Share portions of Chs 1 & 2 approved by child● Caregiver cognitive processing of TN● Conjoint planning for child coping between sessions

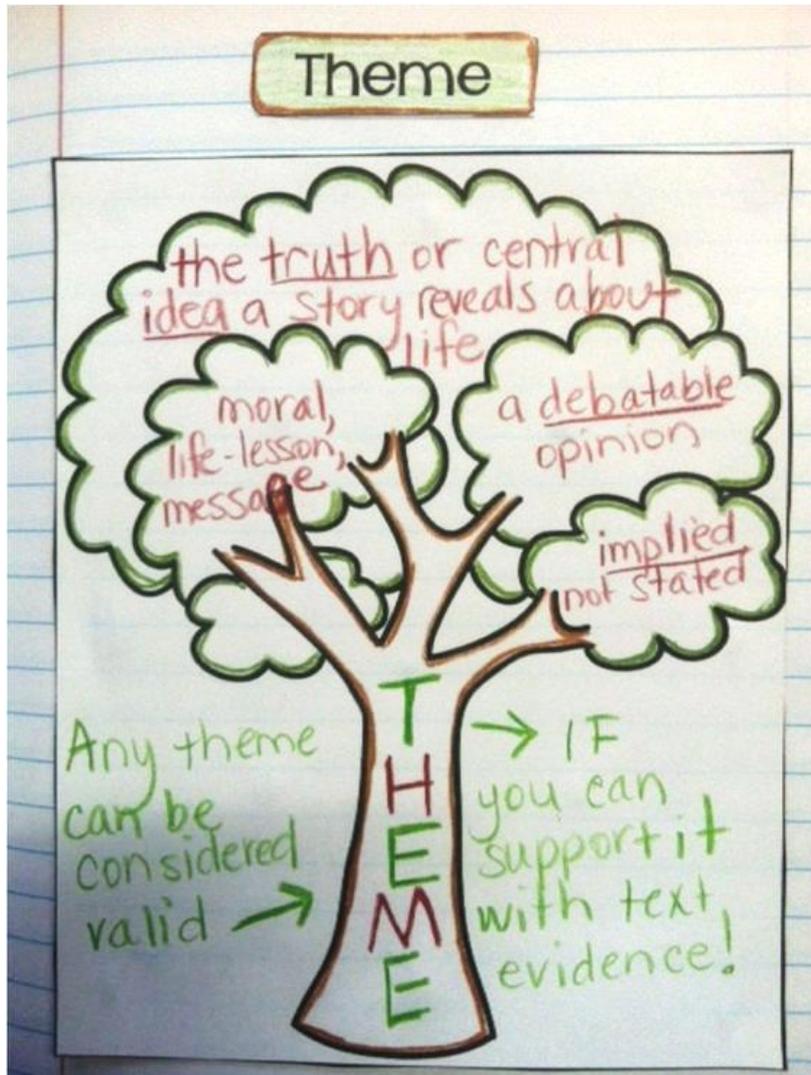
Example Structure for Trauma Narration Sessions

TN Session	Child	Caregiver(s)
4	<ul style="list-style-type: none">● Review/revise/complete Ch 3: Heavier Memory● Get permission on portions of Ch 3 to share with CG● Draft/review/revise Ch 4: Heaviest Memory● Get permission on portions of Ch 3 to share with CG● Grounding	<ul style="list-style-type: none">● Review child's reactions between sessions● Share portions of Ch 3 approved by child● Caregiver cognitive processing of TN● Conjoint planning for child coping between sessions
5	<ul style="list-style-type: none">● Review/revise/complete Ch 4: Heaviest Memory● Get permission on portions of Ch 4 to share with CG● Grounding	<ul style="list-style-type: none">● Review child's reactions between sessions● Share portions of Ch 4 approved by child● Caregiver cognitive processing of TN● Prepare for conjoint TN review/processing session● Conjoint planning for child coping between sessions

ADDRESSING
LIFE THEMES
IN TRAUMA
NARRATION &
PROCESSING

Learn to differentiate between the sound of your intuition guiding you and your traumas misleading you

Identifying Life Themes



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

View from Trauma-Focused Therapy

- 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.
- Requires looking for meaning across traumas rather than within one trauma.
- The meaning ascribed to a trauma often changes following exposure to subsequent traumas.

CREATE
MEANING



Common Trauma Themes

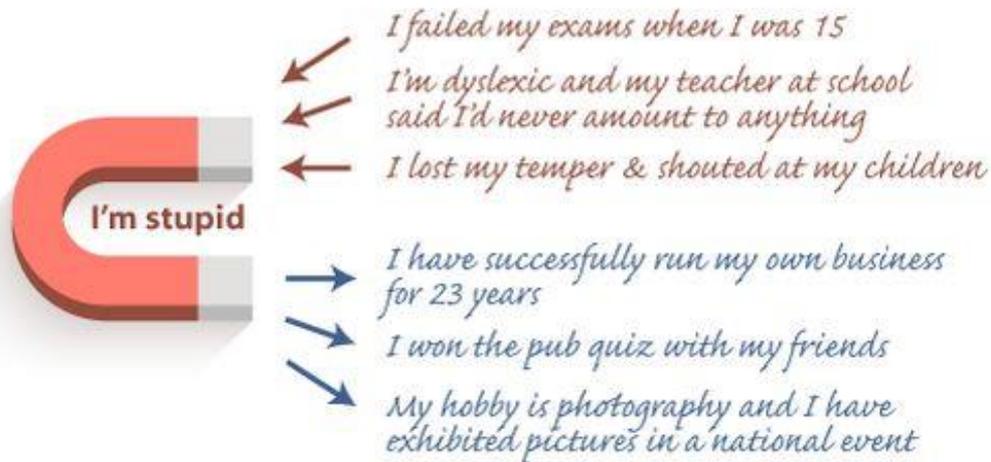
Theme	Of Self	Of Others/World
Trust	I make bad decisions. I can't trust my own judgement.	People can't be trusted. Don't trust the system; authority.
Control/Power	I don't have control of future. Control is all or nothing. Must control what I can.	Life is unpredictable, uncontrollable.
Esteem	I am a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

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.

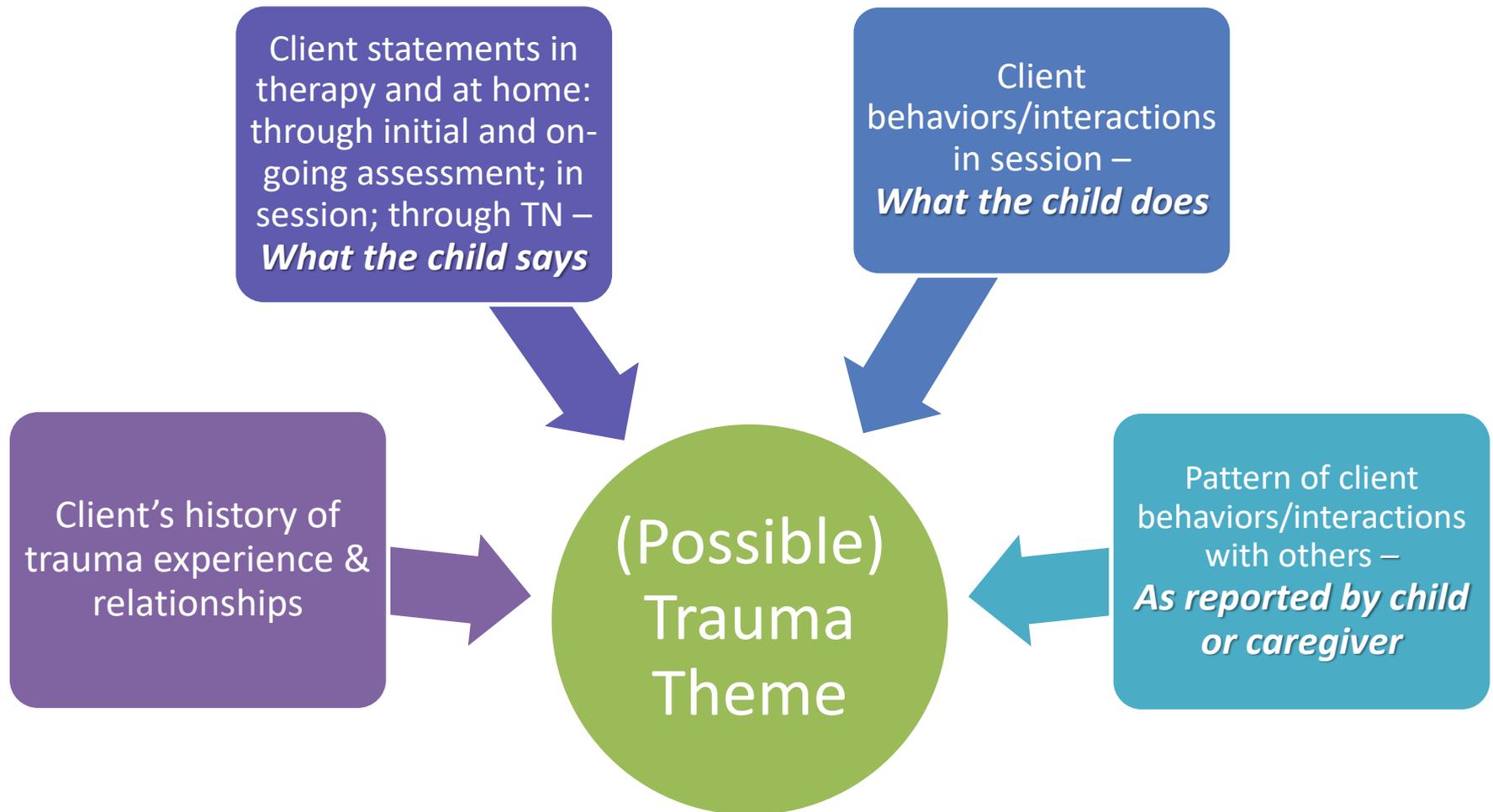
Unfortunately they **repel** anything which does not 'fit' with the belief. This makes it hard to 'see' or believe anything which would contradict or undermine them.

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



Identifying Trauma Themes

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



Peter
Age 7

Identifying Themes: Peter – Age 7

When angry with parents with limit setting at home, would yell, “You’re going to leave me just like my old mom and dad did” or “I want to go back with my old mom and dad.”

Denied any of these incidences during session
Extremely anxious during TN

Significant neglect by bio parents
Drug use by bio parents
Exposure to adult sexual behavior
Behaviors worsened upon adoption by now-adoptive parents

I’m unlovable
My parents will abandon me
I need to be in complete control to be safe

Frequent rule-breaking behavior
Found loopholes in consequences
“Self-sabotaging” behaviors

Jamal

Age 13

Identifying Themes: Jamal – Age 13

-Negative statements about self nearly every session
-"You told me to pray to God to protect me, I did, and He didn't protect me."

-Conflict with group members
-Avoidance of trauma and denial of its impact

-Numerous instances of physical discipline by teachers and physical fights with peers
-Family abandoned by father
-Home-schooled because of behavior
-ADHD and questionable autism diagnosis

I cannot trust adults
I am the only one who can protect my family and me
I'm destined to be like my dad, so why bother?

-Changes in sleeping habits
-Hypervigilance
-Persistent inquiry about father
-Literal running away from conflict
-Mother's input on timeline

Case Scenario

Molly

Age 16

What the youth says in sessions, at home, in assessment, in TN, etc.:

- "I'm so stupid for sending those photos of myself. I should have known he'd hurt me."*
- "These foster parents aren't my real parents. I probably won't be with them for long, so why should I get to know them."*
- "Letting people in only gets you hurt. They leave you or let you down."*
- "It's safer not to feel."*

What the youth does in session:

- Was initially quiet and disengaged in first couple of sessions. Said she didn't want to be in counseling and that she didn't want foster parents involved in sessions.*
- Has warmed to treatment across the 8 TF-CBT sessions and is actively engaged in treatment components. Has improved her attitude about combined time with foster parents in each session.*
- Gets distressed when sexual abuse is brought up in psychoed, especially the sexting incident.*

Trauma Theme(s)

Youth's trauma history:

- Deaths of family members: grandmother (Molly – age 3), aunt (Molly – age 8), father (Molly – age 13)*
- Age 2-13: Exposure to parental substance abuse and domestic violence exposure. Dad died of OD when Molly was 13.*
- Multiple foster placements from ages 5-6, 13 to present*
- Sexual abuse: age 5, 9-10, 14*
- Mom parental rights termination when Molly was 14*

Youth's behaviors/ interactions with others:

- History of self-harm to cope.*
- Tries to "parent" younger brother & sister.*
- Isolates from new foster parents of 3 months.*
- Pressured to send nude pics to classmate.*
- Few close friendships.*

DEVELOPING THEMATIC NARRATIVES

There are moments which
mark your life. Moments when
you realize nothing will ever
be the same and time is
divided into two parts -
before this, and after this.

"Fallen"

Thematic Trauma Narrative Work

- ❖ Allows youth to reflect on common themes in their life and how their trauma history has shaped their views of self, others, the world and their future.
- ❖ A thematic TN plan may blend GE to specific trauma incidents with review of overarching themes across experiences.

Traditional and/or Thematic TN?

- What is the major source of distress?
- Where are PTSD symptoms clustering?
 - Re-experiencing (Category B) or Avoidance (Category C) symptoms high?
 - ✓ Gradual exposure to specific memories may be most beneficial.
 - Negative Beliefs (Category D)?
 - ✓ Thematic review may be helpful.

Trauma Narration Planning: Trees and Forest?



Specific Trauma Events

- Desensitization
- Who, what, when, where, how?

Thematic Experiences

- Meaning Making
- Why?

What's a "Tree" Chapter?

- Single incident trauma
 - When the tornado happened
 - When the accident happened
- Could be one of multiple similar event types, but holds greater emotional distress when the youth remembers it as compared to others.
 - The first time the sexual abuse happened
 - When family fighting happened again and my mom had to go to the hospital

What's a "Forest" Chapter?

- Overarching theme related to multiple life experiences:
 - The people I love most died.
 - My many moves
 - People can't be trusted.
- Significant relationships impacting youth's life:
 - Dad's Addiction
 - My relationship with Mom
 - My controlling ex-boyfriend

Considerations

- The thematic narrative is still gradual exposure
- Collateral information + timeline = effective narrative
- A thematic narrative is organized

TIMELINES HELP TO DEVELOP THE THEMATIC PATHWAY



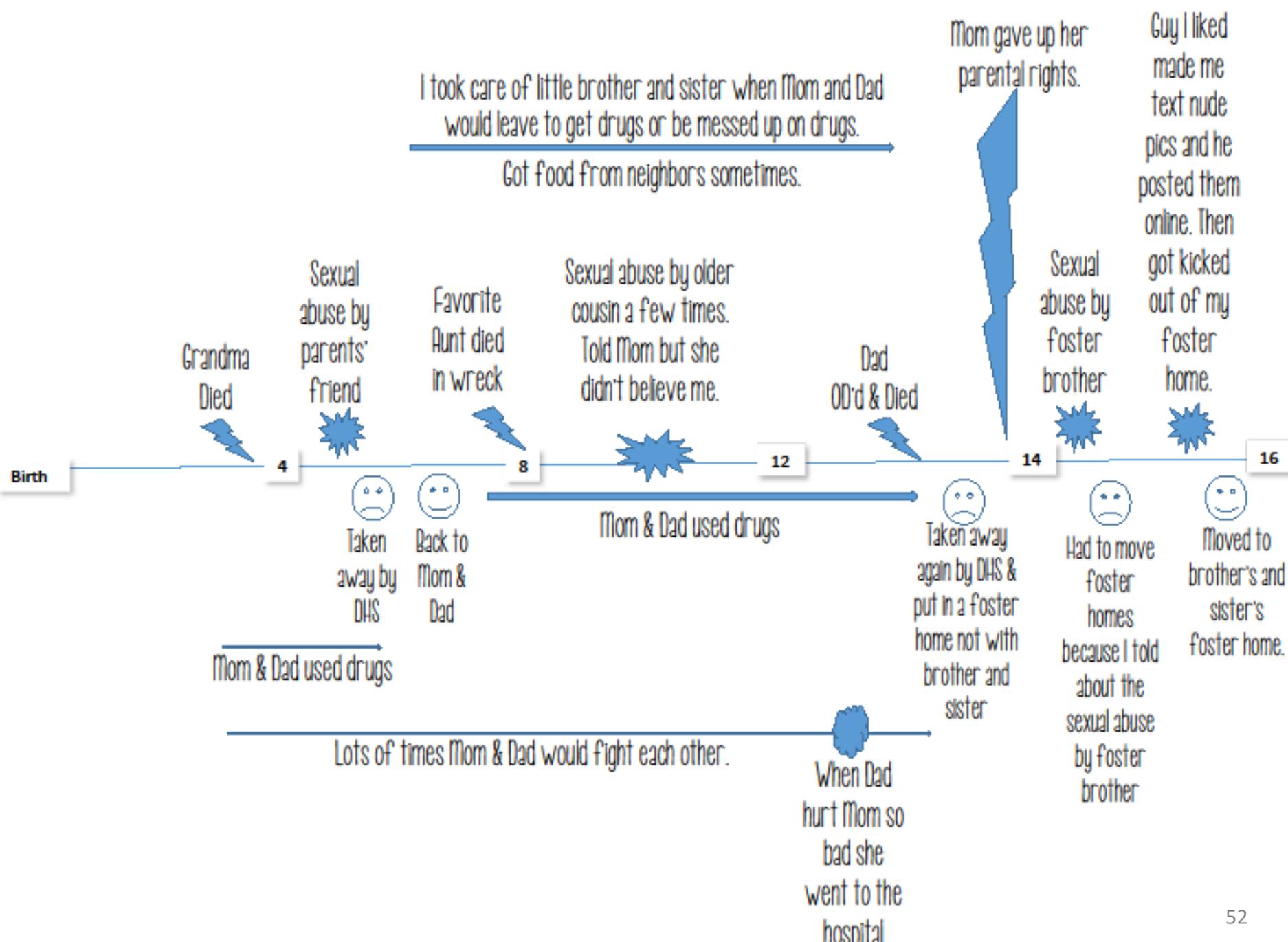
Types of Timelines

- Sequencing of events
- Time periods
- Themes

Thematic TN Structure Practice

Molly
Age 16





Building a Structure for Molly's Thematic Narrative

Chapter Types

Possible Chapters

**Specific trauma events
that may need standard
gradual exposure**

**Themes present across trauma
history that may benefit from
a chapter review**

**Relationships that
may benefit from a
chapter review**

Building a Structure for Molly's Thematic Narrative

Chapter Types

Possible Chapters

Specific trauma events that may need standard gradual exposure

- When Dad hurt Mom so bad she went to the hospital
- Specific Episodes of Sexual Abuse
- Aunt's Death

Themes present across trauma history that may benefit from a chapter review

- Parental Substance Abuse History and Neglect of Molly and her Brother
- Multiple Moves
- Loss of Beloved Family Members
- Repeated Sexual Victimization/Objectification

Relationships that may benefit from a chapter review

- Relationship with Mom Ending in Parental Rights Termination

FACILITATING THEMATIC NARRATIVES



THIS IS MY
STORY

Example 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 _____?”

Example Questions to Build Thematic Narrative

Regarding a specific theme:

- “When are times _____ happened in your life?”
- “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?”

Thematic Narrative

Male

Age 16

- History of numerous instances of physical abuse, sexual abuse, placement changes, and inpatient stays.
- Trauma narration chapters:
 - Example TREES:
 - Instance(s) of sexual abuse
 - Instance of being hurt by caregiver or staff member
 - Example FOREST:
 - “No One Cares”

Questions Asked to Build Male's Thematic Chapter about "No One Caring"

- Tell me about the first time you felt like no one cared about you?
- When did you start to believe this? Did you always believe this? What about before?
- What do you believe about yourself because of your belief that no one cares?
- What were some of the things that people did that showed you they didn't care?
- Are there any times that people have shown they've cared? What happened?
- When is the last time you felt like someone cared?
- What would someone have to do to show you that they cared? What does caring about you look like?

Thematic Narrative

James

Age 17

Chapter 4: “The Curse – Everyone leaves me no matter what I do”

So my Exhibit A is the first memory I have ever is my grandpa, the only good guy I ever knew, he died. I was four. I remember...

My Exhibit B is that my dad left when I was eight...

My Exhibit C is my brother bounced like a few months after my dad left...

My Exhibit D is my boys who died. Like I saw _____ shot in front of me last year...

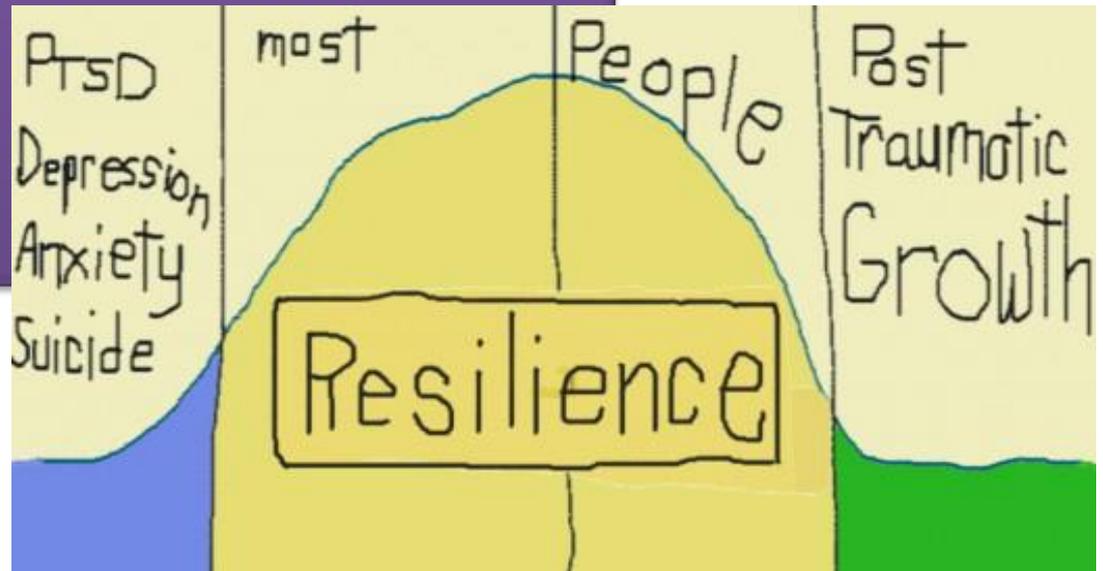
What does this say about you?

That anyone who's around me is gonna die. That's why people never stay. I got a curse. That's the curse. Anyone who gets close to me is gonna suffer cause I'm cursed.

What does it say about the world?

So here's what all this crap says about my family...

Cognitive Processing



Cognitive Processing is the evaluation and re-balancing of beliefs about self, others, and the world that were formed in the storm and aftermath of trauma.

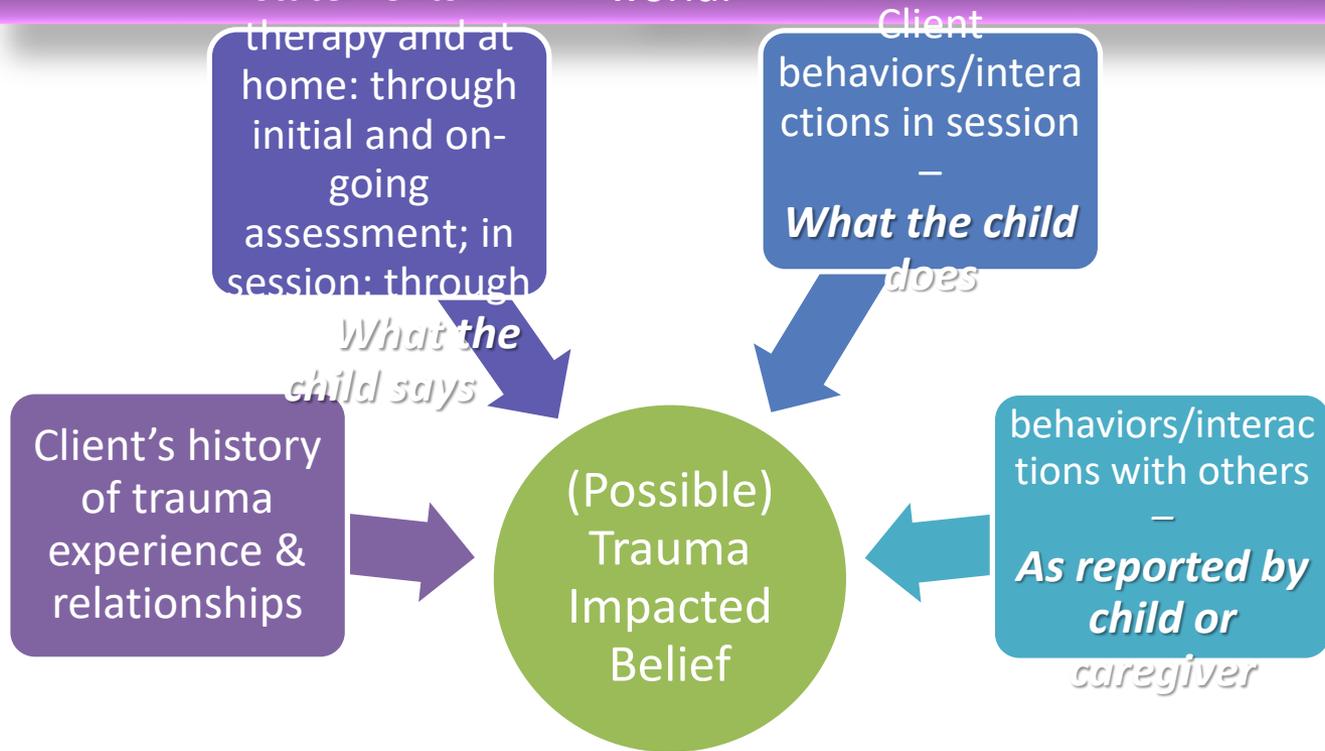
Where do I start?

Common Trauma Impacted Beliefs

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

Identifying Trauma Impacted Beliefs

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



To be effective, processing must...

➤ **Be collaborative**

- ✓ Therapist must VALIDATE client's current beliefs
- ✓ New belief must be realistic and helpful
- ✓ Therapist guides exploring belief

➤ **Acknowledge truth in 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

➤ **Empower client to evaluate own beliefs**

➤ **Acknowledge that changing beliefs is an effortful process & requires practice/repetition**

Developing Balanced Thoughts

Unbalanced

“I’m useless. I can’t do anything right.”

“I can’t show any weakness; people will hurt me!”

“My daughter’s innocence was stolen.”

Balanced

“I’m not happy with where my life is, and I am working hard to improve.”

“Sometimes it is a bad idea to show weakness, and there are some people I can trust to not hurt me when I cry.”

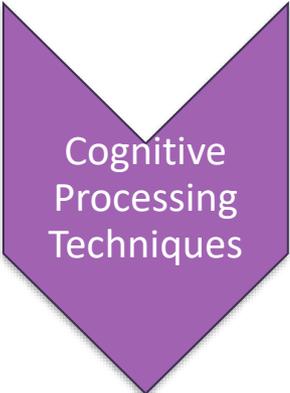
“I can’t take away what happened to her, and she can still have a happy childhood.”

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)

Helpful Cognitive Processing Techniques

- Family/friend role-play
 - *“I deserved to get beaten because I talked back”* – What would you tell your best friend/your younger sister/brother?
- Responsibility Pie
 - *“It’s my fault I was sexually abused. I kept going back to his house even after he abused me.”* - Let’s make a list of any person, thing, or situation that may also have some responsibility. Use progressive logical questioning. Create pie chart.
- Acting “As If”
 - *“I suck at everything!”* - What if you acted “as if” you didn’t suck at everything? What would you do, how would you act? Would you be willing to try an experiment this week?
- Stories/metaphors
- Lists/Definitions

Lists and Definitions

Ask client to define words AND/OR make lists

- **DEFINITION:** “You said you can’t 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 moms do for their children. These can be big things but they can also be small, everyday kinds of things.”

Lists

Example: “Your thought is ‘I am a bad kid.’ Let’s make a list of good things kids do.”

- 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

Definitions

Example: “I can’t trust anyone.”

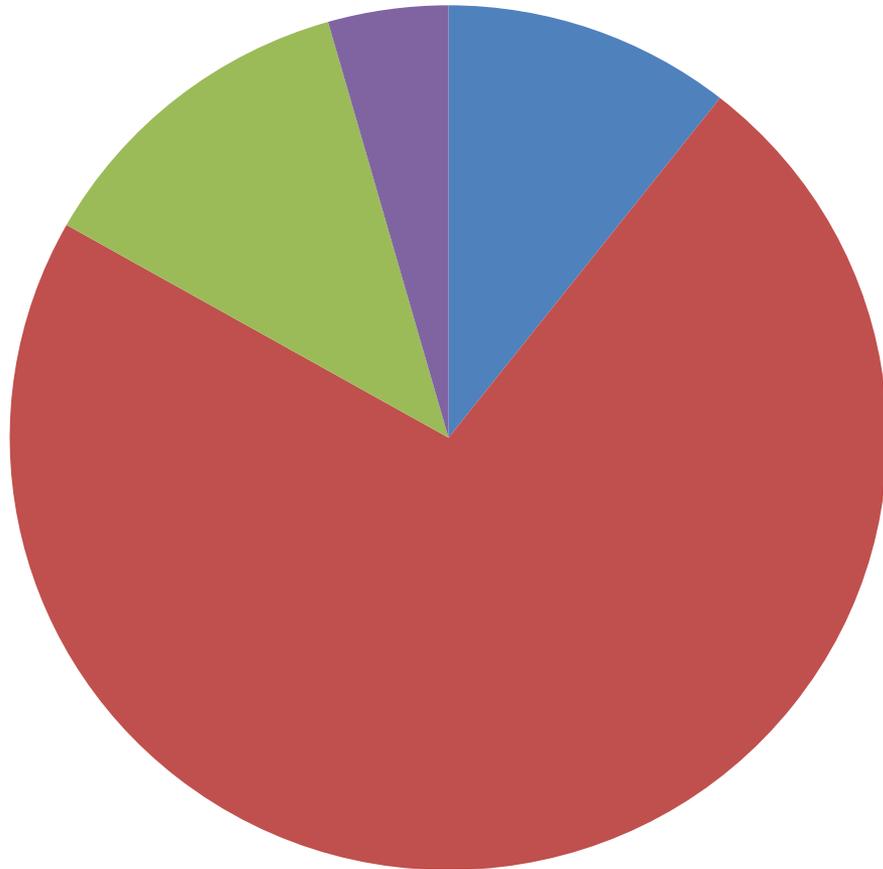
- Have the child (or caregiver) define what trust means. “What actions or behaviors indicate that someone is trustworthy?”
- Have the child (or caregiver) generate a list of people they know or knew who could be trusted even for the little things, even some of the time.
- Now – ask the child or caregiver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

Responsibility Pie/Circle

Most often used for “my fault” thoughts:

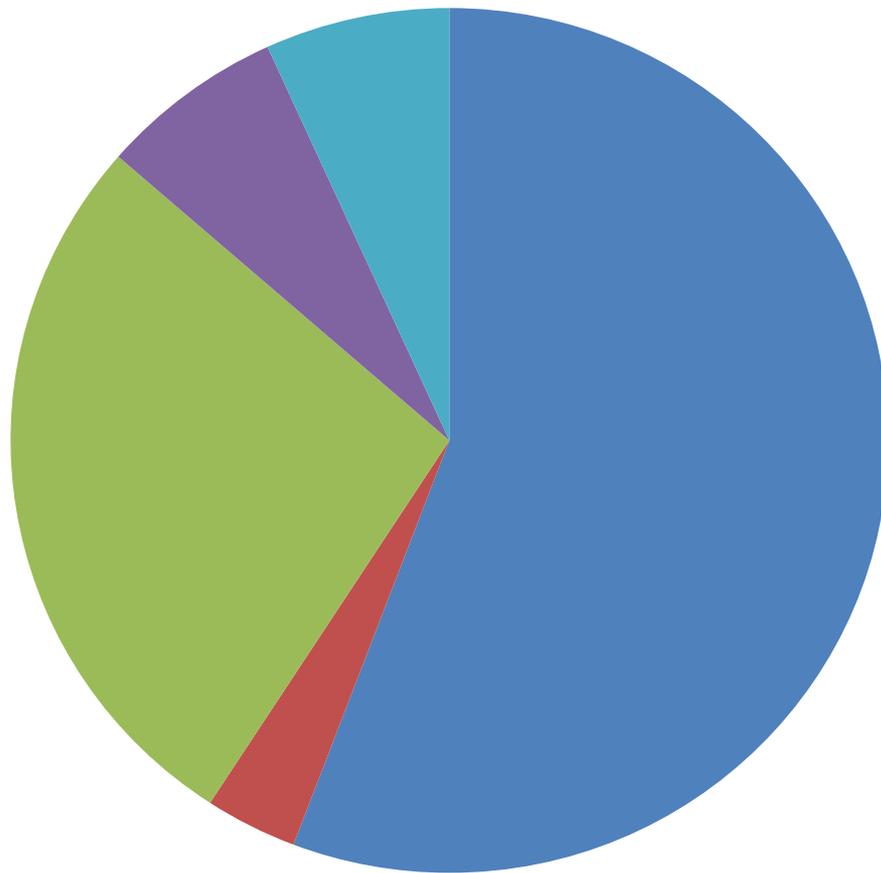
- Ask the client to draw a circle. Write the thought above the circle.
- Ask client to come up with a list of everyone or everything that is responsible
- Have the client divide the pie, showing by size the proportion of responsibility
- Use Socratic questions to understand reasoning for pie slice sizes
- 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

Responsibility Pie/Circle



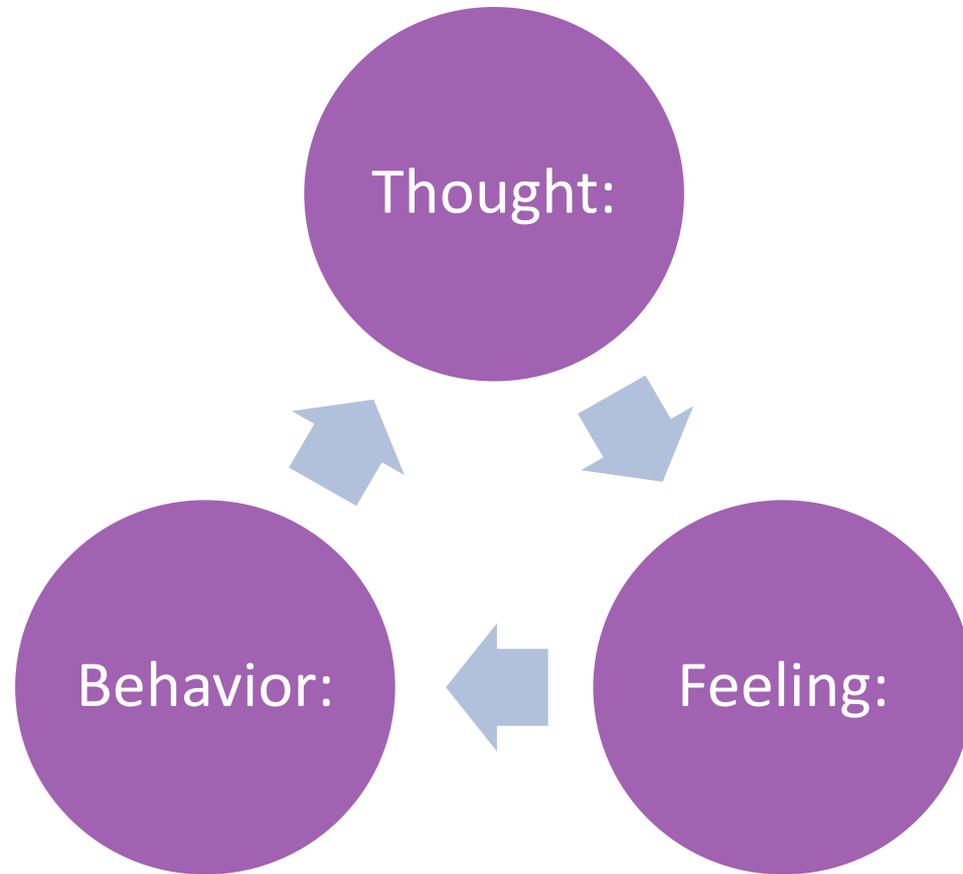
- Neighbor grandpa's fault for touching my privates
- My fault. I shouldn't have gone back after he abused me
- His wife's fault for not stopping it and not having sex with him

Responsibility Pie/Circle



- Neighbor grandpa's fault for touching my privates
- My fault. I shouldn't have gone back after he abused me
- His wife's fault for not stopping it and not having sex with him
- Mom's fault for working

Cognitive Triangle



Evidence For and Against Thoughts

True: I could have stopped the family fighting.

I didn't yell loud enough for help.

I didn't call the police.

I hid instead of fighting dad.

Not True: I could not have stopped it/it's not my fault.

I was just a kid, I didn't know how to get help.

I would've been hurt if I tried to get the phone.

Grownups are supposed to keep kids safe

- My brother getting hurt was not my fault.
- I did everything I could at my age.
- I told as soon as I was brave enough
- If something bad does happen again, I know what to do

Helpful
and True
thoughts

Helpful
and Not
True
thoughts

- Nothing bad will ever happen again.

Unhelpful
and True
Thoughts

Unhelpful
and Not
True
thoughts

- I didn't tell right away.

- I didn't do enough to stop it.
- It was my fault my brother got hurt because I didn't tell.

Socratic Questioning

Use a series of questions to gently challenge the client, such as...

(For a child physical abuse victim who believes the abuse is all his fault & he deserved it...)

- *What have you ever heard about why some children/teens get abused?*
- *Whose responsibility is it to make sure children are safe? Why?*
- *When your teachers get mad or frustrated, do they hit you? Why not? Is it ever okay for a teacher to hit a student? Why not?*
- *When you get angry, do you hit the person you are angry with? Why not?*
- *How are grown-ups supposed to discipline or teach children when they make mistakes?*
- *When you were hit by your (name of caregiver), did they want you to tell? Why not?*
- *What would you tell a friend who just told you they were beaten by their parent?*

Socratic Questioning – Prep Work

- What is the dysfunctional belief?
Why is it dysfunctional?
- What is a more helpful, **balanced** alternate thought?
- What questions do you ask to get them there?

Socratic Questioning with Caregivers

- Beliefs may negatively impact treatment engagement and parenting practices.
 - “I’m worried talking about trauma will make it worse.”
 - “My own kids would never have acted like this. It’s like she has no conscience.”
 - “We’ve already tried all that (coping skills) with other therapists, none of it works for him.”
 - “Nothing motivates him. I can take everything away, he doesn’t care.”
- Again, VALIDATE first. Then, guide exploration...

Unhelpful Old Thought: *It's my fault my daughter was abused.*

Possible Endpoint/New Thought: *I couldn't stop the abuse but I am helping her now.*

What I want to tell the mother:

Turn into
eliciting questions:

- *You did your best when you found out.*
- *Your daughter knows that you support her.*
- *Your daughter trusted you enough to tell you after the abuse happened.*

Jamal – Age 13: Cognitive Processing

Based on his three trauma chapters, the following beliefs were identified for processing:

- I am going to grow up to be like my dad.
- The world is unsafe.
- I am the only person I can trust to protect myself.
- There are trustworthy adults in the world.
- I can control my actions.
- If I stay sad or misbehave, I won't disappoint myself.

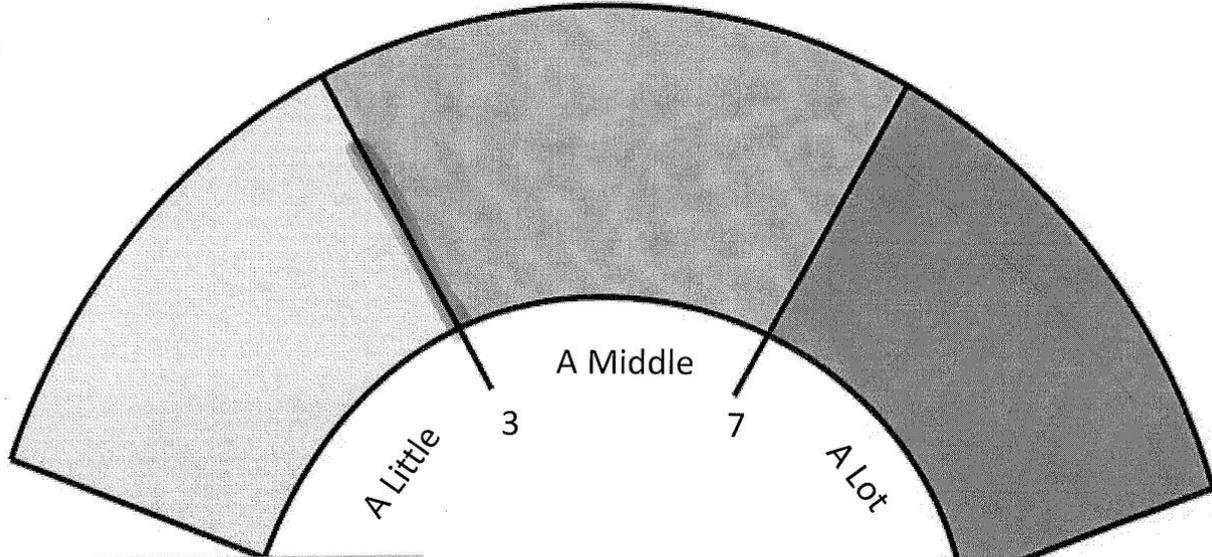
Sarah- 10 year old Female

- Sexual abuse by teenager over period of several years
- Had learned “not my fault”, but continued to have self-blame.
- Very concrete in thinking; distractible in session; zones out during verbal activities.

Prep Work

- The sexual abuse happened because I finally said “yes.”
 - Did he say “Okay, 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?

Examining the Evidence – Being a Detective



1
Sexual Abuse
happened
because of

The sexual abuse
happened because
I said yes.

You only said yes
because he begged
me

When he begged me
I felt confused / surprised /
unsafe

It's hard to tell when
you feel unsafe

Law says you can't
consent
- get hurt
- Not the same size
smaller
- knew a smuch.

Demario – 13 year old male

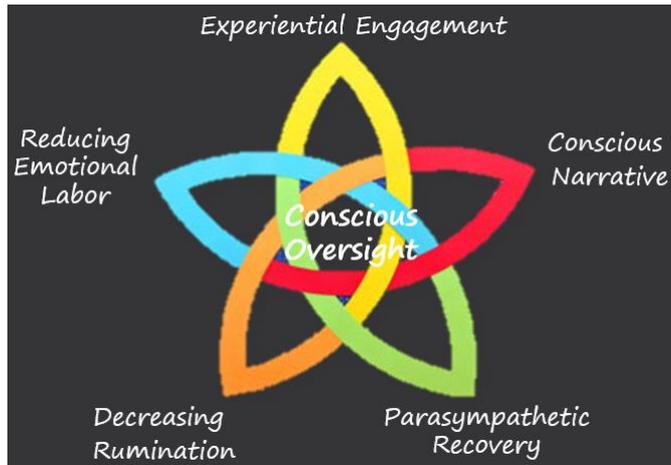
- Parental substance use, domestic violence and neglect
- Depressed mood; Views through negative lens
- Expressed “Why try? I’m not going to have a good life.”
- Frustrated with therapy as another sign that something is wrong with him

Prep Work

Questions:

- How do kids feel after going through tough times? What is counseling for? Can kids heal? Be stronger even?
- What do foster parents think about how you are doing?
- How long does TF-CBT usually last? How many times have you come here?
- Are other kids from group still coming?
- How does Dr. Elizabeth say you are doing in counseling?
- Do kids need counseling forever?
- How will I know when counseling will be over?

Application of CE-CERT to TN and CP



- Experiential engagement – feel the feels
 - This might be hard and sad and nerve-wracking and scary. Lean into those emotions to support my client.
- Reducing rumination – stop the spin
 - Later, remind yourself that you worked very hard to support the client and are ready to continue planning next steps.
- Conscious narrative – the story we’re telling ourselves
 - Antecedent narrative: “I know what to do. I have a plan.”
 - Concurrent narrative: “I’m doing what is most helpful for this family despite the discomfort.”
 - Consolidation narrative: “I did it! And I can do it again. I will continue learning and growing in my expertise and support for the family.”
- Reducing emotional labor – no more faking nice
 - Practice genuine compassion. Recognize that you’re asking a lot and their emotions AND yours are okay. You’re in this together.
- Parasympathetic recovery – back to the green zone
 - Take some breaks! Do some relaxers! Take a walk after! What works for you to re-regulate?

Albert Camus (1913 – 1960)

I N THE MIDST OF HATE, I FOUND THERE WAS,
within me, an invincible love.

In the midst of tears, I found there was,
within me, an invincible smile.

In the midst of chaos, I found there was,
within me, an invincible calm.

I realized, through it all, that ...
In the midst of winter, I found there was,
within me, an invincible summer.

And that makes me happy.

For it says that no matter how hard the world
pushes against me, within me,
there's something stronger,
something better, pushing right back.

Contact Information

Center on Child Abuse and Neglect
University of Oklahoma Health Sciences Center

OKTF-CBT@ouhsc.edu

Amanda-Mitten@ouhsc.edu

Natalie-Gallo@ouhsc.edu



www.oklahomatfcbt.org