

# Advanced Applications of Trauma Narration & Processing



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What are your  
questions about  
Trauma Narration?

# 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](http://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., client's 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](http://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:

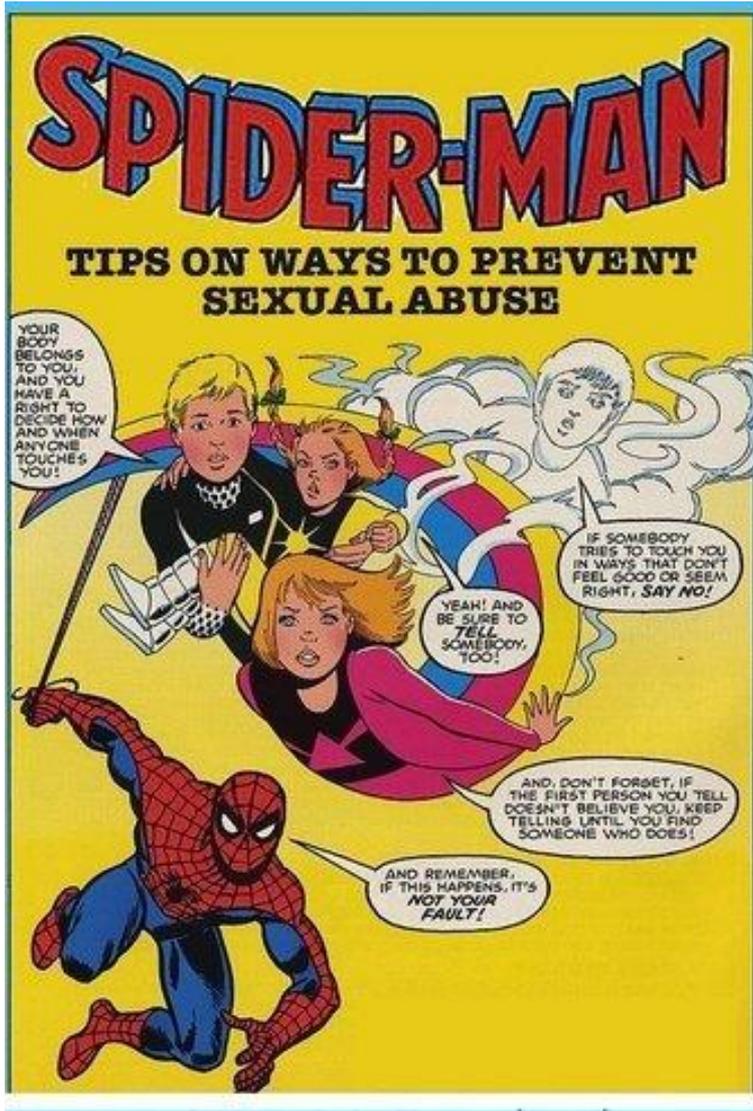
“I’m really impressed with how you’ve learned to relax your body, how to describe your feelings and thoughts, and ways to lighten your heavy feelings and thoughts.”

“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	A Favorite Memory:
2	A Heavy Memory:
3	A Heavier Memory:
4	My Heaviest Memory:

# You can break memory review into manageable pieces.



**What did you see?**



**What did you hear?**



**What did others do?**

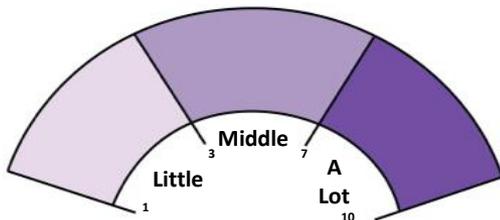
**What did you do?**

**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?

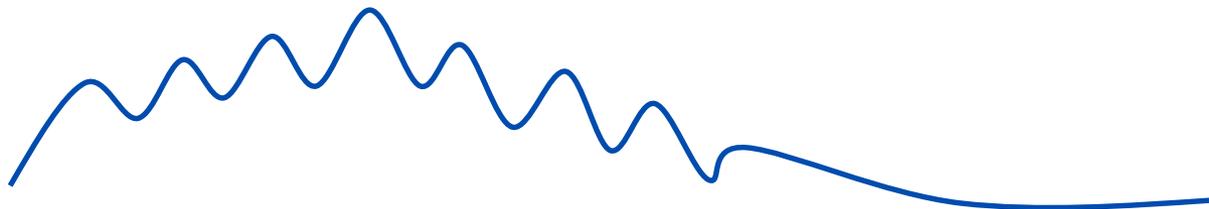
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# Components of Gradual Exposure

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

# Example Structure for Trauma Narration Sessions

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

# Example Structure for Trauma Narration Sessions

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

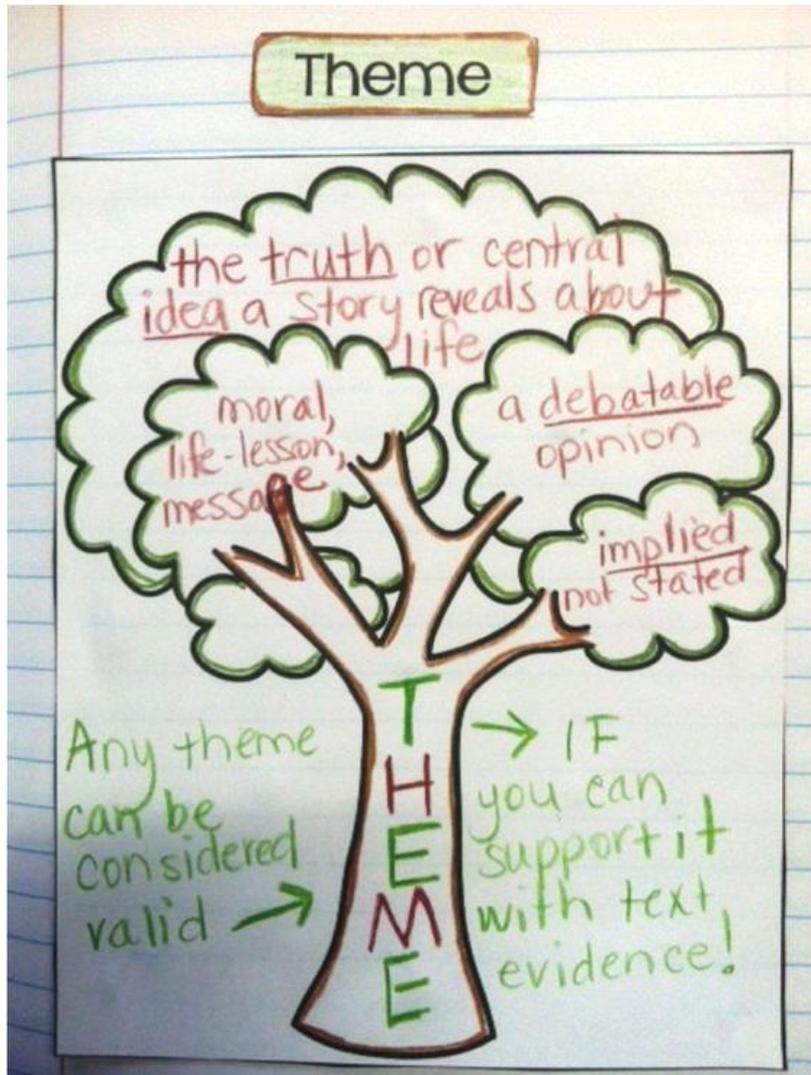
# Example Structure for Trauma Narration Sessions

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

# ADDRESSING LIFE THEMES IN TRAUMA NARRATION

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

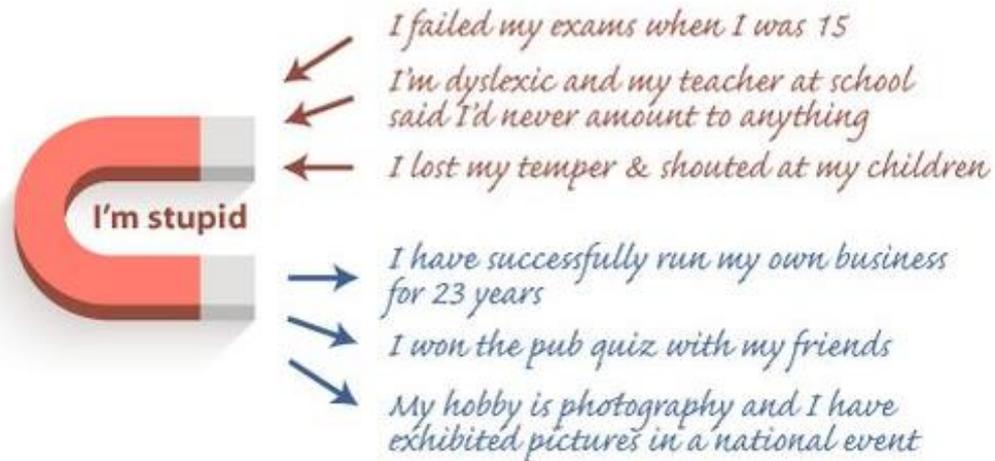
Theme	Of Self	Of Others/World
Trust	I make bad decisions. I can't trust my own judgement.	People can't be trusted. Don't trust the system; authority.
Control/Power	I don't have control of future. Control is all or nothing. Must control what I can.	Life is unpredictable, uncontrollable.
Esteem	I am a 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.

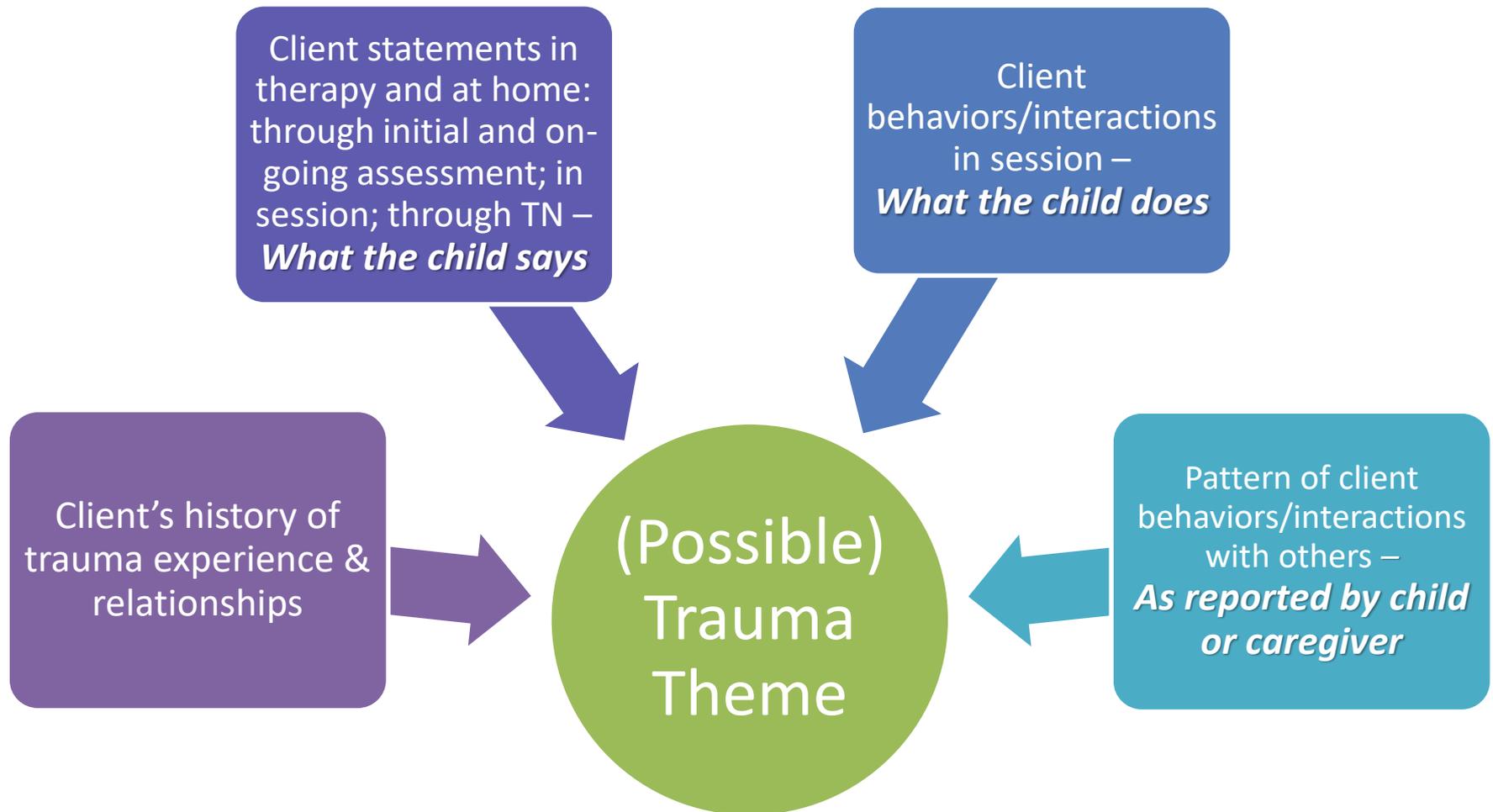
Unfortunately they **repel** anything which does not 'fit' with the belief. This makes it hard to 'see' or believe anything which would contradict or undermine them.

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.



# 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

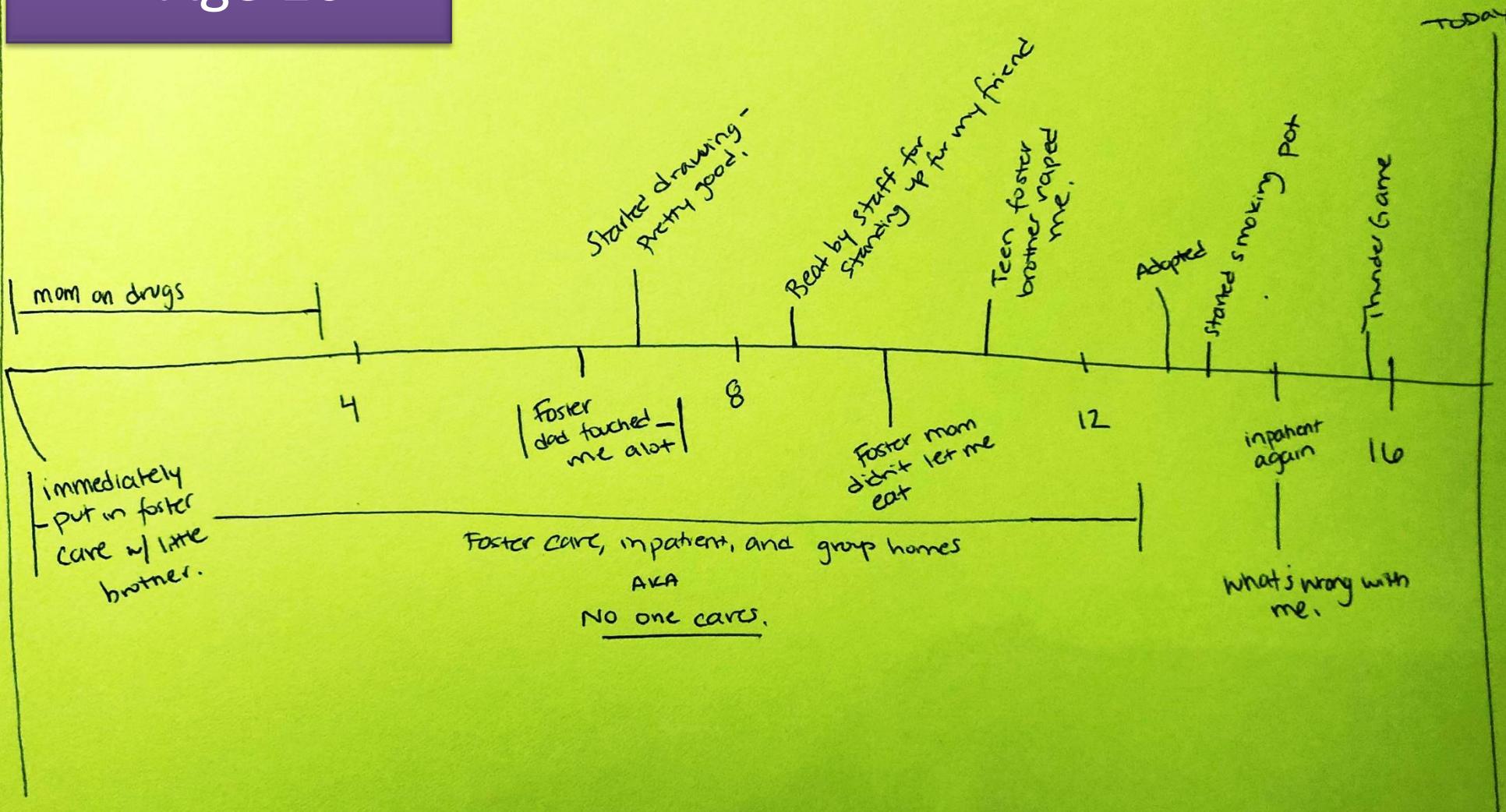
# TIMELINES HELP TO DEVELOP THE THEMATIC PATHWAY



# Types of Timelines

- Sequencing of events
- Time periods
- Themes

# Timeline: Male - Age 16



# CONSTANTS IN MY LIFE

## MAKE DUMB CHOICES

- Dated 3 guys that hurt me / forced me to have sex
- Friends all are 2-faced
- I cut + ~~run~~ run away

## People leave

- Dad left before I was born
- Mom chose drugs over us
- "Friends" are gone
- I don't have anyone

When people hurt me - its been my face

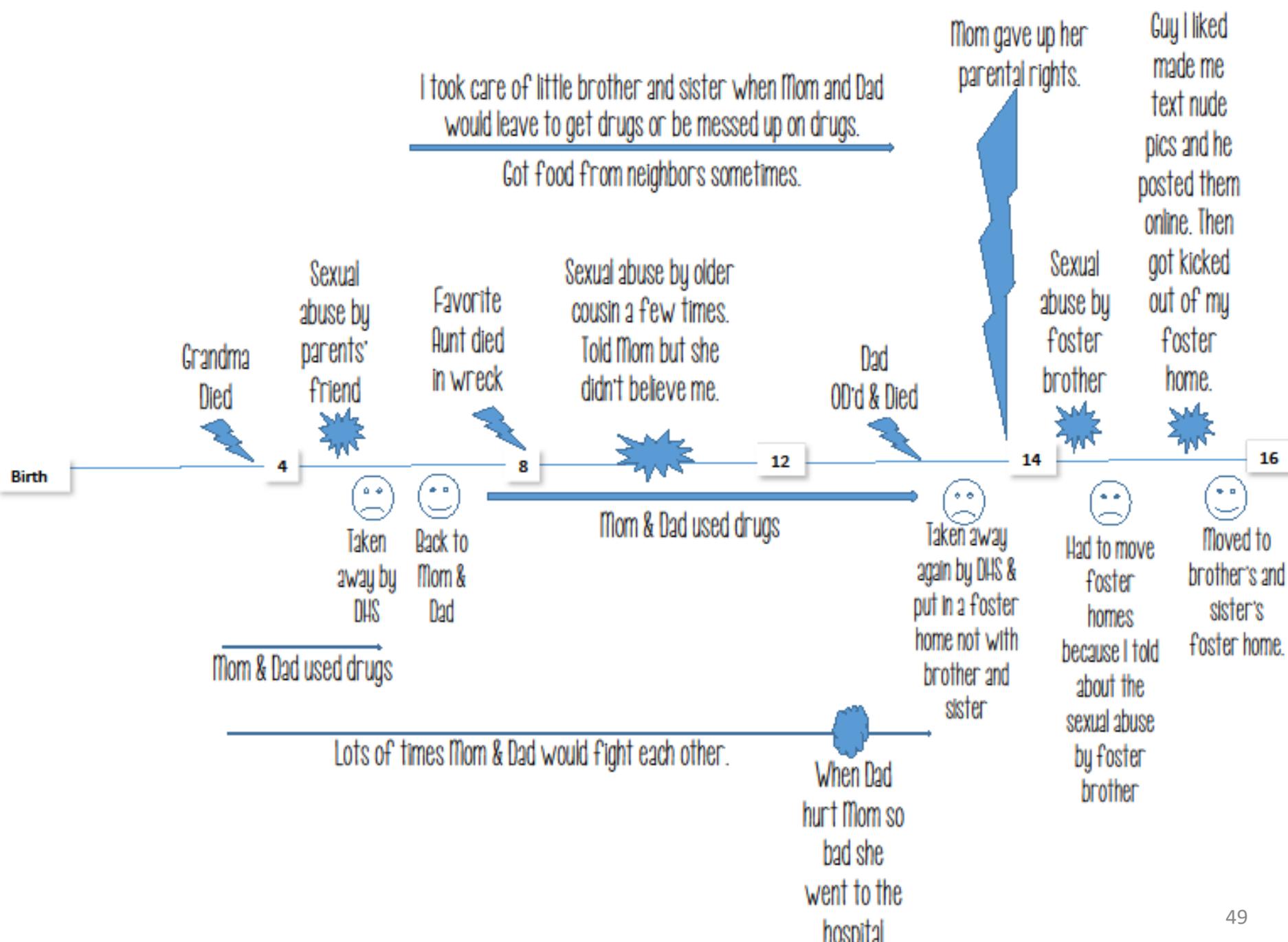
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- Slapped, choked, punched - always my face / neck
- hate looking in mirror

# 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

The text 'THIS IS MY STORY' is written in a vibrant, multi-colored, hand-painted style. The letters are thick and textured, with colors ranging from yellow and orange to red, pink, purple, and blue. The words are arranged in two lines: 'THIS IS MY' on the top line and 'STORY' on the bottom line. The background is a light, textured white.

# 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”

*My Exhibit A* is the first memory I have is of 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?*

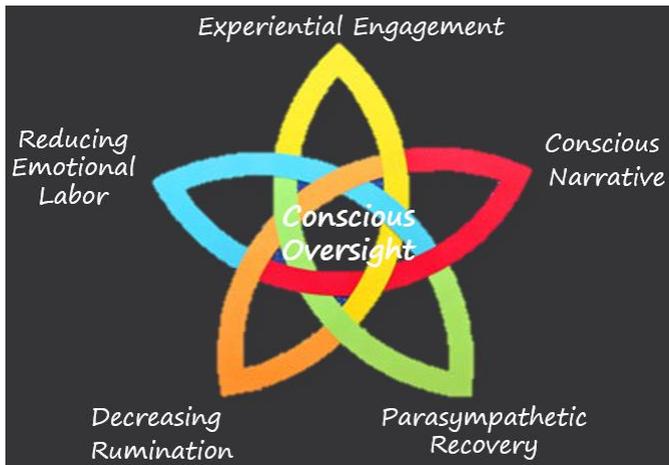
So here's what all this crap says about my family...

(Traditional and/or Thematic)  
**Trauma Narrative**



...Sets us up for...  
processing!

# Application of CE-CERT to TN



- 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)

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**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

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[www.oklahomatfcbt.org](http://www.oklahomatfcbt.org)