

# Taking Care of Our Self During Trauma Narration

Amanda Mitten, LPC  
Natalie Gallo, LPC

# Overarching Goal

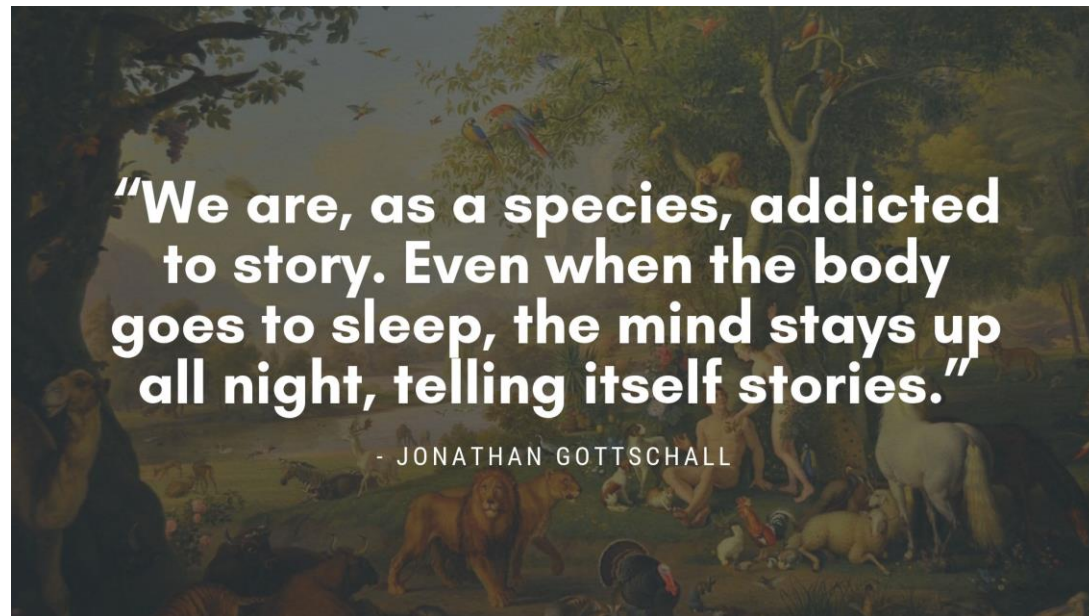
- Review rationale for Trauma Narration/Gradual Exposure in TF-CBT
- Identify the mechanisms for supporting clinician wellness during TF-CBT trauma narrative session
  - Before TN
  - During TN
  - After TN



Why do we ask our clients to engage in Trauma Narration?

# Narratives Situate us in Time

- By telling the story of a stressful event, you are situating yourself in the “**here and now**” – not living in the terror of then.
- When we are the teller of our stories this increases the sense of **control** and **safety**, and **recovery** can begin.
- Stories are potent **social connectors** – you are safe telling your story with safe people.

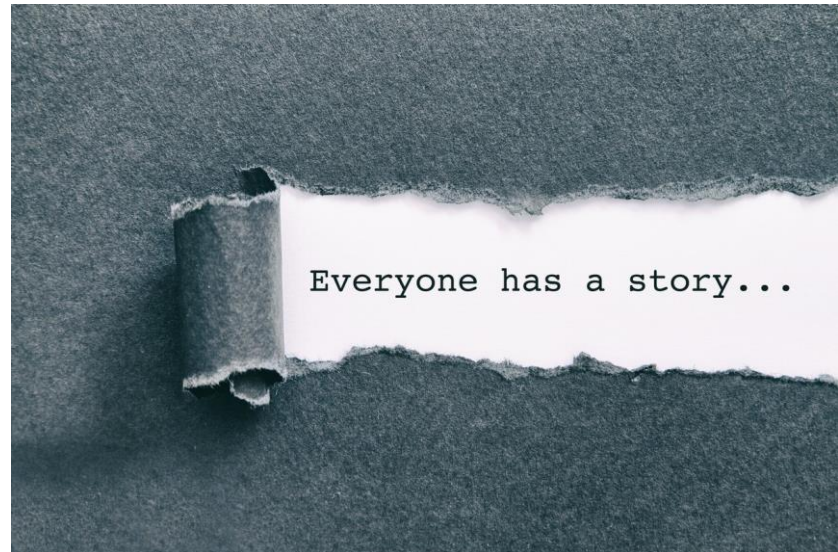


Sound familiar? It's true for us, too...

# We constantly have a running dialogue of our experience

Narratives are *constant* but they aren't always *conscious*...

- ❖ **Before** an experience (Setting the Stage)
- ❖ **During** the experience (Self-talk during)
- ❖ **After** an intense experience (Meaning making after)



Based on the content of our narratives, we will conclude that our work is enjoyable and meaningful, or that it is aversive and unsustainable.

# Setting the Stage for a Sustained Career...

- ❖ **Before** an experience (Setting the Stage)
- ❖ **During** the experience (Self-talk during)
- ❖ **After** an intense experience (Meaning making after)



- ❖ **Before** *Trauma Narrative* (Setting the Stage)
- ❖ **During** *Trauma Narrative* (Self-talk during)
- ❖ **After** *Trauma Narrative* (Meaning making after)

# Before TN

Clinician Preparation and Antecedent Narrative

# Setting Yourself Up for Success

- Preparation starts at Intake/Feedback and/or Session 1. Bringing in Gradual Exposure each session sets you and client up for success in TN.
  - Psychoeducation about trauma
  - Normalizing/discussing trauma related impacts, feelings, and thoughts
  - Identification of trauma triggers
  - Education on what treatment will look like: trauma narrative and processing is coming after 4-5 weeks in PRAC.



Prep  
Alert!





# Reasons to NOT Proceed with TN

- First and foremost - is my consideration to not proceed about me? Or the client?
- What evidence do I have that pressing forward will not be conducive to the client's success?
- What are the *current* presenting concerns I am worried about?

Worthy considerations:

1. "C" student in skills
2. Stablely unstable
3. Imminent placement change
4. Highly negligent attendance



***I've got this,  
you've got this,  
we've got this!***


# Client Readiness for TN

- “C” Student through PRAC
  - Will engage in at least 1 coping skill with you when prompted
  - Can generally differentiate thoughts, feelings and behaviors
- Is, at minimum, stably-unstable.
  - Risk to self is being moderately managed through safety plan and/appropriate supervision
  - No known upcoming / imminent placement changes for 4-5 weeks

Prep  
Alert!



# Thorough Preparation for Sessions



One important key to  
success is self-confidence.  
An important key to self-  
confidence is preparation.

Arthur Ashe

- Review client trauma history, assessment information, and past sessions
- Identify mechanism for story telling
- Prepare list of questions to ask
- Provide structured rewards for positive reinforcement/to manage avoidance
- Clear expectations for breaks and use of coping skills
- End of session grounding activity.



Prep  
Alert!

# Helpful Antecedent Narratives

- TN can be hard, and we know it is the most helpful part of treatment.
- My gentle guidance of the client is not hurting them. They have learned the skills for success.
- I am a skilled clinician who is capable of supporting when distress arises
- I have been successfully incorporating gradual exposure, and my client knows what to expect.
- Others? How about narratives that connect us back to the meaning we gain from doing this work?



# During TN

Clinician Preparation and Concurrent Narrative

# What to do when things aren't going as planned...



- **Common Challenges**

- “I don’t know,” says your client 30 times
- Crises of the Week(s)
- Trickster’s in session
- Avoidance running amuck
- Pacing of session doesn’t match your goals

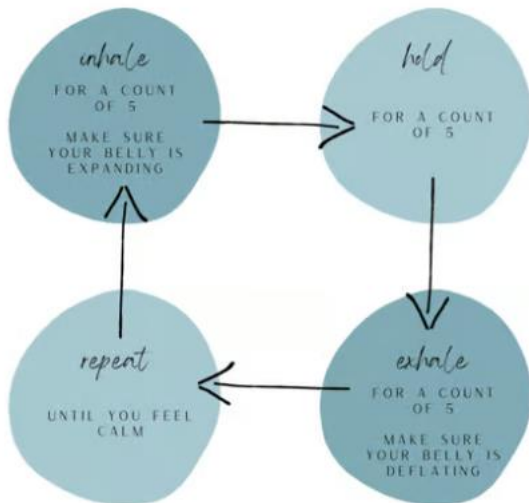
- “I am willing to feel this discomfort.”
- “I can stay with this until the discomfort passes.”

# Managing Distress During TN

- Principles for distress management and tolerance during TN sessions are parallel for you and your client.
  - Acknowledge the feeling & rate it
  - [Pause if you can] and engage in a coping skill
  - Gauge your concurrent narrative for truthfulness and accuracy; identify alternative cognitions
    - E.g., “My client is distressed and can’t handle this” vs. “My client is experiencing distress and I am able to support their tolerance and management.”

Prep  
Alert!

## DEEP BREATHING





# Concurrent Narrative for TN

- What was the expectancy valence I assigned to this session/activity? For self? For client? For family?
- Our overall perception of a stressful incident/moment is often impacted by our cognitions surrounding the expectations we assigned.
  - Consider how athletes prepare for the Olympics.
  - There's a difference between "this is going to be perfect" and "this might be challenging AND I know what to do" and "I'm going to try my best, if it isn't perfect things will still be OK".
- It is always okay to return to your plan/structure. Is there anything I need to change about the structure to help this be easier for me and the client?



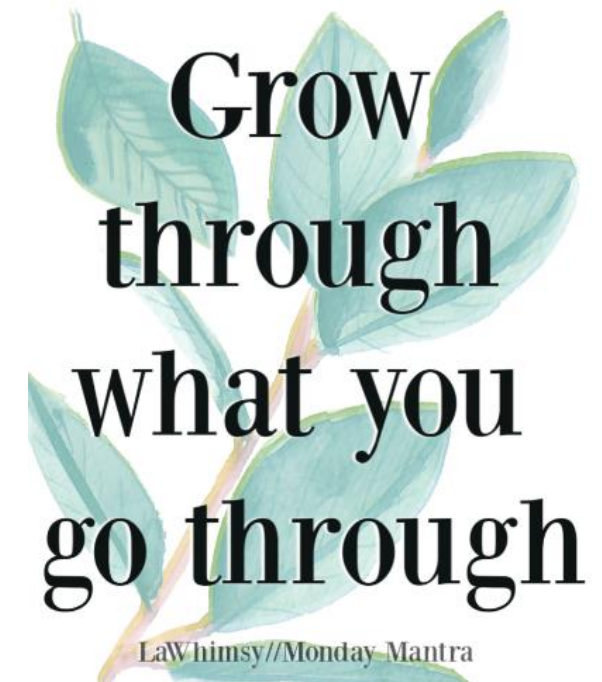


# After TN

Consolidation Narrative and Clinician Preparation for Next Steps

# Preparing for the Next Session

- Create a plan for reducing rumination
  - Develop a list of activities to choose from in and out of work
- Plan for a time to talk with a supervisor for clinical support as needed
  - “What did we learn from last session? What did my client need? What did I need?”
- Protect time in your upcoming schedule to prep for the next TN session- no avoiding!



Prep  
Alert!

# Consolidation Narrative for TN

- After we have had an intense (high emotion) experience, we need a period of reflection. During this reflection, the meaning of the event becomes evident, and we can construct our *Consolidation Narrative*.
- Consider your take aways:
  - Identify your feelings.
    - “That session felt...”
  - What went well?
    - “I did \_\_\_\_\_ well”
  - Is there anything you would do differently next time?
    - “\_\_\_\_\_ didn’t go as I planned, next time I will try \_\_\_\_\_.”
  - Connect this back to the meaning you draw from this work.
    - “I genuinely believe that what I am doing matters.”

# Consolidation Narrative for TN

- It is worth acknowledging that trauma narratives can be difficult to hear.
- Many people reflect that hearing trauma narratives is less difficult in the moment than reviewing them later when outside of session.
- Make a plan for any pesky ruminations.

What activities hold  
your attention?

“YOU KNOW WHAT THE  
HAPPIEST ANIMAL ON  
EARTH IS?  
IT’S A GOLDFISH.  
YOU KNOW WHY? GOT A  
10-SECOND MEMORY.  
BE A GOLDFISH, SAM.”  
- Ted Lasso



Use this time for consultation/support

“The weight of what has happened here is too much for any one of us to bear alone. The only way we can live with it is to carry it together.” – Outlander

A photograph of wooden blocks spelling out 'THANK YOU' on a wooden plank. The background is a blurred green and yellow bokeh.

THANK YOU

[Natalie-E-Gallo@ouhsc.edu](mailto:Natalie-E-Gallo@ouhsc.edu)  
[Amanda-Mitten@ouhsc.edu](mailto:Amanda-Mitten@ouhsc.edu)  
[OKTF-CBT@ouhsc.edu](mailto:OKTF-CBT@ouhsc.edu)