
The Trauma Narrative

Why is the Trauma Narrative/desensitization important?

Facing up to the feared memories through doing the trauma narrative helps:

- ✧ Un-pair fearful associations between innocuous (harmless) stimuli and danger/trauma (ex., the dark, sitting on a porch).
- ✧ Identify unhelpful and/or inaccurate thoughts related to the trauma (so they can be addressed and corrected).
- ✧ Get information about the trauma and contextualize it within the child's life.

When are children ready to do their trauma narrative?

- ✧ When they have gone through the PRAC components (psychoeducation, relaxation, emotion regulation and cognitive coping) that includes gradual exposure to the trauma memories.
- ✧ Children do not have to be **masters** of these skills. It is more important that they have learned the skills, see how using them can be helpful and have experienced feeling less distressed after using the skills. (ex., can reduce an anxiety rating of 7 or 8 to a 3 or 4).
- ✧ The child should be able to come regularly to the TN sessions in order to complete the TN without interruption. It is important to work with the child and caregivers to ensure attendance.
- ✧ Prepare the child that sometimes children (not all children) can become more moody and have more problems right after they start the TN. Normalize this and let the child/family know that the mood/behaviors will improve as they work through the narrative.

What forms can the Trauma Narrative take?

- ✧ Usually a written narrative (dictated by child, written down by therapist). Younger child may prefer drawings, play, music, dance or other activity. No matter the method, the therapist should be listening, asking questions and writing it down.
- ✧ As long as the child is talking about the trauma, what actually happened, remembering a particular incident (not talking globally), addressing the "hot spot" (worst moment) and adding in thoughts, feelings, and how their body felt, it can take almost any form.

How do I Start the Trauma Narrative?

Child Session

- ✧ Read a book like *Please Tell! (CSA); A Place for Starr (DV); Something Terrible Happened (DV or other community violence)*.
- ✧ Discuss the book: "What did that child feel/think?" "How is that like how you felt/thought?"

- ✧ Talk with the child about the benefit of telling their own experience. Use an analogy to show how telling may hurt a bit in the beginning but then it will get better.
- ✧ Before starting, review coping skills (role play using them) which they may use while doing the trauma narrative. Remind the child about how many things that seemed hard to talk about before, are now easier to talk about (give client examples) and that this will be the same way.
- ✧ You can start by making a list of the things (e.g., timeline, lists of the traumatic experiences, table of contents) that should go in their narrative. Help them to talk about a specific event, with details and then to go back and add more details, feelings, and thoughts. Throughout treatment you would have been developing a tentative hierarchy of events that would need to be included in the narrative. Sometimes the child may have a hard time on where to start or the child may need some help on options of things to include. Here are some suggestions:
 - First time
 - Worst time/the time that bothered you the most
 - Last time
 - My life before this happened
 - When I told
 - Right before it started
 - A happy memory about the person I lost
 - Going to foster care
 - What I learned
- ✧ Children don't have to write about all the traumas, but it is important to include the hot spots (worst or most embarrassing ones). This is because avoiding the most distressing memories will keep the unhelpful symptoms active. If children have multiple traumas (CSA, DV, CPA, or traumatic loss) they can write about the ones that are most distressing (typically 1 – 3). You **do not, and should not**, have the child do trauma narratives on all of the child's experiences. Tending to the more distressing experiences will typically alleviate negative symptoms about the less distressing memories.
- ✧ Let the child pick what to begin talking about first; but before you begin, orient the child to remember back to the time they are talking about (ex., what was the day, how were they feeling, what were they thinking) and be their secretary (ideally, they tell, you write, so you can pace them). Keep them moving slowly, repeat back what the child says....first ask for more details, then ask about thoughts, feelings, and what their body felt like (otherwise you let them continue, even when there are pauses so that they'll stay 'in the moment'). If you need to facilitate the narrative, see below....
- ✧ Use open-ended questions:
 - What happened next?
 - Then what happened?
 - What were you thinking/saying to yourself?
 - What were you feeling?
 - What were you feeling in your body?
- ✧ You can also use clarifying and reflective statements such as:

- Tell me more about it...
 - I wasn't there, so help me understand what it was like...
 - I want to know all about it...
 - Repeat the part about...
 - Active Listen/Reflect: (ex., "So your dad was holding the gun...")
- ✧ **You can** interrupt to briefly do coping skills if the child appears to be overly anxious. Use ratings (1-10; thermometer, faces) to check in with the child while you are doing GE to determine if they need to do coping skills (8-10: probably yes; 3-5: probably no). Take a minute or two to do coping skills, and then come right back to GE (ebb and flow). A moderate, amount of anxiety is okay—children can handle this. We have to be aware of our own avoidance...children can continue the task even with some discomfort and learn to tolerate their feelings.
 - ✧ **Do not** process any difficult, inaccurate, or unhelpful thoughts that come up as the child is telling you the narrative. Keep them 'in the moment.' Process thoughts either after the entire narrative has been completed, or at the end of that session, if the thought is particularly unhelpful or inaccurate (e.g., "I was thinking, I am so stupid. It was all my fault because I went to his house.")
 - ✧ Use the end of the session (5 minutes or so) to review another topic (coping, emotional identification, psychoeducation) or to talk with them about fun things they will be doing in the following week so that the child has time to calm down and let their anxiety lower before they leave the session.
 - ✧ **Next session:** Child or therapist reads the TN from the previous session(s). The therapist encourages the child to add more details, thoughts and feelings as indicated. This facilitates habituation within the session, and across sessions, so that avoidance lessens, comfort increases and any unrealistic or unhelpful thoughts have been identified. **At the least, the TN needs to be read from the previous week...we cannot reinforce avoidance.**

Child Session – after the completion of the TN

- ✧ Introduce the idea of sharing the child's trauma narrative. Ask the child to name a family member or other supportive adult with whom they would like to share their story/TN product. Explore their thoughts and feelings about sharing the TN.
- ✧ Ask the child if they have any concerns about sharing the TN. Address the concerns and if appropriate, adjust the TN version for sharing.
- ✧ Ask the child whether they have any questions for their caregivers to answer—anything that was confusing, unpleasant, things they didn't understand about what happened, or things that happened in the past that they wanted their parent to explain or apologize for. Sometimes children have questions about family disruption related to the traumatic event.
- ✧ List the child's questions and take them into caregiver sessions to answer with the caregiver.

- ✧ Discuss with the child how they want the conjoint session with the caregiver to go. Write up an agenda or some basic rules for the session.

Caregiver Session

Before the TN begins:

- ✧ Talk with the caregiver about the benefit of having the child complete a TN. Use an analogy to show how telling may be distressing to the child in the beginning but that by facing up to the memories, the child will be able to feel better. Emphasize the importance of regular attendance through the TN.
- ✧ Predict that the child may (or may not—all children are different) have some difficulty sleeping, some behavior problems, and/or may not want to come back, but that this is the most important time for the child to stay in therapy and to consistently make their appointments. Normalize this and let the caregiver know that the mood/behaviors will improve as they work through the narrative.

Preparation for the conjoint session (without the child present):

- ✧ Address caregiver concerns about hearing the child's story. Are there things the caregiver doesn't want to hear? Are there issues around caregiver ability to support? Is the caregiver afraid of how they may respond?
- ✧ Walk the caregiver through each concern and problem solve ways to handle each concern.
- ✧ Address any of the child's concerns and questions for the caregiver and work with the caregiver on how to respond to these concerns and questions. Have the caregiver write down their responses so they can be shared in the joint TN meeting.
- ✧ Read the TN to the caregiver. You will also be doing GE with the caregiver—you will read them what the child has written and will solicit their feelings, responses. This is their time to ask questions, feel sad, and express their own feelings.

Conjoint TN session between child and caregiver:

- ✧ Spend the first few minutes helping everyone settle in.
- ✧ Follow the prepared agenda for the meeting. Therapist role is to support the child in telling and helping the caregiver respond in the most appropriate way possible.
- ✧ **Do** allow for time to discuss, answer questions and caregiver response of support.
- ✧ **Do not** allow the caregiver to criticize or correct the child. This is an opportunity for the caregiver to support and validate.