

Trauma Narrative and Processing

What: Children and youth learn to face up to traumatic experience(s) and the context by thinking and talking about them. They cognitively process the experience.

Why? Facing up/exposure reduces trauma-related distress to memories or reminders—fear, avoidance, and increased arousal. Unhelpful thoughts about the trauma (e.g., “you can’t trust anyone”; “it was my fault,” etc.) can be identified and changed. The fact of the traumatic event(s) can’t be changed, but the experience can be contextualized as a bad experience that affected the children, but it is the past and does not define them.

Tell about it exposure/facing up: Give an analogy to explain (remove splinter, clean wound).

DO: Create a List of Traumas. Choose a Method (book, drawings, talk). **Review Coping.**

Choose (you or child) lower level trauma or less upsetting part to start. Get the **details**, and ask for **thoughts** and **feelings**. Listen for unhelpful cognitions (that you’ll process later).

Client Tells the Story!

PRAISE EFFORT. FEEDBACK TO REALLY DO IT.

CHILD RATES FEELINGS BEFORE AND AFTER (0-10, other method)

Coping in Session/after Exposure. Discuss and Assign Weekly

Coping Practice. *what will you do if you have a reminder this week? How will you decide if it is a reminder or a real danger?? What might get in the way of using coping? (problem solve!) Report back how coping helped/didn't help.*

Points to Remember:

- Include CONTEXT in the narrative (e.g., other adversities, neglect, disrupted relationships (“my dad picked the drugs over me”). The context, in addition to the traumas, is often what is maintaining the PTS or other distress.
- Clients often need to feel distress for exposure to work—it is normal to feel scared talking about trauma, even normal to have some physical symptoms (stomachache). It may temporarily increase out of session distress.
- If the exposure is too distressing, take a step BACK (move to easier trauma, part of the story). Do not back down from exposure (this increases avoidance and makes it seem like talking/facing up isn’t safe).
- Find the hot spots or worst moments and get the detailed story. They are usually what drive the PTS. Hot spots are parts where the details are often skipped (“then he raped me”). Get the details, thoughts, and feelings.
- Make sure to continue exposure until distress comes down—may take a few sessions.
- Leave time for fun or non-distressing activity after exposure, before the session ends.

Cognitive Processing Trauma-related Thoughts

Tell about it: Explain CBT triangle (again). Thoughts are linked to feelings and behaviors. Changing thoughts that make you feel badly changes feelings and behaviors.

Do: Identify Untrue or Unhelpful Thoughts. To come up with questions to ask, imagine a more helpful/true thought. **Generate Questions.**

Use a Technique to Change Thinking.

Socratic Questioning, Responsibility Circle, Lists and Definitions, Best Friend Role Play...

Remember, ask questions so the child builds the evidence for the new thought (don't TELL the evidence).

Discuss and Assign Weekly Practice. *This week, practice one of these new ways to think about what happened. What is one time each day you can practice telling yourself the new thought? When you think the old thought, practice gently correcting yourself—say the NEW thought. What might get in the way of practicing the new thought (problem solve!)? If you notice yourself dwelling on the unhelpful thought, what coping skill can you do? Rate your feelings before and after you try the new thought and report back.*

Points to Remember:

- Changing thoughts takes some time. It MAY require more than one session.
- You can always try more than one technique.
- Context: Coming up with a more helpful story for difficult events/traumas in the children's life can be difficult, but is very important. Otherwise, the children are left to make sense of it on their own. Brainstorm with colleagues when you know you have a really difficult situation/thought to work on (e.g., "if my mom had loved me enough she would have tried to get us back when went into foster care").
- When an unhelpful thought is very strong and persists even though clients can see how it causes distress, it must be serving a function. Figure out what it is so an alternative way of achieving the function can be found.
- Untrue or unhelpful thoughts may be reinforced by the environment. Find out and problem solve. Can the environment be changed? Can family members attend therapy or help the child with other people in their environment? What are options if the environment can't be changed?