Behavioral Rehearsal Guidelines

Trauma Narrative: Getting the First Draft/Story & Helping the Child Share About a Trauma Episode

STEPS
SUPERVISION TO ENHANCE PRACTICE STUDY | WASHINGTON

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Remember approximately 5-10 minutes. Do not review the goals of the behavioral rehearsal task before starting. This is meant to provide an estimate of clinician skill/competence for this component before coaching. Try not to interrupt the therapists rehearsing to provide feedback. Afterwards, give feedback on strengths and needed improvements. If the therapist rehearses a 2nd/3rd time, only rate the first rehearsal.

Therapist prompt: *Please show me how you encourage a child to share about a specific trauma memory. Let's assume you and the child have already agreed on a particular memory to focus on. Be prepared for handling distress or avoidance if it comes up.*

Supervisor instructions: *For this role-play we recommend you start describing a memory but then pause/stop because of distress in order to give the clinician an opportunity to respond. As long as the clinician persists or tries some helpful strategies, go ahead and proceed cooperatively.*

EXPECTATIONS

- ☐ * ***Proceeds with confidence and positivity*** (appropriately empathic but not presuming child distress or displaying own personal distress)
- ☐ * ***Elicits narrative without leading questions*** (e.g., SHOULD ask: "What happened first/next?" "Tell me more" "Describe what happened like we're watching a movie" "Help me understand because I wasn't there")
- ☐ * ***Responds appropriately to child anxiety/resistance*** (i.e., forward movement in some way)
  - Gently prompts ("What happened next")
  - Allows brief silences (vs. jumping in too quickly)
  - Uses validation, praise, encouragement if clearly difficult for the child (e.g., "I can see this is hard to talk about but you're doing great")
  - Reassures ("Remember, it is just a memory, it can't hurt you")
  - Reminds child of the plan ("Once we finish this chapter, we can play...")
  - Identifies smaller step ("How about starting with drawing a picture of this next part?")
  - Prompts **brief** coping skill use (e.g., relaxation, self talk) **OR** suggests skipping the "hot spot" but staying in the memory/exposure
- ☐ * ***Praises/reinforces sharing*** (e.g., "You did a great job telling me" "I am so impressed with how you faced that memory" "Great job")
- ☐ * ***Reads back/plans to read back what the child has written/shared*** to enhance exposure
- ☐ * ***Elicits additional details, thoughts, feelings*** (but does not disrupt flow/initial telling to get this information)

Given the time you had for the role play, how well did the clinician do on the main elements*?

0 Extremely Poor | **1** Poor | **2** Fair | **3** Adequate | **4** Good | **5** Excellent | **6** Perfect

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FEEDBACK	
Strengths (Adherence & Skill)	
Areas to Improve (Adherence & Skill)	

Other topics or common challenges you might want to discuss with the clinician...

- Is the therapist bought in to doing the TN? Identify and address any of therapist's own reservations or fears about discussing the trauma.
- How to introduce the TN in the first TN session, and manage initial reluctance.
- Preventing disruptions or early dropout during the TN phase of treatment (i.e., ensuring that meetings are consistent and weekly, predicting with parents that there may be a desire to avoid and troubleshooting attendance challenges in advance).
- Discuss plans for sharing the TN with caregiver (Is this appropriate? If so, when? Child permission?)