

Trauma Narrative: “Getting the First Pass” (Helping the Child Share About a Trauma Episode)



STEPS
SUPERVISION TO ENHANCE
PRACTICE STUDY | WASHINGTON

BEHAVIORAL REHEARSAL GUIDELINES

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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.

PROMPT FOR THERAPIST

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)

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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?)