

Trauma Narrative (Making the Pitch; Introducing the TN and Getting Client Buy-In)



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 would start the TN during the first TN session. Be prepared for handling client reluctance or avoidance. Feel free to take a minute or two to jot down ideas before starting.

SUPERVISOR INSTRUCTIONS

A key skill for the TN is responding to client resistance/avoidance. For this role-play we recommend that you, playing the client, show some degree of reluctance or avoidance 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

- * **Introduces TN** in a way that is positive and shows confidence in child's ability to do it (NOT "this is the hardest part", NOT "I know you won't want to do it, but...").
- * **Reviews rationale** for TN, including:
 - Uses or refers back to an appropriate **analogy** (e.g., wound) or everyday explanation (e.g., turning a traumatic memory into a regular bad memory)
 - Ties TN to achieving **patient's own goals** (e.g., sleep better, feel less frightened).
 - If appropriate, distinguishes between forensic/CPS interview and this (e.g., different from talking to CPS, they needed facts, we connect thoughts, feelings)
- * **Gives child options** for getting started, such as:
 - **How to begin** (2-3 options, all options should include exposure to trauma content)
 - **How to share TN** (e.g., dictate, type, write themselves, draw, re-enact with toys or figures)
- Individualizes**/incorporates child's interests (e.g., drawing, rap, poetry)
- * **Proceeds supportively in the face of avoidance:**
 - Normalizes desire to avoid
 - Reviews/bolsters rationale (e.g., how this will help them with sx/goals)
 - Conveys/expresses confidence that child will be successful
 - ID a smaller/easier first TN step (e.g., different way to share, different trauma memory, playing with a toy while sharing) but still involves trauma content

Other optional strategies (many others besides these!):

- ID reinforcing activity to follow TN work
- Explore/address reasons for resistance (e.g., fears of repercussions or parental displeasure)
- Discusses how TN has helped other kids like them, despite initial reluctance
- Prompts brief use of coping skills to remind child he/she has skills to use

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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.
- Strategies the therapist can use if the client gets nervous DURING the TN?
- 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?)