

Trauma Narrative: Second Pass and Elaboration



STEPS
SUPERVISION TO ENHANCE
PRACTICE STUDY | WASHINGTON

BEHAVIORAL REHEARSAL GUIDELINES

Shannon Dorsey, PhD | University of Washington | dorsey2@uw.edu

Remember approximately 5-10 minutes. Do not review the goals of the behavioral rehearsal task. This is meant to provide an estimate of clinician fidelity for this component. Do not interrupt the therapists rehearsing to provide feedback. After the rehearsal, provide feedback on strengths and needed improvements.

PROMPT FOR THERAPIST

Please show me how you would help the child elaborate on the TN, adding thoughts, feelings, events and sensations as appropriate. Before starting the role-play, you may wish to look over the current TN for places where elaboration might be beneficial.

SUPERVISOR INSTRUCTIONS

You play the child. Use your knowledge of the case/how the TN has gone so far to inform how avoidant/anxious/cooperative to be.

EXPECTATIONS

- * **Praises** what the child has shared previously.
- * **Reviews aloud** what the child has shared previously, to provide added exposure. (Can be done with pauses to gather additional information.)
- * **Repeats** back/reflects new information the child shares, as appropriate, to provide added exposure/show heard.)
- * Works with child to **elaborate the TN in relevant places**.
 - Clarifies vague statements (then he did it -> he touched my penis)
 - Fills in missing pieces/get "hot spots" (what happened between that point and the police arriving?)
 - IDs thoughts, feelings, sensations during the events of the narrative
- * Uses **effective prompts** to get more information
 - Statements: "Tell me what happened next"; "Please tell me some more thoughts"; "Tell me what you were feeling in your body"; "I wasn't there, so describe it to me."
 - Questions: "What were you thinking then?"; "What happened after that?"

Does NOT use:

 - Leading questions
 - Questions that make child avoidance easy ("Can you tell me..." "Do you remember...")
- * **Does not challenge thoughts** until AFTER the narrative is more or less complete.
- * **Models confidence** (not avoidance).
 - Shows comfort/ability to talk about these topics
 - Does not drop/change voice or avoid relevant words, does not otherwise model avoidance
- * **Praises** child for sharing more information/facing difficult memories today

Trauma Narrative: Second Pass and Elaboration



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

OTHER TOPICS OR COMMON CHALLENGES YOU MIGHT WANT TO DISCUSS WITH THE CLINICIAN...

- How to respond to unhelpful/inaccurate thoughts that come up during narrative construction (e.g., acknowledges/records without disputing OR without implying therapist agreement with the thought).
- How to respond to inaccuracies or fantasies in the child’s narrative (e.g., child rescues parent, tells about abuse right away, or beats up the bad guys, when this is not how events really occurred).
 - ♦ It’s often helpful to acknowledge what child “wishes” had happened, potentially even writing the desired version of events, while also making sure to get a version that is “what really happened”, because talking about what actually happened is what helps kids most. It may be helpful to consult parents/case workers/ reports if actual events are unclear.
- How to tell when the narrative is complete.
 - ♦ Questions that can help uncover remaining “hot spots” or troubling memories/information not yet disclosed include: “What is the part you thought you would never tell anyone?” “Are there memories or images of what happened that still bother you, that we haven’t included?” “What was the worst part/scariest part/part you still think about most?” “What bothers you most about what happened that day?” “What part of this memory bothers you the most? Why?”
- Dealing with missing memories (e.g., due to head injury, date rape drug, alcohol intoxication, etc.)
 - ♦ Find out what their fears or thoughts about these missing periods of time might be, and find ways to address/cope with this helpfully.
- Events that took place at an early age, and of which the child may not have independent or accurate memories.
 - ♦ Exercise extreme caution when it is unclear if the child has his own memory of events. It may be possible to create a new, false memory by encouraging the child to elaborate on events they do not actually recall. For such cases, a detailed trauma narrative is not indicated, though other parts of the model are likely still relevant (e.g., PRAC, developing helpful ways to think and talk about known but not remembered events, such as the fact of being adopted).