TRAUMA NARRATIVE

• GOALS:
  o Unpair thoughts, reminders, or discussions of the traumatic event from overwhelming negative emotions (terror, horror, extreme helplessness, rage, shame, etc)
  o Desensitization procedure (repeated sharing and elaboration) decreases physical and psychological hyper-arousal upon exposure to reminders = decreases PTSD symptoms
  o Integration of thoughts and feelings into the creation of the trauma narrative allows child to put traumatic event into consistent and meaningful experience
  o Child will be able to integrate the traumatic experience into the totality of the rest of his/her life
  o Metacognitive abilities = ability to think about and evaluate one’s own thoughts and experiences --- co-occurs to some degree and while creating the trauma narrative --- allows child to successfully integrate the trauma and its meaning into a larger optimal self-concept

• PROCESS:
  o Over course of several sessions, child is encouraged to tell more and more details of what happened before, during, and after traumatic event as well as thoughts and feelings during these times
  o Gradually expose child to increasingly upsetting aspects of the traumatic event
  o Many children will be able to tolerate “put yourself back there in your mind” or remember all of the details “just like it was happening now” until they have spent one or more sessions describing the events, thoughts, and feelings from their present perspective
  o Prior to initiating – therapist should introduce the child and parent(s) to the theoretical basis of this intervention and reassure any concerns/fears (PTSD-based avoidance or discomfort about discussing upsetting events)
  o Often child is better able to verbally describe things before getting them down in some written form (Every child is different)
  o Generally best to have child first describe his/her perception of the facts about the traumatic event, and after these have been written, to return to the beginning and ask about thoughts and feelings
  o Interrupting the child in the flow of his/her narrative may make it harder for them to focus on the experience and may also encourage avoidance of describing further details of what happened
  o Capturing the entire narrative make take more than one session, depending on how difficult it is for the child to recall, how much detail is provided, and how long a time period is covered
- Having the child read what he/she has written thus far is helpful in both desensitizing the child to verbalizing the details of the trauma, and in re-focusing the child for the next segment.

- Over several repetitions, the child will typically experience progressively less extreme emotional reactions and physiological reactivity.

- In some cases, the child may not know all of the exact details and may be imagining horrifying scenes of other loved ones suffering; in these cases it is important for the child to verbalize and write these imagined traumatic reminders.

- Once the child has completed his/her description of what happened, the therapist should ask the child to read it from beginning, and ask the child to add thoughts and feelings he/she was having at the time of the events described (ex: what was weather like outside and on the inside) – record the thoughts and feelings but do not challenge at this time.

- Not unusual for child to recall more details when adding thoughts and feelings – add them to the narrative.

- At some point during creation of TN – therapist should ask child to describe the worst moment, worst memory, and/or worst part of the traumatic event – encourage to describe in as much detail as possible and draw a picture of the memory – encourage the child to write his/her feelings and to describe physical sensations that accompany.

- If child becomes overwhelmed, remind him/her that these are only feelings and/or memories, they are related to something that happened in the past and not something that is occurring in the present.

- Can use the Subjective Units of Distress (SUDS) Scale to help child quantify their degree of distress within each (or some) sessions – fear thermometers, children’s faces depicting different degrees of distress.

- At the end of each TN session, PRAISE the child and give a small reward (food, stickers, playing a game, etc).

- Once child has written the full narrative of his/her memories, thoughts, and feelings, cognitive processing techniques are employed to explore and correct cognitive distortions and errors.

- Children may elect to alter or modify parts of the TN during Cognitive Processing – they should be encouraged to do so, incorporating new cognitions and metacognitions into the trauma narrative.

- Therapist should encourage child to include at the end of the TN ways in which the child is different now from when events happened and when therapy began; what they have learned; and advice they might give to other children who have experienced similar types of trauma.
MULTIPLE TRAUMAS OR COMPLEX TRAUMA: When considering how to structure trauma narratives for children who have experienced more than one trauma, or for children whose entire lives have been characterized by trauma – allow the child to guide you in which traumatic experiences to include and in what order. Goal is to help the child contextualize different traumatic events.

May want to consider creating a “life narrative” rather than a trauma narrative. Some children may make a “timeline” of their life, others may prefer to create a picture album starting with their birth describing significant memories up until the present time. Helpful to have child also recognize happy events and fun memories. Also allows you to point out how strong they must be to have gotten through so many difficult and challenging times.

SUGGESTED BOOKS (Cohen and Mannarino):
- Please Tell (Jessie, 1991, for sexual abuse)
- All Kinds of Separation (Cunningham, 1992, parental separation d/t child abuse, parental substance abuse, or hospitalization)
- Creative Healing Books series – fill in the blanks books (Alexander, 1993)
  - It’s My Life
  - All My Dreams (exposure to crime or violence)
  - It Happened in Autumn (exposure to homicide)
  - When I Remember (exposure to traumatic death)
  - It Happens To Boys Too (Satullo, Russell, and Bradway, sexual abuse)

EXAMPLE OF INTRODUCTORY SCRIPT (Cohen and Mannarino):

“It is very hard to talk about painful things, and often children and parents try to avoid doing this. In fact, they say things like “let sleeping dogs lie,” and wonder if it is a good thing to bring back memories of sad things. We tell kids and parents that if they had been able to put those memories behind them, children would not be having any problems, and they would not be coming here to therapy in the first place. It’s like when you fall off a bicycle and skin your knee on the sidewalk, and all that dirt and germs get into the wound. You have two choices about what to do with that wound. You can leave it alone, not wash it off or put any medicine on it, and hope that it gets better all by itself. Sometimes that works fine. But other times, if you do that it will get infected. Infections don’t usually get better by leaving them alone; they get worse and worse. Your other choice is to wash the wound out real carefully, getting all the dirt and germs out of there. Than stings, it hurts at first, but then the pain goes away, and it doesn’t get infected, and can heal quickly. In the end, once an infection starts, it hurts a lot less to clean it out than to let it get worse and worse. Creating the trauma narrative, or telling the story of what happened, is like cleaning out the wound. It might be a little painful at first, but it hurts less and less as we go on, and then the wound can heal. Just like when you clean out a wound, if you rub it too hard or too fast, it will hurt a lot more than if you go more carefully. We try to go at just the right pace in telling your story so that it never hurts more than a little bit. You can let us know at any point if we are going too fast for you, and we will slow down.”