



Steps to Creating and Discussing the Trauma Narrative with the Child

1. Through-out the early components, be sure to do gradual exposure in each of the components by: a) naming the trauma(s) during each session with the child so they get used to hearing the trauma referred to, b) referring to the component you are working on and how it will be beneficial when they tell their trauma story about....
2. After completing the early PRAC components (psycho-education, parent training, relaxation, affective expression, and cognitive coping), sit down with the child and discuss different ways they may want to tell their story. The most common way is for the child to tell you the story as you write it down, however they may want to draw their story, use puppets, write a play, a song. They may use the sand tray, develop a TV show, etc.
3. Remind the child that they will go through their trauma story more than once with you, because it is very important so that they will be able to think about what happened to them without it triggering strong reactions and without it interfering with their getting on with their life. (Relate the reason why to their specific symptoms- i.e. so they won't have problems sleeping, so that they won't feel so anxious or angry all the time, etc.)
4. Also, remind the child that you will be sharing their story of the _____ with their parent/guardian before they share it with them. Explain reasons for this: 1) so that you can help the parent manage any feelings they may have before they (the child) shares it with the parent, 2) so that you can answer any questions they may have before the child shares it with the parent, 3) I explain to the child that many times they have been carrying the memories of their experience inside them for a long time and that my job is to help the parent listen and process their own feelings of what happened, with me as their guide, just like I am helping the child.
5. Discuss/explore what it will be important to include in their trauma story, i.e. the events leading up to the trauma, the first time, the worst time, the aftermath, etc. Organize it by chapters or sequence it as to what you will talk about first. With multiple traumas, you may want to do a life narrative and start with traumas of lesser intensity first. You may want to finish up with a chapter about what they have learned or how they are doing now.
6. The day you begin the trauma story, check in with the patient. Ask them to name and rate what they may be feeling the day. (i.e. How are you feeling today? On a scale of 1- 10, how much of that feeling do you have?) If they are feeling

excessively anxious, ask them to use their relaxation techniques and let you know when their anxiety has decreased down below a 5.

7. Start with some type of get-to-know-you chapter/drawing/etc. If their trauma has to do with the death of a family member, avoid an initial chapter that will have them describing their family members. Instead, have them talk about interests, hobbies, school, etc. Encourage them to give as much detail as possible, including thoughts and feelings associated with the information they give in the non-trauma chapter; this will help them to know what kind of detail you want them to give in subsequent chapters or sections of their trauma narrative.
8. Use simple prompts, i.e. “what happened next?” “go on,” and repeating back what was last said. Praise their efforts frequently- “You’re doing great!” “Take your time; we’re in no hurry.”
9. Observe for nonverbal signals as they progress that would indicate increased anxiety, re-experiencing, etc. and have them stop and use their relaxation techniques. Check in periodically with the child to get a self rating. If you are typing as they talk, you can slow the process down so they are not just racing through it.
10. Leave plenty of time to regroup at the end of the session, so that they may use relaxation techniques, play a game, talk about current issues, etc. You may choose not to start a new chapter until the next session.
11. On subsequent sessions, when they are re-reading what they have written to that point, tell them you may stop and ask for more details or for more thoughts and feelings about the event.
12. When they have finished writing or telling their narrative, tell them that now you want to go through and look for those unhealthy thoughts that they learned about before they started the narrative. Remind them that we will be looking together for any unhealthy thoughts, regardless of whether they are true or false, that may be causing symptoms of PTSD or that may interfere with them being able to move forward in their life, and that you will be helping the child to replace those thoughts with healthier true thoughts.
13. When you feel that the child has completed the narrative and was able to alter most, if not all of their cognitive distortions, and that the parent will be able to be a supportive presence to the child as they read their narrative, then you should have a conjoint session for the sharing of the narrative.
14. Prepare the child for the conjoint session with the caregiver. Explore what response the child is hoping for from the caregiver, and also ask if they have any questions for the caregiver.