
Gradual Exposure: The Trauma Narrative

Why is gradual exposure important?

- ✧ Unpair fearful associations between innocuous (harmless) stimuli and danger/trauma (ex., the dark, sitting on a porch).
- ✧ Identify unhelpful or inaccurate thoughts related to the trauma (so they can be addressed/corrected when it is finished).
- ✧ Get the information about the trauma and contextualize it within the child's life.

When are kids ready?

- ✧ When they have gone through emotional/feelings identification, psychoeducation about the relevant trauma, and have learned coping skills.
- ✧ Kids do not have to be *masters* of coping skills and have the ability to reduce feelings of anxiety on their own, but need to have learned some strategies and need to have seen how they can be effective in lowering anxious or uncomfortable feelings (ex., can reduce an anxiety rating of 7 or 8 to a 3 or 4).
- ✧ The child should not be about to move (ex., change foster homes) or be out of treatment (ex., school break) in the next 2-4 weeks OR still unsafe.

What forms can Gradual Exposure take?

- ✧ Usually a written narrative: Trauma Narrative (dictated by child, written down by therapist), but can be drawings, for young kids—often they use play, which the therapist can have them describe and then write down, dances, etc.
- ✧ As long as the child is talking about the trauma, what actually happened, remembering a particular incident (not talking globally) and adding in thoughts, feelings, and how their body felt, it can take almost any form.

How do I Start GE?

Child Session

- ✧ Read a book like *Please Tell!* (CSA); *A Place for Starr* (DV); *Something Terrible Happened* (DV or other community violence).
- ✧ Discuss the book: “What did that child feel/think?” “How is that like how you felt/thought?”
- ✧ Tell child you think they should write their own book about their experience.

- ✧ First, however, review coping skills (role play using them) which you will use while doing GE. Remind the youth about how things that seemed hard before, they can now do easily (talk about DV, CSA) and that this will be the same way.
- ✧ You can start by making a list of the things that should go in their narrative or you may choose not create a list upfront, but do ask the child session by session using a ‘forced’ choice “This week do you want to write about the 1st time it happened, or when you told?” All along treatment you would have been developing a tentative hierarchy in your head, of events that would need to be included in the narrative, and you would give the child a choice between two of them each week. Or, you can let the child just pick where to start. The list can include a mix of the following:



| | | | |
|---|--------------------|--------------------------------|-----------|
| - first time | -worst time | - last time | - telling |
| - medical exam | -other’s reactions | - counseling | -about me |
| - proud and bravest moments | | - advice to other kids | |
| - a happy memory with someone they lost | | - what learned and where going | |
| - going into foster care | | | |

- ✧ Kids don’t have to write about all the traumas, just the worst or most embarrassing ones. If kids have multiple traumas (CSA, DV, CPA, traumatic loss) they can write about 1 or 2 of each. You ***do not, and should not,*** have to go through all of the child’s experiences.
- ✧ Let the child pick what to begin talking about first; but before you begin, orient the child to remember back to the time they are talking about (ex., what was the day, how were they feeling, what were they thinking, what were they wearing) and be their secretary (ideally, they tell, you write, so you can pace them). Keep them moving slowly, repeat back what the child says....ask about thoughts, feelings, and what their body felt like (otherwise you let them continue, even when there are pauses so that they’ll stay ‘in the moment’). If you need to facilitate the narrative, see below....
- ✧ Use open-ended questions:
 - What were you thinking/saying to yourself?
 - What were you feeling?
 - What happened next?
- ✧ You can also use clarifying and reflective statements such as:
 - Tell me more about it...
 - I wasn’t there, so help me understand what it was like...

- I want to know all about it...
 - Repeat the part about...
 - Active Listen/Reflect: (ex., “So your dad was holding the gun...”)
- ✧ **Do** interrupt to do coping skills if the child appears to be overly anxious. Use ratings (1-10; thermometer, faces) to check in with the child while you are doing GE to determine if they need to do coping skills (8-10: probably yes; 3-5: probably no). Take a minute or two to do coping skills, and then come right back to GE (ebb and flow). A little, or a moderate, amount of anxiety is okay—kids can handle this. We have to be aware of our own avoidance...kids can continue the task even with some discomfort and learn to tolerate their feelings.
- ✧ **Do not** process any difficult, inaccurate, or unhelpful thoughts that come up as the child is telling you the narrative. Keep them ‘in the moment.’ Process thoughts either after the entire narrative has been completed, or at the end of that session, if the thought is particularly unhelpful or inaccurate (e.g., “I was thinking, I am so stupid. It was all my fault because I went to his house.”)
- ✧ Use the end of the session (5 minutes or so) to review another topic (coping, emotional identification, psychoeducation) so that the child has time to calm down and let their anxiety lower before they leave the session.
- ✧ Next session: child reads work from the previous session(s) and writes a new ‘chapter(s).’ This facilitates habituation within the session, and across sessions, so that avoidance lessens and comfort increases. **At the least, the child has to read what they wrote from the previous week...**we cannot reinforce avoidance.

Caregiver Session

- ✧ Tell the caregiver what you are doing with the child and why.
- ✧ Predict that the child may (or may not—all kids are different) have some difficulty sleeping, some behavior problems, and/or may not want to come back, but that this is the most important time for the child to stay in therapy and to consistently make their appointments.
- ✧ You will also be doing GE with the parent—you will read them what the child has written and will solicit their feelings, responses. This is their time to ask questions, feel sad, and express their own feelings.