

Trauma Narrative Development Reminders:

- Co-pilot, not Secretary
- Find the Shrapnel

The clinician needs to be the client's co-pilot, rather than his secretary. Your job is to help him cover the terrain he needs to, which means the hard parts that hurt to talk about – much like feeling for where the shrapnel is still stuck in a soldier's arm letting you know which parts need surgery.

Get the client's help identifying where those tender spots are, and you need to slow him down so he can be present in the moment and feel all of the discomfort associated with the memory (while also using his coping skills to tolerate the distress). At those most tender spots, the client needs to tell you what happened frame by frame, like you're watching a movie in slow motion.

Don't Waterski Over Sewage

Sometimes you'll find the client is glossing over the most painful aspects of the trauma memory and avoiding feelings. Your job is to help them dip down into the sewage, and actually feel the discomfort, being mindful and present in the memory. You do this by asking them, "And when that happened, what were you feeling? How big was that feeling/where did you feel it in your body? What was the thought behind that feeling? And when you thought that, what else were you thinking?"

For Kids Who Don't Want To Do the Trauma Narrative

Throwing Up - You know how last thing you want to do is throw up when you have to? Then you inevitably do, and then how do you feel/ what do you think? "Thank goodness I threw up! I feel so much better!"

The Trauma Narrative is the same way.

Possible Chapters to Include:

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- Title Page might change during process
- Introduction (about me, my family, my favorite...)
- Good Memories (before trauma, with family, with abuser)
- Trauma Details events of trauma, disclosure, first time, worst time, time you thought youd never tell anyone about, court, medical exam, police involvement
- Wrapping Up/Positive Ending (meaning making, what I learned, how to get through it, advice to other kids).