Trauma Narrative Construction with the DJJ Population

Vickie Beck, APRN-BC
April 16, 2019
National Trainer for Trauma Focus Cognitive Behavior Therapy
Agenda

- Classic PTSD versus Complex Trauma
- Multiple Co-morbidities
- How and Why Does that Change the Trauma Narrative
- Eliciting the Trauma Narrative
- Case Studies
**Classic PTSD versus Complex Trauma**

- **PTSD-** hallmark symptoms include 1) re-experiencing or intrusion; 2) avoidance; 3) changed thoughts and feelings; and 4) hyper-arousal symptoms.

- **Complex Trauma-** hallmark feature is dysregulation- 1) neuro-biology; 2) affect; and 3) behavior; this dysregulation then affects changes in 4) interpersonal difficulties; 5) self esteem issues; 6) self-injurious behaviors; and 7) cognitive difficulties.
Co-Morbidities

- 70% of children with PTSD have co-morbid diagnoses
- Depression
- Other Anxiety Disorders
- ADHD
- Substance Abuse Disorders
- Oppositional Defiant Disorders
- Conduct Disorders
How and Why Does That Change the Trauma Narrative

- Difference between a single event trauma and multiply-traumatized teens

- They often do not have memories of early childhood trauma

- Memories may be scattered images, unrelated in any cohesive linear fashion

- They often have lived in traumatic context their entire lives (remember DJJ teens have often lived in poverty and traumatic context their entire lives)

- May have so many types of traumatic events that it makes no sense to cover all

- May use a “types” based approach to the narrative, or may make more sense to organize by “chronological order;” may even use a combination of the two.

- It is all about MEANING!
Gradual Exposure May Be Critical

- May present as either highly triggered or numb.
- Assume that you need to do gradual exposure early and often.
- Vary the names you use in gradual exposure - alternate specific naming with general naming throughout the treatment.
- Be careful about asking them about their specific traumas too early in treatment
- Understand and utilize different ways and intensities of gradual exposure.
Eliciting a Trauma Narrative According to Types of Traumas Experienced

- How you are going to organize your trauma narrative should be decided upon during your evaluation (Why? So you can do gradual exposure adequately)

- Different categories of traumas might include Community Violence, Domestic Violence, School Violence, Sexual Assaults, Sexual Molestations, Neglect, Tragic Deaths, Being in Foster Care, etc.

- The BIG THREE always get their own chapter- Physical Abuse, Sexual abuse, and Domestic Violence- because they have different cognitive distortions associated with them
Eliciting a Trauma Narrative Using a Chronological Order Approach

- Different chronologies might include: When I lived with my parents and they used drugs and didn’t take care of me, when I moved in with my aunt and uncle who physically abused me, when I went into the foster care system and was separated from my brothers, etc.

- If using a chronological approach, you still need to name the bad things that occurred at that time when doing your gradual exposure.

- You still need to organize your names at the beginning of treatment in order to do adequate exposure.

- You may need to do a combination of chronological and type based narrative if you have a specific incident that needs its own chapter, i.e witnessed brother’s death.
Eliciting a Layered Trauma Narrative

- Advantages - it is an extension of gradual exposure. Doesn’t push too hard. Allows the client to gently get into the memories of trauma.

- Focuses on meaning making which is important in understanding how the traumas will ultimately impact on the teen.

- Allows for doing a chapter where a teen may not remember details of early childhood - they can talk about what they have been told happened or what they have read happened.
Eliciting a Layered Trauma Narrative (cont.)

- Putting structure into each chapter
  - Physical abuse - 1st memory, worst memory, how it ended, and what happened as a result of it ending
  - Multiple episodes of sexual assault - first time you were sexually assaulted, worst time or worst thing about being sexually assaulted, meaning making questions
  - Community violence - 1st memory of witnessing community violence, worst memory of community violence, meaning making questions
  - Witnessing death of a relative - the day of the event, what you witnessed, what happened immediately afterwards, the funeral, the aftermath (what changed as a result of that person’s death)
Eliciting a Layered Trauma Narrative (cont.)

* Make sure to do a structured outline before starting to elicit a narrative.
  - Advantage is that the client is less likely to become overwhelmed in the session. (Instead of saying, “Tell me what you remember about living with your mom and dad,” you say “tell me about your first bad memory you have of living with mom and dad.”)
Eliciting a Layered Trauma Narrative (cont.)

1st time through a chapter - Take only what they give you (repeat back, neutral prompts like “what happened next?,” “Go on”). Continue to praise and give encouragement - take your time and don’t be afraid of silence.

2nd time through a chapter - Elicit more details, thoughts, and feelings.

3rd time through a chapter - Check for completeness and meaning making.

Next do the cognitive processing.

Finish with a final chapter.
Meaning Making Questions

- Primarily centered around 5 areas- 1) esteem, 2) intimacy, 3) power/control, 4) trust, and 5) safety

- Use questions designed to elicit thoughts around 1) sense of self, 2) relationships with other people, and 3) world views
Case Study #1- Devon

Devon was a 16 yo biracial male who was ejudicated and placed on house arrest after multiple assault arrests and convictions. He wore an ankle monitor and had been court ordered to attend outpatient psychiatric treatment, specifically trauma treatment. Records indicated that he was born into an inner city family where there was a lot of chaos in the environment. Mom and Dad were drug addicts. It was unclear whether or not Devon was exposed in utero to drugs and alcohol. He lived with mom and dad for the first 3 years of his life, and was removed after he came to his Head Start Program with multiple bruises on his body. Dad was arrested soon afterwards on a drug charge, while Devon was living with a foster family. Mother got herself into treatment, and was able to reunify with him after a year’s separation. They lived in a dangerous inner city environment, where Devon was exposed to multiple episodes of community violence, including 1 shooting, 2 stabbings, and multiple muggings.

Mother then became involved in a relationship with an abusive boyfriend when Devon was 6 years old, and he witnessed domestic violence for the next 3 years. It culminated in him, at the age of 9, witnessing mother stab her boyfriend, and she was arrested and sent to prison. The aunt again became his legal guardian.
He did fairly well for about a year. He had changed schools and was passing. He reported some conflict with peers, but seemed to be adjusting. At the age of 11, however, he was expelled from his school for bringing a knife to school. He then started on a downhill trajectory with multiple arrests for aggression and assaults. The last assault resulted in severe injury to his victim.

Upon intake, he presented as shut down and with flat affect. He did not think that treatment was needed, and was just attending so that he could “stay out of jail.” He had no trouble explaining the superficial details of “what happened” when mom stabbed her boyfriend and was arrested. Aunt presented as hopeless, at her wits end, thinking that nothing was going to work.
Devon’s Trauma Narrative

- UCLA PTSD Reaction Index was 4; Aunt’s UCLA was 27.
- Grouped trauma narrative by types: 1) Mom and Dad’s drug addiction with neglect and physical abuse, 2) Domestic violence, 3) the incident when Mom stabbed her boyfriend, 4) community violence
Devon’s Trauma Narrative (cont.)

- Poorly invested during the initial PRAC sessions

- Superficial during the 1st and 2nd layers of the trauma narrative

- 3rd time through started spontaneously adding details - said at the end of the session that he had not thought that this treatment would be helpful, but that it was
Devon’s Trauma Narrative (cont.)

- Elicited meaning making unhealthy thoughts- “I’m a bad kid.” “I should have been able to stop Mom from stabbing her boyfriend.” “It’s my fault that Mom stabbed Joey.” “The world is a bad place.” “I’m unlovable.”

- Enhancing safety included more in depth anger management classes.

- By the end of treatment, Devon was doing well. Our marker for success was no further assault charges, and a follow-up 2 years later, he was doing well and was about to graduate from high school.
Isabella was a 13 yo Hispanic female who had been previously arrested for multiple petty crimes. Her most recent crime was an armed robbery, where a store owner was shot. Although she did not do the shooting, she was found to be an accessory, and was sentenced to a residential treatment detention facility.

Early childhood trauma history revealed that both mom and dad had mental illnesses. Mom had a diagnosis of bipolar disorder, and Dad had a diagnosis of schizophrenia. Isabella was removed from her parents at the age of 5 years old, when she and her 3 year old brother were found left unattended in a crack house. They were emaciated and unkept. Isabella had chlamydia. Both were developmentally delayed. They lived with an aunt and uncle for 3 years during which time they were both physically abused. Thus started their entry into Department of Social Services, where they were placed in numerous homes without success.
The brother was eventually adopted, but the family could not manage Isabella, and she was separated from her brother. There was an unsubstantiated report of sexual abuse at one of the foster homes when she was 10 by a 17 yo foster sibling. Lying, stealing, and aggressive behaviors increased, she started using marijuana and cocaine, and by the age of 13, she was sentenced to a detention treatment facility.

Upon intake, Isabella was guarded and angry. She cursed a lot and refused to engage in treatment. She was getting into trouble for conflicts with peers on the unit, and was oppositional with staff.
Isabella’s Trauma Narrative

- UCLA was 58; did not have a parent version to compare against

- Course of treatment was vastly different from Devon. She was angry all the time and alternated between being shut down and lashing out verbally with cursing and name calling.

- Grouped her traumas more chronologically: 1) Living with parents where she was neglected and sexually abused, 2) When she lived with her aunt and uncle and was physically abused, 3) Being in the foster care system where she was moved frequently and where she was sexually abused by a foster sibling, 4) Being arrested and convicted for armed robbery, and was an accessory to attempted murder.
Overcoming her resistance was the initial challenge.

By about the 6th session, she was still irritable, but was actively participating in treatment. She was tolerating the naming of her traumas, however she initially denied remembering any of her early childhood traumas while living with her parents.

Much more triggered while doing the layered trauma narrative. The second time through was the most difficult for her, because she had some memories of living with parents. What she did not remember, we covered by asking her to tell what she had been told about her early childhood living with her parents.
Elicited meaning making unhealthy thoughts- “Nobody wants me.” “I’m unlovable.” “It’s my fault I was sexually abused.” “No one will want to be with me if they know I was sexually assaulted and sexually molested.” “I’ll never be able to have a normal sexual relationship.” “I’m a bad kid.” “I deserved the beatings by my aunt and uncle.”
When treatment was completed, Isabella’s score on the UCLA was 32. She still had the distortion that “the world is a terrible place.” Worked on that distortion.

Enhancing safety was a huge part of her treatment as well. Used habit extinction for the lying and stealing behaviors, worked on how to develop healthy relationships, included anger management in more depth, and continued to address how to handle her addiction issues once she left the treatment facility.
Thank-you!

Vickie Beck, APRN-BC

center03@icloud.com