

EXPRESSIVE

- **Adequate detail.** Patients can provide clear recall of their traumatic events with reasonable **detail**. That is, acknowledging that most people would not want to voluntarily talk about traumatic events, they were willing and able to cooperate with therapists and give details when asked.
- **Spontaneous.** Was not overly avoidant or reluctant to talk about it.
- **Admitted emotions.** Was able to talk about some **distressing emotions** related to the traumas. Able to make emotional connections to events. Spontaneous, non-prompted, ideally.
- **Expanded recall with time.** As treatment progressed (through sessions 6 to 10), patients provided additional details about the traumas, i.e., they were willing and able to **expand their recall** of the events and share this with therapists.

AVOIDANT

- **Limited detail.** Patients appeared to **avoid giving details** about their traumatic events.
- Usually able to make emotional connections to events (but this is not a requirement).
- **Did not expand recall with time.** No, or few, details of the events were added as treatment progressed (through sessions 6 to 10).

UNDEMONSTRATIVE

- **Does not admit to feelings.** Patients **rarely, if ever, talked about distressing feelings** related either to how they felt during the actual past traumas or to how they felt during the exposure exercises. Discussions of feelings were restricted to either yes/no answers to therapist's questions or ratings on the feelings thermometer.
- They may be able to recall details about their traumatic event(s), but without being able to add spontaneously how they felt.
- Usually able to add some new details in later sessions.

FABRICATED

- **Fabrications.** Patients appeared to **fabricate events** or embellish the events related to their traumas, i.e., claims things happened that we are pretty sure did not happen. This does not apply to small errors in recall (e.g., whether they were in a blue car versus a red car). This applies to making up entire actions (e.g., a claim to have attacked mom's abuser with a knife when no such thing happened).

The lies can be either (a) impossible ("The police sent five dogs after me"), (b) implausible, but not impossible ("He didn't know he was hurting me" when describing being slammed against a wall), or (c) paranoid/psychotic (teen believes his house is being systematically watched by a bully).

This should be apparent in more than one session, but may include as few as several statements from all sessions

Fabricated trumps all other categories.

Expressive trumps Avoidant and Undemonstrative by definition (a patient can't meet criteria for Avoidant or Undemonstrative if they meet criteria for Expressive).

Avoidant and Undemonstrative do not trump each other. If a patient shows features of both of these categories, it becomes a judgment call based on details of the narrative of which category fits them best.

Scheeringa MS, Lilly ME, Staiger AB, Heller ML, Jones EG, Weems CF (2017). Do Children and Adolescents Have Different Types of Trauma Narratives and Does it Matter? Reliability and Face Validation for a Narrative Taxonomy. *Journal of Traumatic Stress* 30(3), 323-327. DOI: 10.1002/jts.22190