

# Story Medicine

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A Short-Term Narrative Exposure Therapy for Traumatic Stress  
Disorders with First Nation, Métis and Inuit Communities

Provider Protocol Manual

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## Introduction

**The Story Medicine research project** will be offering time limited trauma therapy to family members and loved ones of the MMIWG2S and survivors of violence. Story Medicine is based on an individual treatment method called Narrative Exposure Therapy (NET). NET was designed to help people process traumatic experiences.

Traumatic experiences can impact people's lives in different ways. Some have little to no complaints, while others suffer greatly. Traumatic experiences can show up in people's lives through frightening memories, flashbacks and nightmares. Many people try not to talk or think about these experiences as it affects their mood, daily functioning and relationships. Often people describe being sad, angry, constantly on guard, or easily irritated. Disturbed sleep is another complaint that is often mentioned as well as unhealthy coping strategies (e.g. alcohol and drug use) to manage these symptoms. Sometimes life seems so unbearable that people have thoughts of ending their own life.

All of the above are symptoms of Posttraumatic Stress Disorder (PTSD). One way to treat these complaints is by revisiting the traumatic experiences in a therapeutic way so they can be processed.

Story Medicine is a version of NET that is tailored to the Indigenous populations in Canada. It considers culture, context and multigenerational trauma in its application.

### How does Story Medicine work?

In Story Medicine, traumatic events are revisited in detail. All the significant positive and negative life events are placed within the perspective of your entire life span from birth to present.

In the first session, your therapist will explain how Story Medicine works and how your symptoms can be reduced by means of this therapy.

In the next session, together with your therapist you lay out a string, ribbon or other material that represents your lifeline. The lifeline starts at your birth and continues up to the present day. You will be asked to choose flowers or objects meaningful to you to mark the positive and beautiful moments in your life. Similarly, you will be asked to choose stones or other items meaningful to you to mark adverse or traumatic events in your life. As you place the stones and flowers along your lifeline, you name them, for example "wedding", "birth of my child" (flowers, usually), or "accident", "abuse" or "murder" (stones, usually).

With the help of your therapist you narrate (or "story tell") the most significant events (marked by a stone or flower) in your life, starting with your early childhood. You will be asked to try to



go into as much detail as you remember, while being aware of your emotions, thoughts, body and sensations. Especially the difficult moments will be discussed in detail. Talking extensively about your memories, including the circumstances in which they were formed, will slowly reduce the pain that has come to accompany these memories. Story Medicine aims to help you overcome the fears that go together with these memories by processing traumatic material.

Your therapist will document each session with a summary of your life stories. You will receive this document at the end of treatment, and it is your decision what to do with this document.

### **How long does the therapy take and when will I start?**

The Story Medicine Research Project will recruit approximately 30 people to take part in a trial of Story Medicine. There are 2 groups in this project: the immediate intervention group (IIG) and the delayed intervention group (DIG). It is important to note that participants are randomly placed into one of these groups. The IIG will participate in up to 10 visits within 6 months of consenting. The DIG will participate in up to 10 visits 6 months after consenting to be a project participant. Every visit lasts about 90 minutes, and depending on location, happens in person or through secured video conferencing software.

The Story Medicine Research Project will not be able to offer therapy after the 12 provided sessions. Your therapist and the story medicine team will be able to help you find additional resources if needed.

### **Are there any side effects?**

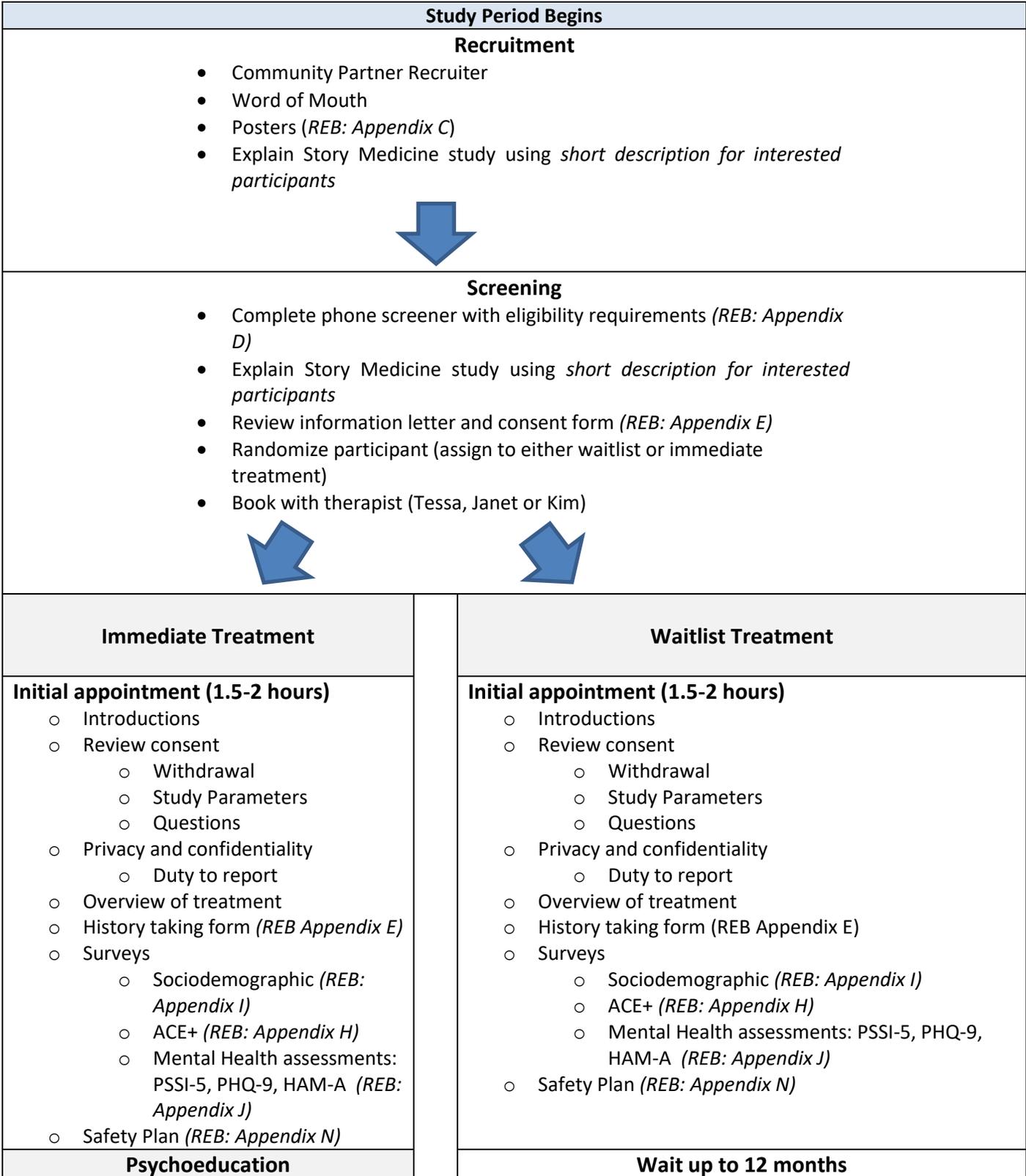
After a therapy session you might feel more distressed for a few days because of the memories you recalled. This is a sign of processing. You can discuss with your therapist how to best manage and cope with an increase in symptoms. Ultimately, the goal of Story Medicine is that the memories will be processed which in turn will diminish these difficult symptoms.

### **Is Story Medicine effective?**

Scientific research shows us that NET is an effective therapy for people who have been exposed to several traumatic events in their life. These studies show that symptoms diminish and the traumatic memories lose their emotional charge. They also describe that the memories aren't as intrusive as they were before. It's not unusual for new thoughts and insights to arise as a result of the therapy, which may give a different, less threatening meaning to the events. Revisiting joyful and positive memories can also help to be a point of strength for you. The effects of NET sometimes continue for several months after the treatment.



# Study Outline



|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>○ Strength-based conversation about purpose and worth; allow participant to self-locate with respect to preferred expression of Indigenous identity and spirituality</li> <li>○ Review fear network</li> <li>○ Review PTSD worksheet</li> <li>○ Review client guidebook handouts/resources</li> </ul> |  |
| <p style="text-align: center;"><b>Lifeline</b></p> <ul style="list-style-type: none"> <li>○ Client and therapist map out the lifeline</li> <li>○ Record lifeline (photograph or drawing)</li> </ul>  |  |
| <p style="text-align: center;"><b>Sessions</b></p> <ul style="list-style-type: none"> <li>○ 4-8 exposure visits</li> </ul>   |  |
| <p style="text-align: center;"><b>Post-therapy Assessment</b></p> <ul style="list-style-type: none"> <li>○ Qualitative Interview (<i>REB: Appendix O</i>)</li> <li>○ Mental Health assessments: PSSI-5, PHQ-9, HAM-A (<i>REB: Appendix J</i>)</li> </ul>   |  |
| <p><b>3 months Post-therapy Assessment</b></p> <ul style="list-style-type: none"> <li>○ Mental Health assessments: PSSI-5, PHQ-9, HAM-A (<i>REB: Appendix J</i>)</li> </ul>  | <p style="text-align: center;"><b>Reorientation session</b></p> <ul style="list-style-type: none"> <li>○ Review study, manual, treatment, and client handbook</li> <li>○ Mental Health assessments: PSSI-5, PHQ-9, HAM-A</li> <li>○ Review Safety Plan (<i>REB: Appendix N</i>)</li> </ul>   |
|  | <p style="text-align: center;"><b>Psychoeducation</b></p> <ul style="list-style-type: none"> <li>○ Strength-based conversation about purpose and worth; participant to self-locate with respect to preferred expression of Indigenous identity/spirituality</li> <li>○ Review fear network</li> <li>○ Review PTSD worksheet</li> <li>○ Review client guidebook handouts/resources</li> </ul> |
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|  | <p style="text-align: center;"><b>3 months Post-therapy Assessment</b></p> <ul style="list-style-type: none"> <li>○ Mental Health assessments: PSSI-5, PHQ-9, HAM-A (<i>REB: Appendix J</i>)</li> </ul>  |
| <b>Study Period Finished</b>   |  |



## Therapy Session Outline

| SESSION   |  | PURPOSE  |
|---|--|--|
| <b>Screening</b><br><i>(with study coordinator)</i> |  | <ul style="list-style-type: none"> <li>○ Explain Story Medicine study using <i>short description for interested participants</i></li> <li>○ Review information letter and consent form (<i>REB: Appendix E</i>)</li> </ul>   |
| <b>1</b>  | <b>Introductory Session</b><br><i>(with study therapist)</i>               | <ul style="list-style-type: none"> <li>○ Introductions</li> <li>○ Establish a trusting relationship and safe environment</li> <li>○ Establish a foundation of strength</li> <li>○ Review consent</li> <li>○ Privacy and confidentiality</li> <li>○ Overview of treatment</li> <li>○ History taking form (<i>REB Appendix E</i>)</li> <li>○ Sociodemographic (<i>REB: Appendix I</i>)</li> <li>○ ACE+ (<i>REB: Appendix H</i>)</li> <li>○ Mental Health assessments: PSSI-5, PHQ-9, HAM-A (<i>REB: Appendix J</i>)</li> <li>○ Safety Plan (<i>REB: Appendix N</i>)</li> </ul> |
| <b>2</b>  | <b>Psychoeducation</b><br><i>(with study therapist)</i>                    | <ul style="list-style-type: none"> <li>○ Strength-based conversation about purpose and worth; allow participant to self-locate with respect to preferred expression of Indigenous identity and spirituality</li> <li>○ Discuss trauma and explain the therapeutic approach of the Story Medicine treatment</li> <li>○ Review fear network</li> <li>○ Review PTSD worksheet</li> <li>○ Review client guidebook handouts/resources</li> <li>○ Preparation for the narrative; select Lifeline objects of significance</li> </ul>  |
| <b>3</b>  | <b>Lifeline</b><br><i>(with study therapist)</i>                           | <ul style="list-style-type: none"> <li>○ Begin Lifeline</li> <li>○ Ask participant to select lifeline materials from bundle</li> <li>○ Lay out notable events on the lifeline</li> <li>○ Record the lifeline at session close in a way that feels safe to the participant (photograph or drawing)</li> </ul>   |
| <b>4</b>  | <b>Session 4</b><br><i>(with study therapist)</i>                          | <ul style="list-style-type: none"> <li>○ Narrative exposure to a traumatic event</li> <li>○ Recognize a traumatic event</li> <li>○ Assess the context of the traumatic event and start to narrate the “hot” memory</li> <li>○ Therapist records the memory of the event discussed in the session (1-1.5 pages)</li> </ul>  |
| <b>5-8</b>  | <b>Sessions 5 and subsequent sessions</b><br><i>(with study therapist)</i> | <ul style="list-style-type: none"> <li>○ Written narrative from previous session read to the client</li> <li>○ Habituation: Client corrects/details the report</li> <li>○ Continuation of previous session.</li> <li>○ Recognize a traumatic event</li> <li>○ Assess the context of the traumatic event and start to narrate the “hot” memory</li> <li>○ Habituation: Client corrects/details the report</li> <li>○ Continuation of previous session.</li> </ul>   |
| <b>9 &amp; 10</b>                                   | <b>Closing Sessions</b><br><i>(with study therapist)</i>                   | Closing Session 1<br><ul style="list-style-type: none"> <li>○ Report read to client and all final corrections are made</li> <li>○ Report/testimony is signed</li> </ul>  |



|    |   |   |
|----|---|---|
|    |   | <ul style="list-style-type: none"> <li>○ If Criteria for closure reached the treatment is closed; report handed to patient with picture of Lifeline/Lifecycle</li> <li>○ Healing Bundle is given to client</li> <li>○ Closing Session 2</li> <li>○ Post-treatment diagnostics: Qualitative Interview (<i>REB: Appendix O</i>)</li> <li>○ Post-treatment diagnostics: Mental Health assessments PSSI-5, PHQ-9, HAM-A (<i>REB: Appendix J</i>)</li> </ul> |
| 10 | <p><b>3 Month Follow-Up Visit</b><br/>(with study therapist or study coordinator)</p> | <ul style="list-style-type: none"> <li>○ Post-treatment diagnostics: Qualitative Interview (<i>REB: Appendix O</i>)</li> <li>○ Post-treatment diagnostics: Mental Health assessments PSSI-5, PHQ-9, HAM-A (<i>REB: Appendix J</i>)</li> <li>○ Evaluation/Personal Reflection</li> <li>○ Revisit Healing Bundle</li> <li>○ Ensuring the availability of appropriate external supports</li> </ul>   |

## 1. Introductory Session

### Objectives

An initial Trauma Assessment will be completed by potential clients with the providers in person when possible. When necessary, this can be completed via teleconference or videoconference.

This assessment will begin with a history taking form and sociodemographic survey that include questions related to the participants' current situation, mental health and stressors. Next the participant will complete the Adverse Childhood Experiences Questionnaire (ACE) augmented with questions related to Indigenous multigenerational trauma to more adequately capture the experience of the Indigenous community (ACE+) Lastly, participants complete a mental health baseline measure package. The mental health measures will include:

- 1) PCL-5 for Post-Traumatic Stress Disorder
- 2) PHQ-9 for Depression
- 3) HAM-A for Anxiety

Note that while the screeners are purposed to ensure criteria is met for client safety, they also set the context for discussing trauma and its effects on the client and their family. It will aid in normalizing trauma symptoms and provide a basis for sharing appropriate and applicable psychoeducation materials. Appropriate training must be received before using a mental health or traumatic events assessment and these tools should only by administered by health professionals.

### Instructions

1. Introduce yourself to the client sharing relevant information and self-location.
2. Encourage the client to share personal information such as:
  - Where he/she is born
  - Personal interests (goals, likes/dislikes, hobbies)
  - Things about themselves they consider important.



- Area of city they reside (this will help you establish local supports)
- 3. Explain therapist-client confidentiality
- 4. Establish the day and time of Story Medicine sessions and protocols.
  - Ask your client which dates and times are preferable.
  - Underline the importance of punctuality and consistent attendance. This treatment is a commitment you make with yourself and your therapist.
  - Try to be as honest as possible, and express yourself just as you are and how you feel.
  - Turn off your phone or put it on “vibrate” once you come into the therapy so it doesn’t interrupt the session.
- 5. Provide the client with telephone numbers where they can reach you.
  - Contact phone numbers
  - Emergencies
- 6. Review the purpose of the research study and an overview of the Story Medicine therapy
- 7. Explain the measurement tools and their purpose to the participant
- 8. Ask the participant if they have any questions or reservations and carefully review these with the client.
- 9. Administer the tools.
- 10. Complete the safety plan with participant (with special measures in place for long distance participants).
- 11. Complete the client’s scaling for data entry.
- 12. Provide client a copy of client handbook and prepare them for the next session.

*» SESSION CLOSE «*

**NOTE: If the participant has been waitlisted; they must complete a reorientation session with the therapist prior to Session 2. Reorientation includes mental health measures:**

- PCL-5 for Post-Traumatic Stress Disorder
- PHQ-9 for Depression
- HAM-A for Anxiety

## 2. Psychoeducation Session

### Objectives

The purpose of this session is to continue building a safe and trusting relationship with your client. The client must feel comfortable in order to share trauma with you as the witness. This also decreases the chances of re-traumatization of the client. The client must feel empowered so that it is their choice to share their experiences with the witness; they should not feel coerced or forced to share.

There is no singular Indigenous client, as there is no singular non-Indigenous client. Some clients will be firmly rooted in traditional Indigenous cultural experiences, spirituality, and ceremony while others may have had more experience with the broad, non-Indigenous influences of mainstream Canada such as Christianity. This session will help you gain an understanding of the client’s comfort level with Indigenous ceremony and tradition, so that you are able to best tailor the therapy moving forward.

In this session, it’s explained that trauma can negatively impact the way people see themselves, others and the world around them. Survivors may feel that there is little purpose to their life; their feelings of worthiness might have been affected; and the world may seem a hostile and unsafe place. In the face of trauma and loss, it can



be helpful to have something to hold on to, that gives direction or a connection to core beliefs. You may mention examples of stories (such as the creation story, which tells us that we are worthy and that our lives have purpose) and ask the client whether they have their own stories they go back to, to help them through hard times. This gives the client a chance to discuss their beliefs around purpose and worth. If they are interested, this session will introduce Indigenous strength-based teachings. The client's handbook will offer various expressions of the creation story or of strength-based teachings on purpose and worth that the client can refer to. These nuggets of culture will give the client something to hang on to or to pursue life rather than being trapped in the trauma. Through this process you are teaching them to anchor themselves continually.

In this session, you will share more information about the effects of trauma on the brain and especially how traumatic experiences are stored in a different way than normal (non-traumatic) memories. You explain how Story Medicine is a therapeutic intervention that can help process these traumatic memories into more neutral ones. In turn, if successful, participants can get to a place where they can lead a life less burdened by the symptoms of PTSD.

This session will also be important, as you will be asking the client to come up with objects that have a connection with nature that they can use for their timelines.

## Instructions

1. Introduce yourself sharing relevant information.
2. Give a brief orientation on today's session
3. Establishing client comfort of Indigenous culture.
4. Creating an Anchor – Teachings on worth
  - Ask the client: *How do you see yourself as an Indigenous person? Did you ever know or hear from anyone that creator put us here for a reason, or that your life has purpose?*
  - Discuss the resources in the client handbook (including the creation story etc).
13. Explain the purpose of the Story Medicine therapy and how it treats trauma and PTSD. Review the psychoeducation section of the client handbook.
  - Discuss the fear network
  - Discuss PTSD
  - Review Grounding Resources
14. Discuss the client healing bundle
  - Ask the client to select timeline objects of personal significance.
  - Provide examples for the:
    - Lifeline (i.e. cedar bows, sinew, sashes, yarn string, embroidery thread, etc.)
    - Joyous Events (shells, tobacco ties, feathers, flowers, rosehips etc.)
    - Traumatic Events (rocks, burnt wood, etc.)
  - Mention that as we will not be beginning the timeline until the following session, there is still a bit of time to think about this. Ask that they contact you before the subsequent session so that you may assemble their objects.
15. Basic Safety Questions and Sleep Reminder
  - Sleep is an important healer and helps us to process the days thoughts and activities. Remind the participant to take care of themselves after their appointment (sleep, food, social supports, safe substance use).
16. Establish Local External Supports
  - Refer the client to external supports that are local to their area if needed.
17. Answer any questions the client may have.



18. Depending on the client's comfort level with Indigenous ceremony, you may suggest burning sage or sweetgrass to close.

### 3. Lifeline

#### Objectives

» SESSION CLOSE «

In this session we work with the client to lay out their lifeline up until the present. Remember that in the previous session, the client was informed of this overall process. Remember that for this first lifeline session; you don't want too much detail about any one event because of timing as well as the risk of triggering "hot memory". You'll want to get an overview of the person's life by focusing on the facts and context (cold information) of their life. This session is building the framework on which the rest of the sessions will be based. In this session, we are laying out markers of the most difficult and the most joyous events in a participant's life. We must be prepared to deal with both instances in which the client may have been the victim and when they may have committed acts of aggression.

Important tip: When a person chooses an event they consider important enough to mark, ask them high level or "cold knowledge" question such as \_\_\_\_\_ and \_\_\_\_\_ it happened \_\_\_\_\_ was there. These questions work on the autobiographical sections of a person's memory.

Lifeline sessions may begin with a smudging ceremony when appropriate. By this time, you should be acquainted with the comfort level of the client with Indigenous ceremony. The intention is beginning the sessions from a grounded place. You will also be discussing support through our ancestors, and sharing berries together as a feast.

#### Instructions

1. Greet the client
  - Encourage the client to share how they have been since you last met using 3 descriptive words. You do not want to go into too much detail about this as this session is not for traditional therapy, but for the beginning the lifeline.
2. You may begin with a smudging ceremony or Lord's Prayer when appropriate
3. Ask the client what they have chosen for their Lifeline/Lifecycle objects and ask them to explain their significance.
  - Certain objects will mark joyous events, and other objects will mark traumatic events. These objects may be selected according to size that marks their significance as well.
4. Explain the work that will be done in this session and a timeframe for the session.
5. Help the client lay out their lifeline with a piece of ribbon/string, or whatever they have chosen to represent their life during the previous session. One end will represent when they were born, and the other end will be rolled up to indicate the life that is yet to come.
6. Invite the client to begin narration of their lifeline. This may include their family background, joyful moments and the time leading up to their first traumatic life event. You will be supporting the client to place the traumatic and joyous events in chronological order along the lifeline.
  - You might help the client begin by asking, "when/where were you born?"
  - Stones and flowers (or whatever the client has selected for their traumatic/joyous events) are given a label or name.



- You may want to probe for joyous events if there isn't any being placed on the lifeline. Questions like "are there any events or moments in your life, small or big, that gave you joy or pleasure? Examples could be the birth of a child; a celebration; an acknowledgement; a moment spent with a loved one; another person's kind words; etc".
7. Answer any questions the client may have.
  8. Take a picture of the lifeline, or make a copy on a piece of paper with notes on the order of events and a brief description of each.
  9. Pack up the lifeline – this is up to the client, so ask them how it is they would like to pack up the lifeline for today. There are many options for this, like a felt bag, a piece of patterned cloth rolled up, or a personal bag the person has for their bundle.
  10. Close the session with smudge if appropriate.

## 4. Exposure/narration Sessions (4-8) SESSION CLOSE

### Objectives

During the narration sessions, you will be talking through one traumatic event (stone) per session, connecting hot and cold memory.

You may want to begin with a ceremony, keeping in mind personal preferences. For some clients, a smudge and gratitude prayer may be relevant, while others may benefit from the recitation of the Lord's Prayer. The intention is beginning the sessions from a grounded place.

During narration you are switching between then and now in a close and directive manner. Help identify and differentiate emotions for the client. Stay in the "hot spot" with a client until they experience some relief. If the client has a hard time working through a memory, saying something like *"I know this is very hard, but it's important that we continue so that we can work through this. I'm right here with you, you are not alone in this"* might be helpful.

The fear response is inhibited by exposure to this memory (habituation), and meaning is made from re-visiting the traumatic memory and allowing the patient to see the event in the context of their whole life, instead of being continually re-experienced in the present (re-processing).

These sessions are to continue the work from the previous session. You will continue to work through the client's traumatic experiences with them at this and subsequent sessions. Plan to stay exploring a traumatic event for about 45-60 minutes, and never stop halfway through exposure to the memory of a traumatic event if the fear network is still activated. The client needs to be in a safer place, which can be assessed by an affect change (less anxious).

If the client dissociates, spend more time in the present by bringing their attention to the here and now. Spend less time on embodiment and use bright lights in your office. If the client avoids, spend more time focusing on the past. The use of body position ("show me how you were positioned when...") may be helpful to access a hot memory/fear network.



Processing one or two events that represent the same fear network, helps process other similar events without treatment. You don't have to treat all events. Rule of thumb in order of treatment: "first – worst – most recent".

Processing a stone that represents a loss/death: if a person presents with ptsd symptoms, prepare the client that sadness and grief may come up. Treatment lowers ptsd symptoms and can make space for the start of the grieving process. Pay extra attention and offer to incorporate a ritual to honour the person; ask what they meant to the client; ask them whether they want to say anything to their lost loved one. Sometimes, clients will want to bring something in to honour and respect their loved one such as a picture, poem or flower. Acknowledge the grief.

## Instructions

1. Greet the client and open the session with a grounding exercise.
2. Check in with the client and see how they have been since last you met.
3. Explain the work that will be done in this session and a timeframe for the session.
4. *On all subsequent sessions to the first exposure:* Review the written record of the traumatic events from last time. Ask the client about changes in their perception of the traumatic incidents (not sure if we spend too much time on this). This will help to attune them to perception/emotional processing changes within themselves.
5. Narrating the traumatic event:
  - Encourage the client to clarify the period just before the event. Ask questions that give you an idea of the client's life at that time. For example, "Were you married yet?", or "Where were you living?"
  - Slow down and allow the client to recall the event. This will take courage and may incite feelings of fear and suffering for the clients. The provider encourages the client to go in slow motion.
  - Ask questions that help the client focus on their perceptions at the time of the incident, such as what they heard, smelled, thought about (hot memory), etc.
  - Ask questions that help the story to be told in chronological order. It is important that the client can fit the details of their memory into a narrative flow.
  - The provider will offer help when a client comes up against sensations linked to the memory. If a client is overcome with strong sensations, the provider helps them to explore the feeling or source(s) of the feeling. Asking the client what the sensation feels like, and where in their body it is occurring, can help. The goal is to perceive and describe the sensations.
  - The client will begin to come down from these intense sensations and a feeling of relief will take over. When the provider sees this, they support the client in calming down. Do not reignite the "hot" feeling of exposure at this time.
6. Bring the narration to an end after the client's arousal is reduced. Ask the client to explain in a few sentences what happened after the event occurred. Placing the trauma in the context of time (what happened after the event) helps to create the chronological lifeline.
7. If the client is avoidant, ask more questions about what they are thinking and feeling at this time. Sometimes creative tools like drawing or using figures or body position can be used to help clarify contexts or allow them to continue talking.
8. If the client is experiencing a flashback or is becoming dissociative, try to bring them back to the present moment.
9. Before closing the session, the provider must assess whether the clients is grounded and it is safe for them to leave the session. Share berries or tea together in order to restore calm. Schedule your next session in 1-2 weeks maximum.
10. The provider must write up the life event in detail following the session.



11. This process is repeated each session.

Helpful tip: Don't take elaborate notes during the detailed elaboration of a traumatic event, as you will want to be totally focused on the client and tune in to how they look and are responding – write the narrative as soon as possible after the session.

## 5. Closing Sessions

*SESSION CLOSE*

### Objectives

In these sessions we work with the client to lay out their lifeline up until the present. The lifeline acts as a timeline for the therapist and client to see where certain events took place in time. The closing session is comprised of two individual sessions to ensure adequate time is available.

### Instructions

1. Review the report of the client's lifeline and make any final corrections.
  - In the final session the client should notice that recalling the testimony does not incite the emotional response it once did.
2. The provider and the client will both sign the lifeline narrative.
3. A ceremony or way of acknowledging the close of the Story Medicine sessions will be done. This honors the narrative and the person. A medicine bundle may be prepared and given to the client along with their written biography and photograph/drawing of their lifeline.
4. Offer recommendations in terms of referral to other types of therapy or services if needed.

*SESSION CLOSE*

## 6. Follow-Up Session (3 months)

### Objectives

This session will help to add closure. As a provider, you will help to frame the trauma as something that distracts them from their life path; it is an imbalance blocking you from things you can learn from and it's not everything you are.

You will also revisit the healing bundles (like the rocks we grasped, the tobacco ties) as these are medicines of strength.

### Instructions

1. Review the client's lifeline prior to meeting with them.
2. Greet the client and open the session with a grounding exercise.
3. Check in with the client and see how they have been since last you met.
4. Discuss the purpose of re-administering the measurement tools. Explain that you would like to compare the differences in PTSD, depression and anxiety symptoms that the client is experiencing at the present time compared to completing treatment.
5. Ask the participant if they have any questions or reservations and carefully review these with the client.



6. Administer the tools.
7. Check in with the client to see how they describe progress and changes in their trauma symptoms. Discuss their thoughts and feelings about the Story Medicine process and the lifeline they created in their sessions. Ask about changes in their life since completing the therapy.
8. Offer recommendations in terms of referral to other types of therapy or services if needed.

*» SESSION CLOSE «*



**LIFELINE**

