NARRATIVE EXPOSURE THERAPY (NET):

THE HYBRID CASE STUDY OF “ALEX”

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ABSTRACT

Although Latinos are the fastest growing demographic group in the United States, they have less access to mental health services and are less likely to receive needed psychological treatment (U.S. Department of Health and Human Services, 2001). Traditional and westernized psychotherapy models and norms that are not attuned to the sociocultural needs of Latinos are likely to dissuade them from pursuing psychological help (Añez et al., 2008; Stacciarini, O’Keeffe, & Mathews, 2007). Research on the mental health services access barriers for Latinos exists; however, additional research focused on Latino males’ access and utilization of mental health services is needed. Through utilization of a pragmatic case study approach (Fishman, 2005), this study aims to add to the clinical knowledge base of psychological treatment of Latino males with PTSD through use of Narrative Exposure Therapy (NET). NET (Schauer, Neuner, & Elbert, 2011) is an evidence-based treatment for PTSD effective for culturally diverse populations. This hybrid case study explores the NET treatment of “Alex,” a Latino male with a history of complex trauma diagnosed with PTSD. The treatment approach, outcomes, and cultural considerations of NET treatment are described in this dissertation.
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CHAPTER I
Introduction and Rationale for Study

The Rationale for Selecting this Particular Client for Study

The demographics of the United States continue to evolve. Since 2000, Latinos have been the principal driver of U.S. demographic growth (Flores, 2017). The Latino population has grown to comprise approximately 18% of the U.S. population and is now the second largest racial or ethnic group in the nation. The total number of Latinos, which stood at nearly 58 million in 2016, is rapidly growing and is projected to double in the next 50 years (U.S. Census Bureau, 2017; Flores, 2017).

A significant portion of Latinos, approximately 40% at the peak in 2000, immigrate to the U.S. from various majority-Latino nations such as Mexico, Guatemala, El Salvador, Honduras, Panama, Ecuador, Peru, and Columbia. Like others who immigrate to the U.S. seeking opportunities and safety not available in their home countries, these individuals experience myriad stressors that include: acculturation, employment, legal status and potential deportation, language acquisition, and separation from family and community of origin (Matlow & Romero, 2016). For Latino families and individuals, the transition is further complicated by a higher risk of exposure to violence and trauma that spans the entire immigration experience: immigrating individuals and families are often fleeing violence, poverty, and trauma in their home countries; there is a trauma exposure risk during the immigration journey; and neighborhoods in which they ultimately settle often experience disproportionate rates of poverty and violence, and scarcity of resources and security (Matlow & Romero, 2016).

Latinos frequently encounter numerous challenges that affect their quality of life. Like other racial/ethnic minorities, Latinos are a traditionally underserved population that experiences
disparities and limitations in access to mental health services, particularly psychological
treatment services attuned to their specific sociocultural needs. Matters such as language,
acculturation, lack of insurance coverage, perceptions of disrespectful treatment and general
distrust of healthcare professionals are often barriers to psychological treatment (Cabassa et al.,
2006; Ortega, Rosenheck, Alegría, & Desai, 2000; Vega et al., 2001). These treatment barriers
complicate the treatment of PTSD among Latinos. Although PTSD rates range from 8% in the
general population to 10%-30% in primary care populations, Latinos and Latino immigrants may
be at higher risk for traumas that lead to PTSD, as well as actual PTSD diagnoses (Eisenman et
al., 2008).

In sum, Latinos often face myriad unique challenges, including elevated risk for trauma
exposure. Since Latinos, particularly Latino men, are less likely to pursue treatment, this
indicates a need for psychologists and other psychological service providers to be attuned to the
sociocultural factors that affect these individuals (Cabassa, Zayas, & Hansen, 2006). Idiographic
services adapted to the specific needs of Latino individuals may help promote their engagement
with mental health services and enable more effective treatment of psychological problems.
Narrative Exposure Therapy (NET) is a relatively recent development in evidence-based
treatments for PTSD technique designed as a short-term approach to treating PTSD.
General Description of the Study

This study proposes that Narrative Exposure Therapy is an idiographic, effective PTSD treatment that enables clinicians to be attuned to the sociocultural needs of Latino clients in community mental health settings.

This study utilizes a hybrid case example created to elucidate and explore the implications of Narrative Exposure Therapy (NET) as the treatment modality for Latino men with post-traumatic stress disorder (PTSD). The hybrid case used here is a composite of actual psychotherapy treatment provided by this clinician and relevant clinical examples from psychological literature. The portion of this composite derived from actual psychotherapy treatment has been appropriately disguised to maintain client confidentiality. This hybrid, composite approach will provide a portrayal of a young Latino client with post-traumatic sequelae and a history of complex trauma. This portrayal is intended to elucidate specific clinical issues and considerations that may arise in the provision of NET to Latino men with PTSD. Nevertheless, this case study of a Latino male cannot encapsulate the broad range of experiences Latino clients with PTSD experience; no case study should be interpreted broadly as representative of an entire population’s experiences.

The primary aims of this study are three-fold: 1) To increase familiarity and understanding of using NET to treat Latino male clients with PTSD by providing an example of a culturally sensitive therapy for these underserved clients; 2) To add to the currently limited body of literature on the treatment of PTSD with NET, a promising culturally sensitive psychotherapeutic approach, of Latino male clients who present with trauma-related symptoms and sequelae; and 3) To add to the currently limited literature on the psychological treatment of Latino men.
Fishman (1999, 2017) outlined the pragmatic case study (PCS) model. This dissertation, consistent with Fishman’s PCS model, is structured as follows: (A) a short description of the composite client and his presenting problems; (B) a description of the Narrative Exposure Therapy (NET) guiding conception and related literature review, (C) a detailed assessment of the client’s presenting problems, goals, strengths, and history, (D) a case formulation and treatment plan informed by the guiding principles from NET, (E) a detailed description of the course of therapy, (F) a review of therapy monitoring and the use of feedback information, and (G) a concluding quantitative and qualitative analysis of the therapy process and outcome. The literature review covers the empirical support for NET and the impact of PTSD on Latinos. The best practices for addressing the specific sociocultural needs of Latinos in the provision of psychotherapy for PTSD will be explored, and unique cultural considerations in providing psychological treatment to Latino men will be described. NET is presented as a psychological treatment whose effectiveness stems, in part, from its ability to be tailored to specific client needs, such as unique sociocultural considerations. Quantitative data presented in this study will serve as an objective gauge of therapeutic change, by providing data on the client’s level of distress and functioning, and will inform the therapist and the client about how the therapy is proceeding. The quantitative data used in this study is fictionalized; however, it will be rooted in my work with Latino male clients and based on patterns I have observed in that work.

In this study, I present a composite case that incorporates information gained from short-term and long-term outpatient treatment experiences, as a doctoral-level graduate student, with Latino male clients ages 18 to 34 years old with histories of single-experience trauma and complex trauma, and experiences with treating males of other races/ethnicities and ages (including individuals greater than 65 years of age) with PTSD symptomatology. These
experiences were primarily gained through work with clients at an outpatient clinic that specializes in the treatment of anxiety disorders. The composite case presented in this study focuses on the experience of a Latino client with a trauma history, including complex trauma, and experiencing PTSD symptomatology.

The composite client, named “Alex,” is a twenty-year-old Latino male who presents with PTSD symptoms. His parents, who immigrated to the United States from Panama when they were children, became U.S. citizens; Alex was born in the U.S. He pursued treatment after a traumatic experience with a school shooting at his college. Clinical interview also revealed a history of childhood sexual, verbal, and physical abuse that began at the age of 6 years and continued for 4 years. When Alex presented for treatment, he was distressed primarily by flashbacks, intrusive thoughts, insomnia, and difficulty with interpersonal relationships.
CHAPTER II

Literature Review

Narrative Exposure Therapy (NET)

Narrative Exposure Therapy (NET) is a relatively recent development in evidence-based treatments for PTSD technique designed as a short-term approach to treating PTSD. Originally devised for victims of organized violence but subsequently expanded to other populations, NET incorporates exposure elements of existing models (e.g., PE) with an additional focus on directly documenting and engaging with multiple traumatic experiences (Schauer, Schauer, Neuner, & Elbert, 2005; Robjant & Fazel, 2010; Mørkved et al., 2014). Since many individuals, particularly those who suffer from PTSD, are unable to narrate their personal histories because of the pathological effects trauma has on memory, Testimony Therapy (TT) was developed in Chile in the 1980’s as a short-term treatment that aims to place the trauma within the cultural sociopolitical context in which it occurred and allow for the construction of a coherent narrative of traumatic events (Robjant & Fazel, 2010; Schauer, Schauer, Neuner, & Elbert, 2005). The focus in TT is on the reconstruction of the shattered autobiographical memories of traumatic experiences, not on habituation (Neuner, Schauer, Roth, & Elbert, 2002). Influenced by TT, the goal of NET is to integrate fragmented recollections of traumatic experiences into a coherent narrative that enables patients to work toward habituation of emotional responses to the traumatic event (Bichescu, Neuner, Schauer, & Elbert, 2007). The inclusion of traumatic memories in a patient's biography in narrative form promotes a reorganization of autobiographical memory in a manner that can ultimately lead to acceptance of the trauma as an aspect of the past (Bichescu et al., 2007). Bichescu et al. (2007) outline how NET therapy proceeds, describing a process during which the therapist works in an empathic and
nonjudgmental manner that engages with the patient and their story at all levels of cognition, physiology, emotion and meaning. During this process, the therapist guides the patient toward confrontation of fears. Ultimately, NET has two distinctive features: the chronology of Testimony Therapy (TT) and the construction of a life narrative that, through imaginal reliving, exposes the patient to traumatic experiences throughout their whole life (Mørkved et al., 2014).

RCTs in a variety of refugee and asylum-seeking samples have found the NET is effective in treating both PTSD and comorbid disorders and probably has more empirical support for the treatment of this specific patient group than any other treatment modality (Mørkved et al., 2014).

**Empirical support for NET.** Empirical evidence supports NET as an effective treatment for PTSD. One review of NET studies — 12 of 15 were randomized controlled trials (RCTs) — found that NET has empirical support for its effectiveness in the treatment of PTSD; NET demonstrates a significant reduction in PTSD symptoms and has a lower mean dropout rate (5.06%) than PE (27.20%) during clinical trials (Mørkved et al., 2014). A separate review by Jongedijk (2014) notes 18 RCTs that provide good evidence to support the effectiveness of NET in the treatment of patients with PTSD. In another review, Robjant and Fazel (2010) highlight the diversity of NET treatment studies:

> The studies have taken place in both low- and middle-income as well as high-income settings, and on populations who are refugees, internally displaced persons (IDPs) and asylum seekers either living in their original homes, or in camps in their own countries; in neighbouring countries or far from their original homes. NET has been used to treat PTSD in individuals across the lifespan and in those who have recently experienced traumatic events as well as in those with chronic PTSD. (p. 1033)

Elaborating on some studies included in these reviews will underscore the effectiveness of NET in diverse applications.
Studies conducted in low-income and middle-income countries (determined by World Bank classifications) provide evidence for the effectiveness of NET in treating PTSD. RCTs that examine the treatment of Sudanese, Rwandan, and Somali refugees in Uganda (Neuner, Onyut, et al., 2008; Neuner, Schauer, Klaschik, et al., 2004) offer evidence of NET effectiveness in reducing PTSD symptoms and rates, and in some cases, reducing co-occurring disorders (Robjant & Fazel, 2010). A study by Bichescu, Neuner, Schauer & Elbert (2007) examined the consequences of traumatic stress on Romanians in their 60s and 70s who had been political detention victims and tortured approximately 40 years prior to the study. Participants, who were randomly assigned to either five sessions of NET or one session of psychoeducation (PED), were assessed prior to treatment and at a 6-month follow-up on their PTSD symptoms using the Composite International Diagnostic Interview (CIDI) and depression symptoms using the Beck Depression Inventory (BDI). NET, but not PED, produced reductions in PTSD and depression symptoms, suggesting that NET may lead to PTSD and depression symptom alleviation even when conditions that contribute to the symptoms persist for an extended time period (Bichescu, Neuner, Schauer & Elbert, 2007). Collectively, NET studies conducted in low-income and middle-income countries illustrate the feasibility of providing effective psychological treatment to individuals who have experienced organized violence (Robjant & Fazel, 2010).

Additionally, one RCT further supports the use of NET to treat traumatized young men. Al-Hadethe, Hunt, Al-Qaysi, & Thomas (2014) organized an RCT to evaluate the efficacy of NET and Emotional Freedom Techniques (EFT) in the treatment of Iraqi males age 16 to 19 years old who met DSM-IV PTSD criteria. In the study, participants were randomly divided into three groups: an NET group, an EFT group, and a control group. The NET and EFT groups each received four therapy sessions; the control group did not receive sessions. Al-Hadethe,
Hunt, Al-Qaysi, & Thomas (2014) found that NET was effective in reducing overall PTSD symptoms; specifically, the NET group reported a significant difference in pre-therapy and post-therapy avoidance and re-experiencing symptoms, but not in hyper-arousal symptoms; the EFT group reported statistically significant reductions across all PTSD clusters. Both EFT and NET produced statistically significant reductions in PTSD symptoms relative to the control group; EFT had a larger reduction in symptoms in this study (Al-Hadethe, Hunt, Al-Qaysi, & Thomas, 2014).

Studies conducted in high-income countries provide additional evidence for the effectiveness of NET in treating PTSD. Robjant & Fazel (2010) note that individuals who are asylum seekers or refugees in high-income countries experience stressors that differ from those experienced by individuals in low-income and middle-income countries. For instance, although individuals in high-income countries may be less likely to experience immediately life-threatening situations, they are more likely to experience stressors associated with acculturation, language barriers, and asylum status — including the potential for detention or deportation (Robjant & Fazel, 2010). In a study investigating the use of NET for asylum seekers, Neuner et al. (2010) compared NET with treatment as usual (TAU) at a German outpatient clinic. Asylum seekers \( N = 32 \) with PTSD and a history of exposure to organized violence were randomly assigned to either the NET condition \( n = 16 \) or TAU condition \( n = 16 \); included 12 medication-only cases and 6 psychotherapy-only cases). Individuals in the NET group experienced significant reductions in PTSD symptoms, but those the TAU condition did not (Neuner et al., 2010).

Additionally, Schauer (2006), hypothesizing that improvements due to psychotherapy would be observable in neuromagnetic activity, examined the impact of NET on the brain. This
German study randomly assigned tortured individuals \((N = 32)\) who met DSM-IV criteria for PTSD to either the NET condition or the TAU condition; each assignment group was composed of 16 people and had an identical composition of men \((n = 11)\) and women \((n = 5)\). A pre-treatment and post-treatment (6-months) comparison found significant reduction in mean frequency of PTSD symptoms and that brain scans of participants treated with NET were more similar to normal controls than those in the TAU group (Schauer, 2006). A related neuroimaging study by Adenauer et al. (2011) sought to elucidate whether or not NET affects the altered processing of threatening and aversive stimuli typically associated with PTSD. Thirty-four refugees with PTSD were randomly assigned to either an NET treatment group or a waitlist control (WLC) group. These groups were assessed clinically and via neuroimaging prior to treatment and at a 4-month follow-up. Adenauer et al. (2011) found that PTSD and depressive symptom severity decreased in the NET group, but persisted in the WLC group; additionally, activity in the parietal and occipital lobes increased only in the NET group. Based on these findings, Adenauer et al. (2011) concluded that NET causes a neuroactivity increase associated with cortical top-down attention toward aversive pictures, and that this increased attentional allocation to potential threat cues might allow NET-treated patients to reappraise the actual situational danger, and ultimately result in a reduction of PTSD symptoms.

A review of the literature indicates that NET is an effective treatment for individuals in low-income, medium-income, and high-income countries who may experience traumas that include poverty, violence, acculturation, language barriers, and deportation or detainment fears. Furthermore, there is empirical evidence to support the use of NET to treat psychological trauma experienced by diverse populations. NET is recommended, besides culturally adapted CBT, as
the most evidenced-based trauma treatment when working with culturally diverse populations (Jongedijk, 2014).

Nevertheless, despite the broad empirical support for NET as an effective trauma treatment, additional research is needed for additional populations. Latinos live in low-income, middle-income, and high-income countries; consequently, they may experience a range of traumatic situations consistent with life in these nations. Nevertheless, currently, only one study has examined the NET treatment of Latino adults in the United States. Torres (2018) conducted a pragmatic case study of a Latina, concluding that NET is potentially helpful in the treatment of Latino immigrants to the United States who have been diagnosed with PTSD related to interpersonal violence and its sequelae. To date, no study has examined the NET treatment of Latino adult males, particularly those with complex trauma histories. As such, this dissertation study can add information on the feasibility and effectiveness of using NET to treat Latino males with trauma-related disorders in the United States.

**PTSD Among Latinos**

Alcántara, Casemant, & Lewis-Fernandez (2013) conducted a systematic review that found that the “conditional risk” (i.e., the prevalence, onset, persistence, or severity of PTSD after traumatic exposure) for PTSD is higher among Latinos relative to non-Latinos after accounting for sociodemographic factors. Given that Latinos and Latino immigrants may be at higher risk for traumas that lead to PTSD and actual PTSD diagnoses, it is important to understand factors that contribute to this potential increased risk (Eisenman et al., 2008; Poole, Best, Metzler & Marmar, 2005). Based on research with police officers by Poole, Best, Metzler & Marmar (2005), four culturally related factors help explain Latinos’ increased PTSD risk: 1) greater peritraumatic dissociation, 2) greater wishful thinking and self-blame coping, 3) lower
social support, and 4) greater perceived racism. To further increase sociocultural awareness in providing psychological treatment to Latino clients, it is also helpful for clinicians to consider ways to inquire about PTSD. Based on PTSD screening of foreign-born Latino adults, Eisenman et al. (2008) noted that primary feelings may be expressed as sadness, anxiety, nervousness, and fear; the most commonly expressed feeling was “sad” (triste). Other feelings frequently expressed during the PTSD screening included: “angry” [enojada], “nervous” [nerviosa], and “scared” [miedo] (Eisenman et al., 2008). Therapists attuned to the aforementioned PTSD risks, factors associated with those risks, and primary feelings Latino patients may express when screened for PTSD may be better positioned to provide more effective PTSD treatment to Latino clients.

**Latinos and Psychological Treatment**

Latinos have less access to mental health services and are less likely to receive needed psychological treatment (U.S. Department of Health and Human Services, 2001). Traditional and westernized psychotherapy models and norms that are not attuned to the sociocultural needs of Latinos are likely to dissuade them from pursuing psychological help (Añez et al., 2008; Stacciarini, O’Keeffe, & Mathews, 2007). However, Añez et al. (2008) found that Latinos’ use of mental health services increases when language and cultural barriers are reduced.

**Latino Males in Psychotherapy**

Men and women in the United States have differing views of individuals experiencing mental health problems and of mental health services overall; men tend to have more negative attitudes (Hampton & Sharp, 2014). Socialized gender roles affect views about mental health and help-seeking behavior. For Latinos, gender role expectations may have a more pronounced effect on perceptions about mental health services. Aguilar-Gaxiola et al. (2012) noted that traditional gender role expectations among Latinos are represented by the values of marianismo.
and *machismo*. The notion of *marianismo* refers to a stereotypical gender role expectation that women suffer with dignity, are humble and kind, nurturing, and self-sacrificing (Andres-Hyman, Ortiz, Añez, Paris, & Davidson, 2006). The notion of *machismo* refers to a stereotypical gender role expectation that men are hyper-masculine, tough, aggressive, a protector, and a provider (Davis, J.M. & Liang, 2015; Saez, Casado, & Wade, 2009; Aguilar-Gaxiola et al., 2012).

Andres-Hyman, Ortiz, Añez, Paris, & Davidson (2006) note that these expectations are not inherently pathological; however, when they manifest as such, they can become a barrier to accessing and utilizing mental health service. In particular, Latino males with distorted or pathological perspectives of *machismo* may be less likely to engage in help-seeking behaviors due to concern about being perceived as “weak.” Consequently, underlying mental health issues may go unaddressed and could potentially cause harm to their overall well-being. Although research on the access barriers and views of Latinos in terms of mental health services, additional research focused on Latino males’ access and utilization of mental health services is needed. This study aims to add to the clinical knowledge base of psychological treatment of Latino males with PTSD.
CHAPTER III
Description of Client and Guiding Conception

Description of the Client

Alex is a twenty-year-old, single, Panamanian-American, cisgender male. He sought psychological treatment to address his history of trauma, anxiety, and depressed mood. He presented with symptoms of Posttraumatic Stress Disorder, as defined by the American Psychiatric Association’s (2013) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Specifically, he reports intrusive memories, nightmares, flashbacks, physiological reactivity to trauma-related stimuli, avoidance of traumatic reminders, detachment, anhedonia, and negative cognitions about self and others.

Alex presented as anxious and guarded during initial interactions. He typically avoided eye contact during clinical interview. When discussing his history, his speech became pressured when describing a recent traumatic experience, and his mood grew melancholy and he was tearful when describing traumatic childhood experiences. He presented with depressed mood and significant negative beliefs about himself, struggling particularly with feelings of shame, self-blame, and guilt associated with his childhood trauma history. This was Alex’s first experience with psychotherapy in any format or modality. Our treatment spanned eleven sessions over the course of approximately two-and-a-half months.

Guiding Conception

Posttraumatic Stress Disorder (PTSD)

Evidence indicates that after exposure to traumatic events (e.g, combat, sexual assault, and natural disasters) survivors are at risk of developing posttraumatic stress symptoms (Kun, Han, Chen, & Yao, 2009; Zhang & Ho, 2011). In the United States, PTSD is found in
approximately 2.6–6.8% of the United States population (Kessler & Wang, 2008; Reynolds, Pietrzak, Mackenzie, Chou, Sareen, 2016). The disorder is characterized by four symptom clusters: intrusion symptoms, avoidance symptoms, negative cognition and mood symptoms, and alterations in arousal and reactivity (American Psychiatric Association, 2013). In the re-experiencing symptoms cluster, the individual re-experiences, or relives, the traumatic experience. The avoidance symptoms cluster consists of active avoidance of trauma reminders (i.e., people, places, things associated with the trauma). The hyperarousal, or hyperreactivity, symptoms cluster involves hyperarousal symptoms that begin or worsen after a traumatic event, and the negative conditions cluster consists of negative alterations in cognitions or mood associated with the trauma. For diagnosis, each of the four symptom clusters will have a duration of a month or longer (APA, 2013).

**Treatment Approach Tensions**

Two schools of thought can be delineated among literature on trauma treatments (Palgi & Ben-Ezra, 2010). One school of thought subscribes to the belief that the therapeutic goal is to overcome the traumatic event through the utilization of gradual exposure techniques and cognitive processing of the traumatic nucleus; the gradual exposure techniques are known as Prolonged Exposure (PE). The other school of thought ascribes value to denial mechanisms and a repressive coping style, asserting that these denial and repression mechanisms function in dual roles: 1) as a protective buffer prior to traumatic events, and 2) as a director of memories and attention toward less negative and more positive events (Palgi & Ben-Ezra, 2010).

**Tensions between Positivist and Postmodernist Approaches**

The aforementioned treatment approach tensions actually describe tensions between Positivist and Postmodernist perspectives. The epistemological assertion of positivism is that
knowledge, which is obtained through application of the scientific method, is objective and value
free or neutral (Breen & Darlaston-Jones, 2010). As such, through efforts to describe, predict,
control and explain, positivism focuses primarily on the production of universal laws (Leahey,
1992). Fishman (1999) notes that during the period from 1879 to 1960, psychologists allied
themselves with this positivist perspective, emphasizing quantitative, experimental research and
rejected or deemphasized methods associated with the humanities (e.g., introspection and
self-report). The methodological values that emerged during this period promoted consolidation
among psychology as a discipline (Fishman, 1999).

The first half of the twentieth century was dominated by an Anglo-American
philosophical view known as “logical positivism,” from which the values supported by
behaviorism — a psychological theory that focuses on overt actions — were derived (Fishman,
1999). Specifically, in the 1950s, prominent psychological research focused on understanding
animal learning within the context of behaviorism (Fishman, 1999).

Furthermore, Fishman (1999) states that psychology was dominated by the
“nature-based” explanations of positivism from the late 1800s to the early 1960s, when
postmodernism’s “culture-based” conceptions began to garner more attention. Postmodernist
conceptions challenged notions of objective observation promoted by positivism and notions of a
“true” reality promoted by modernism. Individuals are, instead, exposed to myriad cultural
differences that have “led to a culturally relativistic view of the world that emphasizes temporal,
geographic, and social context as determinants of meaning and truth” (Fishman, 1999, p. 69)

With specific regard to professional psychological practice, Fishman (1999) describes
two models that parallel positivist and postmodernist, pragmatic epistemologies: a Modern,
Positivist Model and a Postmodern, Pragmatic Model. The Modern, Positivist Model is a model
in which practitioners apply basic knowledge. In this model, the basic researcher conducts the most challenging and valued work, and the applied psychologist functions as a technician who applies the procedures that have been developed from the basic researchers work (Fishman, 1999). This approach is consistent with the approach utilized in manualized, structured interventions like those typically used with Cognitive Behavioral Therapy (CBT). Indeed, the Modern, Positivist approach describes Prolonged Exposure (PE) therapy. In the Postmodern, Pragmatic Model, the model starts with the patient, the patient’s problems, and change aims (Fishman, 1999). This approach is more consistent with therapies that emphasize a client-centered approach, such as Narrative Exposure Therapy (NET), Interpersonal Therapy (IPT), Person-Centered Therapy (PCT), among others.

Guiding Conception of Trauma Treatment

Narrative Exposure Therapy (NET)

NET Theoretical Basis. NET extends from positivist influences that are evidenced by its basis in Emotional Processing Theory (EPT) and Learning Theory, as well as its focus on utilizing exposures, and on establishing and increasing empirical support. NET is also influenced by Testimony Therapy (TT), which was developed to allow for the construction of a coherent narrative of traumatic events (Robjant & Fazel, 2010; Schauer, Schauer, Neuner, & Elbert, 2005).

Emotional processing theory influences. EPT asserts that fear manifests in memory as a cognitive structure that contains information about fear stimuli, fear response, and meanings assigned to the stimuli (McLean & Foa, 2011). The activation of the fear structure by an objectively non-threatening stimuli is considered pathological, since this fear response is manifested by the incorrect association between stimuli. The EPT model suggests that
pathological elements of the fear structure can be altered through the process of habituation and extinction of the fear response. Per the EPT model, effective interventions will work in this manner of habituation and extinction of the fear response (Mørkved et al., 2014).

NET is partially based on EPT (Mørkved et al., 2014). Consistent with its EPT influences, NET aims to activate the fear structure to help the patient work toward altering maladaptive associations. Furthermore, NET incorporates theories of general memory processes in its assumption that PTSD is a consequence of memory changes and storage due to the traumatic event (Schauer, Schauer, Neuner, & Elbert, 2011). NET distinguishes between declarative and non-declarative memories and semantic and episodic memories (Mørkved et al., 2014). Declarative and semantic memories can be consciously retrieved and verbalized; however, individuals often have difficulty retrieving and verbalizing non-declarative and episodic memories, since they are implicit memories and are typically re-experienced when they are triggered by external or internal cues (Mørkved et al., 2014). The division of memories in this way is consistent with the fear structures and associations described by EPT (Mørkved et al., 2014).

**Learning theory influences.** NET is also based on learning and fear-conditioned learning models. John B. Watson was the first to study how the process of learning affects human behavior. His writings in 1913 helped to establish the Behaviorism school of thought, which focused on observable behaviors as worthy of research and disregarded a person’s mood or thoughts as too subjective for empirical study. In this Behaviorist tradition, learning is the process that leads to relatively permanent behavioral change or potential behavioral change. As individuals learn, they alter the way they perceive their environment, interpret stimuli, and interact with the environment, or behave (Heffner, 2014).
Behaviorist principles of the learning and fear-conditioning models explain the development of PTSD as an association between an objectively non-threatening conditioned stimulus (CS) and the traumatic event, or unconditioned stimulus (US). As such, learning models are also relevant for PTSD treatment. NET utilizes habituation — the diminishment of an emotional or physiological response to a frequently repeated stimulus — to help achieve PTSD symptom reduction (Mørkved et al., 2014). Additionally, fear conditioning research has suggested that the extinction or elimination of fear responses will change stimulus-fear associations when automatic evaluation inherent in the fear structure is challenged by more deliberate, cortical evaluation (Mørkved et al., 2014).

**Use of exposures.** Exposure-based treatments have the most empirical support in the treatment of PTSD (Bisson et al., 2007). NET uses imaginal exposure for traumatic experiences, but does not focus on in vivo exposure (Mørkved et al., 2014). Correspondingly, NET’s focus during exposures is on two overarching aspects: one aspect is the reduction of post-traumatic symptomatology through confrontation of traumatic events memories; the other aspect is the reconstruction of autobiographical memory of the traumatic events and creation of a consistent narrative (Mørkved et al., 2014).

**Narration.** The emphasis of NET on creating a cohesive narrative of the patient’s life is one of the primary theoretical differences between NET and other trauma-focused treatments (e.g., Prolonged Exposure [PE] or Cognitive Processing Therapy [CPT]), which do not employ a similarly integrative narrative approach. NET works to help the patient integrate the traumatic experience with the context of the person’s entire life (Mørkved et al., 2014). The narrative component of NET is derived from PTSD memory models which suggest that fragmented memories may be reduced through the improvement of coherence and context. NET
accomplishes this, in part, through the use of the past tense (as opposed to PE’s use of the present tense) and by attempting to place the traumatic experiences within the patient’s life overall (Mørkved et al., 2014). The NET narrative builds on the storytelling tradition in many cultures and is based on Testimony Therapy (TT), which was first conducted by Cienfuegos and Monelli (1983) during their efforts to document the Chilean dictatorship’s oppression of political prisoners. These multicultural aspects of NET’s development suggest that it may be adaptable to other cultures (Mørkved et al., 2014).

The NET narrative is a crucial aspect of therapeutic intervention. Research suggests that the narrative construction is a vital aspect of trauma reappraisal and processing, and may be more beneficial than exposure alone (Mørkved et al., 2014). During NET, the narrative is transcribed by the therapist. The patient reads the narrative aloud throughout treatment, and is given the narrative at the treatment conclusion (Mørkved et al., 2014). The primary aim of the narrative is the creation of a descriptive account of traumatic events experienced by the patient in the context of broader traumatic events (e.g., war crimes).

**Meaning making.** Meaning making is a mechanism for processing traumatic experiences (Woo & Brown, 2013). During the meaning making process, consistent with information processing theory, an individual may process the traumatic event in one of two ways: 1) assimilation: reframing or assimilating the traumatic event to fit existing schema, or 2) accommodation: reconstructing the existing schema to accommodate the schema-discrepant traumatic experience (Woo & Brown, 2013). Within this meaning making process framework, finding meaning through accommodation can protect against psychopathology, but assimilation, overaccommodation (i.e., excessive alteration of worldview), and failing to find meaning can increase the risk for psychopathology (Woo & Brown, 2013). NET promotes accommodation of
traumatic experiences. In doing so, through the process of creating a narrative, NET also promotes emotional healing by giving new meaning to the individual’s experience. Language, interpersonal conversation, spirituality, and social support are means by which new narrative meaning can be constructed (Palgi & Ben-Ezra, 2010). During NET, by directly changing the traumatic nucleus, the patient and therapist work to establish a coherent, adaptive narrative from the traumatic narrative (Palgi & Ben-Ezra, 2010). This process is thought to reduce shame and guilt and provide the person with the opportunity for the re-evaluation of beliefs about the event while bolstering agency and empowerment (Mørkved et al., 2014).

**Number of traumas addressed.** Mørkved et al. (2014) note that NET addresses chronologically all of the client’s traumatic memories; whereas, another frequently utilized trauma treatment, PE, typically addresses a single event or the “index event” (i.e., traumatic memory rated the most problematic or distressing for the patient). Although patients work to develop a hierarchy of traumatic experiences with PE, the treatment approach assumes that gains made in addressing one trauma (e.g., index event) will generalize to other traumatic events on the hierarchy. NET makes a different assumption; it anticipates that individuals who have had a traumatic experience will probably have experienced multiple traumas in their lives. As such, processing all of the significant traumatic memories is prioritized; restricting the treatment focus to the memory of one traumatic experience is viewed as unnecessary and inhumane (Schauer et al., 2011; Mørkved et al., 2014).

**Focus away from traumatic nucleus.** Palgi and Ben-Ezra (2010) describe the “traumatic nucleus,” which can be conceptualized as the experience, memory, and/or sensory feeling that constitute the individual’s intense dismay. In relation to the traumatic event, the traumatic nucleus is the deepest psychological injury the person suffers (Palgi & Ben-Ezra, 2010). With
regard to PTSD (and Acute Stress Disorder [ASD]), the traumatic nucleus constitution is the intrusive symptoms that are typically observed with these disorders.

Palgi and Ben-Ezra (2010) note an important consideration when working with exposures, stating that “active exposure interventions immediately following a trauma and before the consolidation of the traumatic nucleus into one's narrative can be problematic” (p. 5). This is potentially problematic because exposure techniques can undermine the natural forgetting process that takes place following a traumatic event and can promote the salience of the trauma for the individual’s identity, causing the event to manifest within the individual’s traumatic narrative in a manner that might not have occurred spontaneously (Palgi & Ben-Ezra, 2010). As an alternative to focusing on the traumatic nucleus immediately following a traumatic event, Palgi and Ben-Ezra (2010) developed a narrative therapy approach for the treatment of Acute Stress Disorder (ASD) called “Back to the Future.” Their “Back to the Future” approach is based on two principles: 1) reduction of exposure to experiential content associated with the traumatic nucleus, and 2) promoting resilience by focusing on anchoring concepts prior to the traumatic event while incorporating information about events not relate to the traumatic nucleus (Palgi & Ben-Ezra, 2010).
Chapter IV
Methodology

Method

This study uses the Pragmatic Case Study (PCS) research method developed to improve upon limitations of traditional case study methods (Fishman, 1999, 2007; Messer, 2007). All case study research, which is a common part of research in psychology and related fields, starts with the goal of obtaining an up-close understanding of a single case or small number of cases in their real-world context (Bromley, 1986; Yin, 2012). The aim of the closeness to the case is intended to further complex understanding that results in new learning about real-world behavior (Yin, 2012).

Further, Yin (2012) identified four motives for using the case study method: exploration, description, explanation, and evaluation. Through the collection of data, the exploratory motive allows a determination of whether or not a topic warrants further investigation (Yin, 2012). Descriptive case studies serve many purposes, including the presentation of rarely encountered or not-typically-accessible situations or populations to researchers (Yin, 2012). An explanatory motive for case studies may be considered in experiments that, for instance, assess and explain outcome differences in treatment and control conditions; whereas, an evaluative motive may be employed in studies that, as an example, seek to determine how well a program or intervention is working (Yin, 2012). For this NET study, the motives are multiple and are primarily descriptive, evaluative, and exploratory. This study aims to contribute to the relatively limited knowledge-base of the psychological treatment of Latino males with PTSD. It will specifically evaluate the use of NET in treating these underserved individuals, and it will identify areas that may warrant further research.
Although the traditional case study method (i.e., the non-PCS approach) has applicability for research in myriad real-world situations and addresses important research questions, it has limitations (Yin, 2012; Messer, 2007). Messer (2007) specifically identified five limitations of the traditional method: 1) reliance on the therapist’s memory or brief notes; 2) data selection solely by the therapist; 3) a tendency to interpret case material in the context of the primary theoretical orthodoxy; 4) lack of context that enables the study audience to accept or refute the therapist’s perspective of the case; 5) the therapist is the sole data source.

**Pragmatic Case Study (PCS)**

PCS, which is designed systematically and rigorously to constitute formal research and to identify and improve best practice in the conduct of applied psychology, addresses the limitations of the traditional case study approach (Fishman, 1999, 2017; Messer, 2007). PCS addresses the problem of reliance on the therapist’s memory or brief notes by requiring that the sessions be audiotaped or videotaped, or that extensive notes be taken during or immediately following each session; this approach helps to protect from memory distortion (Messer, 2007). The PCS method confronts the second traditional case study approach problem of data selection solely by the therapist by collecting and presenting a more complete record of the case; this offers protection against a narrow selection of the data that corresponds with a therapist’s favored theory or hypothesis (Messer, 2007). For the third problem of the therapist tending to interpret material in terms of theoretical orthodoxy, the PCS model conversely focuses on the guiding conception or theory and the individual case formulation (Messer, 2007). PCS deals with the fourth limitation (i.e., lack of context to assess the therapist’s perspective on the case) by providing more original material for the study audience; this enables greater opportunity for understanding the case in a manner that is more reliable and nuanced (Messer, 2007). Additionally, Messer (2007) notes that the fifth problem with restricting the data source solely to the therapist is addressed through the
PCS model’s inclusion of qualitative and quantitative data from the therapist and the client. Conducting this study in a manner consistent with Fishman’s PCS research method (Fishman, 1999, 2007) will guard against limitations of the non-PCS approach.

**Participant**

This study uses the Pragmatic Case Study (PCS) research method in a single-person case study design of the NET treatment of a composite Latino male, “Alex,” diagnosed with PTSD.

**Diagnosis.** At the beginning of treatment Alex meets DSM-5 criteria for post-traumatic stress disorder. He is a survivor of childhood sexual, verbal, and physical abuse, which he endured for approximately four years and he survived a school shooting approximately 1 year ago (criterion A). In the year prior to beginning treatment, Alex has been experiencing intrusive memories, nightmares, flashbacks and dissociative reactions (criterion C and B). He has also been avoiding thoughts related to his traumatic experiences and external reminders of his trauma such as conversations about his history, the vicinity of the shooting, and the individual who sexually abused him.

**The clinical setting in which the case will take place.** Alex’s treatment will occur at a community anxiety disorders treatment clinic in the Northeastern United States. Treatment will be provided by a doctoral-level student who is supervised by a licensed clinical psychologist trained in Narrative Exposure Therapy. At the outset of my work with Alex, he will be informed of the time-limited nature of the treatment; his treatment will last for eleven weekly sessions, over the course of approximately two-and-a-half months.

**Sources of data available concerning the client.** Only basic demographic information was available to me prior to starting treatment with Alex. He had no previous psychological treatment history; this was Alex’s first experience with psychotherapy. No collateral information (e.g., from family members or medical providers) was accessible or acquired.
Confidentiality. Alex is not a real person. Since he is a composite of multiple individuals to whom I have previously provided treatment, the confidentiality of my previous clients has been protected by fictionalizing aspects of Alex’s history and presentation. The pseudonym “Alex” was also adopted to further protect the identities of my clients.

Measures

**PTSD Checklist for DSM-5 (PCL-5).** The PCL-5 is a 20-item self-report measure designed to assess the DSM-5 symptoms of PTSD; this measure will help monitor the PTSD symptoms that Alex is experiencing. For each item, respondents rate symptom distress severity on a scale from 0 to 4 (0 = not at all; 4 = extremely); thus, the total score ranges of 0 to 80. Blevins, Weathers, Davis, Witte, & Domino (2015) suggest using a cut-off score of 33 as clinically significant. Initial psychometric evaluation of the PCL-5 for DSM-5 found strong internal consistency (α = .94), test-retest reliability (r = .82), and convergent validity (rs = .74 to .85) and discriminant validity (rs = .31 to .60) [Blevins, Weatherz, Davis, Witte, & Domino, 2015].

**Outcome Questionnaire (OQ-45.2).** Lambert et al. (2004) developed the OQ-45 to measure the dimensions of current psychic suffering, to evaluate pre-treatment and post-intervention results or monitor the client’s treatment response, and to monitor the psychotherapist’s decision-making processes in order to improve treatment. The OQ-45 is a 45-item, self-report measure with a total score range from 0 to 180. It is composed of three subscale scores: Symptom Distress (SD), Interpersonal Relations (IR), and Social Role (SR; Lambert et al., 1996). These subscales consist of varying total items and total ranges: SD contains 25 items and ranges from 0-100 total; IR contains 11 items and ranges from 0-44 total, and SR contains 9 items and ranges from 0-36 total.
Quality of Life Scale (QOLS). Burckhardt & Anderson (2003) adapted the QOLS from Flanagan’s (1982) original 15-item Quality of Life Scale (QOL) for individuals with chronic illness. The QOLS is a 16-item self-report measure. The original QOL has been found to be internally consistent ($\alpha = .82$ to .92) and had good test-retest reliability over three weeks in stable chronic illness groups ($r = 0.78$ to $r = 0.84$); these reliability estimates have also been replicated for the sixteen item scale (Burckhardt & Anderson, 2003). This scale measures five domains of quality of life: material and physical well-being; relationships with other people; social, community and civic activities; personal development and fulfillment; and recreation. This measure can be used to track a client’s progress in regards to how they perceive their own quality of life. QOLS scores range from 16 to 112, with the lowest score indicating very low quality of life, and the highest score indicating completely satisfying quality of life.

Procedure

NET treatment will be implemented according to the established treatment guidelines (Schauer, Schauer, Neuner, & Elbert, 2011). After an initial pre-treatment/assessment session, a life line will be created in the second session, and processing of positive experiences (i.e., “flowers”) and negative/traumatic experiences (i.e., “stones”).

This study will proceed consistent with the PCS model. As such, the next steps will include: a detailed assessment of the client’s presenting problems, goals, strengths, and history; a case formulation and treatment plan informed by the guiding principles from NET; a detailed description of the course of therapy in the form of session-by-session descriptions (including therapist commentary); a review of therapy monitoring and the use of feedback information, which includes assessment of response to treatment intervention, and treatment outcome measures. The self-report measures (PCL-5, OQ-45.2, and QOLS) will be administered prior to
treatment intervention, during treatment, and after treatment (i.e., administered on the last session).

**Data Analysis Overview**

Consistent with the PCS approach, a concluding quantitative and qualitative analysis of the therapy process and outcome will be conducted. Changes between pre-treatment and post-treatment scores will be tested for statistical significance via Jacobson and Truax’s (1991) Reliable Change Index.
Chapter V

Assessment of the Client’s Presenting Problems, History, Diagnosis and Strengths

Presenting Problems

Alex presented for treatment to address his PTSD symptoms, which he reports began approximately six months after a shooting at his university in which 4 students were killed. He witnessed two students get shot and killed and feared for his own life. Following the shooting, he gradually became more socially isolated as his symptoms exacerbated. The intensification of symptoms, particularly his nightmares, hypervigilance, intrusive memories, and anxiety about being in a classroom and his related inclination to utilize avoidance to manage his anxiety began to interfere with class attendance, ultimately contributing to social isolation and suicidal thoughts prior to his decision to seek psychological treatment. He denies current suicidal ideation.

The school shooting Alex experienced approximately 1.5 years ago is the index trauma. While attending a lecture in a room with about 50-75 other students and the professor about a year ago, he recalls suddenly hearing a commotion, followed by loud bangs and screaming in the building, outside the classroom he was in at the time. He and others in the lecture were initially annoyed and confused by the commotion, not realizing that it was due to people fleeing a shooter. He recalls subsequently becoming terrified when he heard intense screaming outside the classroom. Alex vividly recalls the moment he saw two of his classmates killed as they were trying to seek safety. The rapid reaction of campus security prevented the deaths of many others, and he credits them with “saving [his] life.” Following the shooting, he later learned that two other students — both sophomores — were also killed during the shooting before the shooter was moving toward Alex’s classroom. He described a chaotic situation that evoked feelings of fear and confusion among his classmates and terror and fear for his own life as the shooting
attack occurred and he was forced to seek safety along the floor of the classroom. He reports frequently experiencing (at least 4x per week) intrusive thoughts, flashbacks, and nightmares about this moment.

**Relevant Personal History**

Alex grew up with his biological mother and father, and he has one younger sibling — a 10 year-old sister. He was born and reared in Newark, NJ, a city in northern New Jersey with a large Latino population; his family still lives in the same home in which he grew up. Alex’s parents, Luz Isabella and Jorge Emmanuel, were both born in Panama. As young children, they immigrated from Panama to the United States with their parents in the 1960s. His parents have both shared with him that his grandparents’ and their journey to the US was a difficult one. Although his parents were too young to recall many details of the journey to the United States, his grandparents, who died before Alex’s birth or when he was a baby, passed along stories of the journey to his parents. Alex’s parents have frequently told him of the treacherous journey they all faced when they left Panama and traveled to the United States seeking greater economic opportunity and safety. Alex described feeling very proud of his grandparents and parents for making the journey, but also described feeling anxious and fearful when his parents shared with him details about the journey; he noted that he often feels pressure to succeed on behalf of his family and the sacrifices they have made to provide him with opportunities in the United States. In their efforts to secure more opportunities for themselves and their family, Alex’s grandparents worked frequently and diligently, and they emphasized and instilled a strong work ethic in his parents. Alex’s parents frequently spend their time working. Alex recalls spending more time with his mother, whose work schedule has enabled her to have more time with him. He describes a good relationship with his mother, indicating that she is warm, supportive, and
frequently a comforter during challenging points in his life. His relationship with his father evokes feelings of ambivalence; he recalls loving, joyful memories with his father, such as around the times of sister’s birth and during family vacation, as well as distressing memories that primarily followed his father’s frequent angry outbursts, which Alex perceives as related to challenges his father experienced in his efforts to cope with work-related stress. His father’s angry outbursts were often proximal to incidents of verbal and/or physical abuse by his father. In addition to the paternal verbal and physical abuse Alex experienced, he also reports that he was sexually molested on multiple occasions by a cousin who frequently looked after Alex and his siblings while his parents were working. These experiences contribute substantially to Alex’s feelings of shame, embarrassment, and guilt; these feelings intersect with familial and culturally influenced gender perspectives, particularly regarding perceptions of strength and weakness.

Growing up, Alex spent most of his time with his family. His efforts to make friends with other children in the neighborhood or at school were difficult until his adolescent years, in part because his father frequently limited his interactions with other children, often discouraging Alex from spending time with them. His father’s discouragement of Alex’s peer relationships continued as he got older until Alex expressed interest in playing baseball, a sport for which his father has profound fondness. Alex’s limited peer relationships contributed to his periods of loneliness as a child and were a factor in isolation that was exacerbated during periods of sexual molestation by his cousin.
Medical History

Alex reports being in good health and he denies any history of significant medical problems or illnesses. He has indicated a history of childhood enuretic instances that appear secondary to psychological trauma. He has never been hospitalized.

Presentation at the Beginning of Therapy

Alex presented for treatment in 2018, when he was 20 years old. He had previously contemplated seeking psychological treatment, but this was his first experience with psychotherapy. As therapy commenced, he reported anxious and depressed mood and presented primarily with anxious affect. There were no indications of thought disorder, delusions, or hallucinations. He did endorse PTSD-related intrusive memories, nightmares, flashbacks, physiological reactivity to trauma-related stimuli, avoidance of traumatic reminders, detachment, and anhedonia. He shared negative perceptions of himself and the world. He described feelings of shame and embarrassment about sexual abuse he experienced and reported feeling “constantly on edge” and like he has “always be looking out for danger.” His social isolation has increased and he is particularly anxious about being in larger groups of people.

Alex presented as anxious and guarded during initial interactions. He typically avoided eye contact during clinical interview. When discussing his history, his speech became pressured when describing a recent traumatic experience, and his mood grew melancholy and he was tearful when describing traumatic childhood experiences. He presented with depressed mood and significant negative beliefs about himself, struggling particularly with feelings of shame, self-blame, and guilt associated with his childhood trauma history.

Quantitative Assessment

Due to Alex’s report of PTSD symptoms, the PTSD Checklist for DSM-5 (PCL-5) was administered. The PCL is a widely utilized DSM-correspondent self-report measure that was
revised to reflect DSM-5 changes to PTSD criteria following the update of the DSM in 2013. The PCL-5 was developed to assess the 20 DSM-5 symptoms of PTSD. The measure has a score range from 0 to 80. The developers of the measure, Blevins, Weathers, Davis, Witte, & Domino, (2015) recommend a clinical-significance cutoff of 33. They found the PCL-5 to be a psychometrically sound measure of PTSD symptoms with strong internal consistency ($\alpha = .94$), good test-retest reliability ($r = .82$), and construct validity — convergent validity ($rs = .74$ to .85) and discriminant validity ($rs = .31$ to .60). Alex’s initial, pre-treatment score of 61 on the PCL-5 was clinically significant. Alex also completed the PCL-5 at the treatment midpoint and conclusion. All of his scores are listed in Table 1.

Alex’s general levels of distress and his perspectives on his interpersonal relationships and social role were assessed with the Outcome Questionnaire-45 (OQ-45.2). The OQ-45 is a 45-item self-report measure with a total score that ranges from 0-180; this total score is comprised of three subscale scores: Symptom Distress (SD), Interpersonal Relations (IR), and Social Role (SR; Lambert et al., 1996). These subscales consist of varying total items and total ranges: SD contains 25 items and ranges from 0-100 total; IR contains 11 items and ranges from 0-44 total, and SR contains 9 items and ranges from 0-36 total. Alex’s initial OQ-45 assessment found the following scores: 138 total; 76 total on the SD subscale; 38 total on the IR subscale; 24 total on the SR subscale. All of these scores are clinically significant.

The Quality of Life Scale (QOLS) was also administered to gauge the impact of PTSD on Alex’s perceptions of his quality of life. Burckhardt & Anderson (2003) adapted the QOLS, a 16-item self-report measure, from Flanagan’s (1982) original 15-item Quality of Life Scale (QOL) for individuals with chronic illness. The original QOL has been found to be internally consistent ($\alpha = .82$ to .92) and had good test-retest reliability over three weeks in stable chronic
illness groups ($r = 0.78$ to $r = 0.84$); these reliability estimates have also been replicated for the sixteen item scale (Burckhardt & Anderson, 2003). This scale measures five domains of quality of life: material and physical well-being; relationships with other people; social, community and civic activities; personal development and fulfillment; and recreation. The QOLS can be used to assess individuals’ quality of life perceptions. QOLS scores range from 16 to 112 total, with the lowest score indicating very low quality of life, and the highest score indicating completely satisfying quality of life. Alex’s initial QOLS score was 44. This score is lower than the average of 61 found among healthy individuals and among Israeli individuals with PTSD; the average total score for healthy populations is 90 (Burckhardt & Anderson, 2003).

The three aforementioned self-report assessments were administered at three timepoints in treatment: pre-treatment, mid-treatment, and during the last treatment session. Assessment is a crucial aspect of effective treatment. These particular assessments were chosen to provide initial information about Alex’s presentation and inform treatment, as well as provide a way to monitor his treatment progress. Alex’s initial scores on these measures were consistent with his qualitative presentation. He presented with moderate to severe PTSD symptoms, particularly reexperiencing symptoms (e.g., nightmares, flashbacks) and avoidance of reminders of traumas; his qualitative presentation is consistent with his high, clinically significant PCL-5 score. Additionally, Alex’s high score on the OQ-45 and low score on the QOLS are consistent with his report that PTSD symptoms are interfering with his overall functioning. Ideally, the useful clinical information provided by the PCL-5, OQ-45, and QOLS assessments would be obtained more frequently than three timepoints. However, the time-limited (11 sessions total) and semistructured nature of NET presents challenges with more frequent assessment or substantial alteration of treatment focus. Thus, the measures were utilized to provide information for
treatment planning and to help gauge Alex’s treatment response at important points in application of therapeutic intervention: pre-treatment, mid-treatment, and end-of-treatment. The pre-treatment and end-of-treatment assessments were particularly helpful in quantitative evaluation of treatment effectiveness.

**Diagnosis**

Initial, pre-treatment assessment found that Alex met DSM-5 criteria for Posttraumatic Stress Disorder (PTSD). Alex survived a school shooting and he endured childhood physical and sexual abuse; this is consistent with Criterion A. He also reports recurring, distressing memories of traumatic experiences, nightmares, flashbacks, as well as avoidance of memories and stimuli (e.g., refusing to go back to building where shooting occurred, not interacting with his cousin who reportedly sexually abused him) that remind him of the trauma (Criteria B and C). Additionally, he experiences negative beliefs about the world (e.g., “There’s danger everywhere I go.”), persistent feelings of fear, and feelings of detachment from others (Criterion D). The hyper vigilance, “jumpiness” (exaggerated startle response), problems with concentration and problems with hyposomnia are consistent with Criterion E. He has experienced these problems (Criteria B, C, D, and E) for more than one month, which is consistent with Criterion F. Alex’s verbal self-report, self-report measures (PCL-5, OQ-45, and QOLS; Tables 1, 3, 4), and clinical interview are consistent with him feeling clinically significant distress and impairment in his daily functioning (Criterion G), and the disturbance he experiences is not attributable to physiological effects of a substance or medical condition (Criterion H); he has no medical conditions and denies any substance use.
**Strengths**

Alex presented for treatment with high motivation to understand and address psychological problems he experiences. His motivation for treatment engagement is exemplified in his consistent attendance and full engagement in treatment sessions, as well as his disclosure that he had researched PTSD online prior to pursuing treatment. He demonstrated insight about the relationship between his traumatic experiences and current psychological distress. Further, despite his tendency to limit activities outside of his residence, including limiting social interactions, he did not miss any sessions, was amiable during sessions, and had good interpersonal skills that flourished as therapeutic rapport was established.
Chapter VI

Case Formulation and Treatment Plan

Case Formulation

Alex is a 20 year-old Panamanian-American male with a history of multiple traumas that began around the age of 6 year old and were experienced as recently as a year ago, contributing to his meeting criteria for PTSD diagnosis. Alex’s trauma-related symptoms can be understood with a Narrative Exposure Therapy (NET) conceptualization. NET conceptualizes his symptoms as a consequence of physiological changes in the brain that occur as a result of noradrenergic stress responses; these changes affect Alex’s ability to contextually encode trauma-related experiences and memories. During life-threatening experiences or when re-experiencing those experiences in the context of PTSD, brain structures with crucial roles in memory encoding are impacted inversely. The hippocampus is significantly impaired by stress hormones released during life-threatening experiences or in the context of PTSD, while the amygdala becomes overly active, increasing the sensory representation of the event. This inversely proportional engagement of neuronal structures contributes to traumatic event memories that have an increased number of cues with a stronger association between the cues. Specifically, as a consequence of this stronger association between the cues, the emotional, sensory, physiological, affective, and cognitive elements (i.e., hot memories primarily affected by overly active amygdala) of traumatic events may be more easily activated and decontextualized from the time and specifics of the event (i.e., cold memories primarily affected by the decreased hippocampal activation; Schauer, Neuner, & Elbert, 2011). This makes it difficult for Alex to narrate the event and contributes to fragmentation. The decontextualization of the event also contributes to Alex experiencing a persistent sense of immediate threat (Robjant & Fazel, 2010).
Treatment Plan and Treatment Goals

Alex’s treatment plan was structured in a manner consistent with NET, which is a short-term treatment approach that has been tested with various treatment lengths. The treatment length is determined by the patient’s presentation and treatment setting (Schauer, Neuner, & Elbert, 2011). It is recommended that the number of sessions be determined prior to treatment. Alex’s treatment included a pretreatment assessment session that was followed by 11 sessions of NET treatment for a duration of approximately 12 weeks.

NET is not a manualized, fully structured treatment approach; instead, it is a treatment guided by the principles of exposure therapy, autobiographical memory theory, and testimony therapy. Consequently, because there is high variability in the experiences of individuals with complex trauma, NET provides a framework or guideposts that aid the therapist in conducting imaginal exposure and co-creating the patient’s autobiographical narrative while allowing flexibility for the therapist to constructively attend to and engage idiographic treatment needs that arise in the context of each patient’s traumatic experiences.

Treatment Goals

Goal 1: Build rapport and foster creation of a safe therapeutic environment.

The establishment of therapeutic rapport facilitates effective psychotherapy. Therapeutic rapport is particularly important when working with individuals with trauma histories, because treatment typically involves the patient engaging with and sharing intimate, painful, distressing trauma memories; NET requires the patient to fully engage and discuss traumatic life events.

In an effort to establish therapeutic rapport, I clearly introduced myself, explained my background and clinical interests, and acknowledged that this was Alex’s first time in therapy. I attempted to normalize reactions that may be evoked in a patient’s initial therapeutic experiences and communicated to Alex my interest in fostering a safe, supportive, non-judgmental space that
facilitates his engagement and open discussion of anything, including distressing memories of traumas.

**Goal 2: Provide a clear treatment rationale.**

Provision of a clear treatment rationale is a fundamental aspect of effective treatment, and is particularly important when working with individuals with psychological treatment inexperience and trauma histories that indicate intense exposure-based therapies like NET. Psychoeducation about PTSD and symptoms that Alex experiences, and explanations of the NET treatment model, empirical support for the treatment, treatment expectations, and potential side effects of treatment will be provided to him.

**Goal 3: Clarify Alex’s diagnosis.**

In making a determination of necessary and appropriate treatment intervention, it is important to understand the patient’s diagnostic picture. In order to ensure that NET is appropriately and effectively utilized, it is necessary to thoroughly assess the effects of trauma on Alex and ascertain trauma sequelae (e.g., PTSD and defining symptoms of diagnosis) he experiences. Assessment is accomplished via in-depth clinical interview and the administration of the three aforementioned quantitative measures prior to treatment.

**Goal 4: Create a cohesive autobiographical narrative.**

NET is focused on the creation of an autobiographical narrative that recontextualizes the patient’s traumatic experiences with their other life experiences. This process is best facilitated when treatment is able to proceed in a safe space that is bolstered by a strong therapeutic alliance.
Goal 5: Decrease the avoidance of traumatic memories.

NET enables patient engagement with traumatic events through imaginal exposure. This engagement with traumatic experiences will facilitate emotional processing and habituation that will likely decrease activation intensity of these memories and Alex’s related inclination to utilize avoidance to mitigate distress related to activation intensity.

Goal 6: Decrease distressing PTSD symptoms below the suggested PCL-5 cutoff for PTSD (<33).

Lowering Alex’s PCL-5 score below the suggested cutoff score would indicate a decrease in the severity and frequency of PTSD symptoms.

Goal 7: Decrease Alex’s PTSD-related distress on the OQ-45 to subclinical levels.

Reducing Alex’s total OQ-45 score to subclinical levels would indicate a reduction in the overall distress he experiences due to PTSD. Reductions of scores on the OQ-45 subscales would specifically indicate a reduction in the PTSD symptom distress he experiences, and improvements in his perspectives on his interpersonal relationships and social functioning.
Chapter VII
Course of Treatment

Alex participated in 12 weekly sessions that include a pre-treatment session followed by 11 sessions of NET. The format, resulting narrative, and excerpts of the content from sessions, including the pre-treatment session, will be described in this chapter. The pre-treatment session focused on building rapport, assessment, and providing psychoeducation about PTSD and a NET treatment rationale. Alex’s initial treatment session (Session 1) focused on the construction of his lifeline. This session facilitated therapeutic alliance building. Additionally, the session served to orient Alex to the NET treatment structure and outline the major events in his life that would guide subsequent treatment sessions. Consistent with NET treatment, subsequent sessions (Sessions 2 through 10) facilitated narrative exposure to these major life events. Consistent with NET guidelines, from Session 3 through 10, the narrative from each prior session was read aloud to facilitate exposure and habituation, and allow opportunities for Alex to make any changes to ensure the accuracy of the narrative and to add any additional information that was not included in during the processing of the prior session. The autobiographical narrative from Sessions 2-10 is included and followed by a therapist review of clinically noteworthy interactions representative of NET interventions, session excerpts are occasionally included to further elucidate treatment interventions utilized. During the termination session (Session 11) with Alex, his autobiographical narrative, which was co-created during treatment, was read aloud and signed by him. This session also included a review and reflection on Alex’s treatment progress.

Pre-treatment Assessment Session: Diagnosis and Psychoeducation

This session began as is typical for other treatment sessions. I introduced myself and explained my status as a Rutgers University clinical psychology doctoral student under the
supervision of a licensed psychologist. I provided an orientation to psychological treatment, including explanation of the limits of confidentiality generally, and specifically as a clinical psychology doctoral student; I explained that information from our sessions may only be reviewed with the supervising psychologist. I explained my interest in trauma treatment and the NET research efforts at hand here, emphasizing my focus on providing effective, constructive treatment to help Alex with his trauma-related distress. I explained the importance of thorough assessment in understanding and treating Alex’s trauma-related distress, and subsequently explained the PCL-5 and OQ-45 to him and asked him to complete each assessment. Following this, the QOLS was explained to Alex as an assessment to gauge how his perspective on his quality of life is affected by his psychological distress. Upon completion of these assessments, I commenced and completed a clinical interview with Alex.

Following the clinical interview, I provided Alex with psychoeducation about NET, elaborating on the theory of NET treatment for PTSD. The psychoeducation about NET included substantial focus avoidance behaviors that tend to arise in the context of trauma treatment. I worked to normalize avoidance responses to trauma processing and explained the importance of working to understand and address these behaviors when they emerge in the course of treatment, since they can impede the processes (e.g., activation of fear/trauma network and habituation) that are quintessential therapeutic aims of NET.

**Session 1 (90 minutes): Lifeline Creation**

**Session Review.**

**Summary and key therapeutic aspects of session.** Consistent with NET guidelines, the first session following pre-treatment assessment focused on the creation of Alex’s lifeline. This 90-minute session began with a check-in about how Alex experienced the prior session. He voiced that he was feeling anxious about talking about his traumatic experiences, but his desire
for alleviating his psychological distress superseded his anxiety. I validated and normalized his anxiety, and reinforced and encouraged him to continue being attuned to his internal experiences and expressing those experiences. I oriented Alex to the lifeline creation process, noting that we would use yarn, rocks and flowers to lay out his life visually from his birth to present day; the yarn would represent the course of time, and the flowers and stones would represent positive events and negative or traumatic life events, respectively. Once we commenced the lifeline creation, Alex willingly and thoroughly engaged in the process. He more clearly recalled and denoted his negative/traumatic life experiences, but tended to have more difficulty with recalling positive experiences. I worked with him to elucidate positive experiences as much possible. The following is a brief example of this work with Alex:

**Alex:** I know I had some good times with my family growing up… They all just seem to blend together though… I can more clearly remember the bad times. That’s what I usually think about… It’s harder to pick out those good moments...

**Therapist:** I hear you describing a common experience. Human brains have developed in a manner that often prioritizes focus on situations in which we experience threats, danger, feeling unsafe, because we are often attempting to figure out from those experiences ways to stay safe. So, it absolutely makes sense that you would focus on, and more distinctly remember, the “bad” or traumatic experiences in which you felt unsafe, especially as you were just identifying them for your lifeline. As you may recall from our last session, with NET we want to make space for both the traumatic experiences and positive experiences, so they can all be woven together into a fuller narrative of your life — the autobiographical narrative we’re working to create. Let’s slow things down a bit, okay
Alex: Okay.

Therapist: You were saying that the positive experiences seem to just all blend together…

Alex: Yeah, I definitely had some growing up…

Therapist: What’s the first positive experience you remember?

Alex: [He paused for several moments to reflect.] …The first time I remember really being happy was the first time I went to the shore with my family…

Therapist: That sounds like an exciting experience. How old were you when you did that?

Alex: I was 7… I had forgotten about that moment until now… I had a really fun time with my family!

Therapist: It sounds like a wonderful experience, Alex! Use one of your flowers to indicate where your first time at the shore with your family goes on your lifeline, then we’ll continue with building your lifeline. Remember, we’ll come back to your life experiences to talk in more detail about them as we work to build your autobiographical narrative. I’m looking forward to hearing more about your life experiences.

Avoiding mixture of life events: This session excerpt recounts the therapist’s provision to Alex of further treatment orientation and psychoeducation about trauma and NET. The excerpt particularly highlights an effort to avoid the patient’s mixture of events, as is common during lifeline creation. It details guiding Alex in the lifeline creation without utilizing imaginal exposure or elaboration on the events themselves during the process. Thus, he was reminded that we would return to elaboration later in the therapeutic process. This approach serves to further the creation of the lifeline in one session, while also preparing Alex for subsequent further exploration of the experiences he identifies in his lifeline.
Over the course of this session, Alex placed 11 stones on his lifeline to indicate a range of traumatic experiences, including verbal, physical and sexual abuse he experienced as a child and his survival of recent school shooting incident. His lifeline was nearly equally balanced with 10 flowers that included experiences such as the birth of his younger sister, enjoyable family Jersey shore experience, and a camping trip with a friend’s family. After completion of the lifeline, we took a picture of it to serve as a guide for subsequent treatment sessions. Alex’s lifeline would also help the therapist anticipate traumatic experiences while processing his life experiences in future sessions. This session also included a period of reflection and processing of the lifeline creation. Alex described the lifeline creation as a constructive, engaging experience that was challenging but facilitated his recall of positive experiences in his life that he had been inclined to overlook during his focus on traumatic experiences. He also noted an appreciation of the opportunity to have a visual representation of his life.

**Session 2 (90 minutes): Abuse begins**

**Session overview:** This session focused on beginning the construction of Alex’s autobiographical narrative based on the events outlined during the construction of his lifeline in the prior session. We began with his earliest memories and continued through processing of his earliest traumatic memory, during which Alex recalls his father calling him derogatory names and hitting him with his hands and a belt, leaving bruises and welts. Imaginal exposure was utilized to facilitate Alex’s processing of his experience of the verbal and physical abuse. Alex began with memories from his childhood, describing his recollections of life as a child in his home in Newark, New Jersey. He recalled generally positive impressions of his childhood in Newark. He was unable to describe the period of his life with specificity; however, in an effort to help with facilitating Alex’s constructive engagement in the therapeutic process and to assist with re-contextualization of traumatic experiences during pre-trauma processing, we deliberately
spent time focusing on details and his positive impression of his childhood that may have been overshadowed by verbal and physical abuse trauma. [Alex noted this phenomenon of trauma overshadowing positive experiences in the preceding lifeline creation session.] Alex seemed to appreciate rediscovering positive impressions of his childhood juxtaposed with traumatic experiences. In describing the events preceding the trauma, he described his love of cartoons, particularly Rugrats, and being able to spend time in the kitchen with his mother as she cooked. He described vividly the wonderful aromas of her cooking and his enjoyment of how she would occasionally allow him to sample what she was cooking. After he narrated these positive childhood experiences, we transitioned into his narration of his first traumatic memory. This was a memory of verbal and physical abuse by his father. After initial hesitation and with encouragement, he narrated the traumatic experience.

**Session Review.**

**Starting the narration.** It is important for the narration to address all of the traumatic experiences in an individual's life. This is typically accomplished by proceeding through parts of an individual's life by beginning with childhood, then briefly narrating pre-trauma experiences before moving into a more detailed narration of the first traumatic incident. This detailed trauma narration is followed with brief post-trauma narration and condensed narration of life between this post-trauma period and the second and subsequent traumas, which are narrated in similar manner (i.e., brief pre-trauma narration, detailed trauma incident narration, brief post-trauma narration). Consistent with the NET guidelines, we began with a focus on Alex’s background, exploring a sense of what life was like for him growing up and his relationship with his parents.

**Assessing the context of the trauma.** To help Alex prepare for processing of the trauma — the cold memories (e.g., place, date, time) and hot memories (e.g., sensory details, emotions, physiological reactions), we also processed emotions evoked in his recounting of experiences
immediately prior to the trauma. His particular memories prior to recounting his first traumatic experience were positive experiences alone and with his mother prior to the trauma. An excerpt of this processing follows:

**Therapist:** How old were you at the time?

**Alex:** I was 6 years old… I was just hanging out at home after school. I remember that I was in the family room, watching tv… My mom was in the kitchen starting to cook dinner.

**Therapist:** You’re doing great, Alex. What time of the year was it?

**Alex:** [Alex thinking.] …It was the fall. I remember we had done some activities with the fall leaves at school earlier in the day.

**Therapist:** What was the room you were in like?

**Alex:** Our family room was this large room where we would usually watch tv. There was also an area — a dining table where we would eat.

**Therapist:** {Nodding head.}

**Alex:** The walls were kind of a beige-ish color. My mom had lots pictures — lots of pictures — on the walls… She had pictures of me as a baby, pictures of just her, just my dad, us together as a family, pictures of other family in Panama — my grandmother and grandfather from her side of the family, aunts, uncles… Like I said, lots of pictures! My mom loves pictures!

**Therapist:** It sounds like she really appreciates photographs. You mentioned earlier that you were watching tv in the family room. What were you watching?

**Alex:** Ummm… Rugrats! I was watching Rugrats… I used to love coming home after school and watching that cartoon. It always made me laugh…
Therapist: I noticed that you perked up and have a big smile on your face as you’re talking about watching Rugrats.

Alex: Yeah, I forgot how much I used to love that show! It always made me so happy to watch it and laugh at it. I just always thought the characters were so funny…

Therapist: How are you feeling now talking about it?

Alex: I feel happy… I have this warm feeling inside…

Therapist: This was a happy experience from your childhood. Where in your body do you feel the warm feeling?

Alex: I feel it in my chest. I have this warm feeling in my chest.

Therapist: You’re doing great, Alex. As we’re walking through your experiences, it will be important to understand what was going on around the time of these experiences and during them, and what they stir up in you. Tell me more about what was happening at this time.

Alex: As I was in the family room watching Rugrats, I could smell the aroma of the food my mom was cooking in the kitchen… it smelled sooo good!

Therapist: {Nodding head.} Uh-huh.

Alex: She was making this chicken soup, sancocho, that she often makes for us — always so tasty… During one of the commercial breaks, I went into the kitchen to see her, check things out, and hopefully get a bite to eat… She would always feed me some of whatever she was cooking… I would sit on one of the stools and she would feed me food.

Therapist: That sounds wonderful, Alex. So, you were in the kitchen, smelling the wonderful aroma of the sancocho and tasting it… What happened next?
Alex: I stayed in the kitchen a little longer, then I went back into the family room to watch Rugrats. I sat down on the floor in front of the tv and got back into the show and was just sitting there, really into the cartoons… Then my dad came home… He was really angry, so I went back in the kitchen…

**Recognizing a traumatic experience.** As Alex reached this point in his autobiographical narration, his speech initially softened then became less fluid and he began fidgeting more in his seat. He appeared visibly anxious and seemed to omit or avoid engagement with important details of the experience. The observed behavioral changes and avoidance indicated that we were approaching a hot memory (i.e. feelings, thoughts, sensations) tied to the fear/trauma network that NET aims to recontextualize with cold memories (i.e., declarative memory details of the event).

**Narrating in slow motion.** Individuals typically experience difficulty with recounting traumatic experiences due to inclinations to avoid re-experiencing painful or distressing situations. Individuals who have experienced psychological trauma may be inclined to omit detail or gloss over emotionally painful or distressing experiences. With NET, when a traumatic experience is recognized, it is important for the therapist to facilitate narration in slow motion — a process of helping Alex recontextualize hot memory aspects with cold memory details. The following is an excerpt of this process:

**Therapist:** Alex, you were smiling as you were talking about watching cartoons and your mother feeding you food, but as you started talking about your dad coming home, I noticed that something changed and you began to look and sound anxious. What happened as you started reflecting on him coming home?
Alex: I... I... I was thinking about how angry he was when he came home — what he did and said to me! It was such a terrible experience... [Alex began looking down at the floor and shaking his head.]

Therapist: Alex, this painful experience is understandably difficult to talk about. Let’s slow things down to fill in some details about this time in your life.

Alex: Okay.

Therapist: So, you were home on a fall evening, in your family room, watching Rugrats as your mother was cooking sancocho, when your dad came home very angry... What is happening as he comes home?

Alex: He stumbled in the door and seemed grumpier than usual... He would often come home grumpy, really irritable after work. He came in and plopped down in his chair. He had this dark brown leather recliner that he would sit in in the family room — never wanted anyone else to sit in his chair... When he came in, he just kinda dropped into the chair. I could tell he was angry and I was feeling scared of him being angry, so I went in the kitchen to be with my mom...

Therapist: What clued you in to him being angry?

Alex: The way he slammed the door and plopped down in his chair... And his face — his brow was kinda furrowed... He just looked angry.... So I wanted to get away from him while I could.

Therapist: You mentioned that you were feeling scared of him being angry.

Alex: Yeah... I mean, I love my dad and he can be a really nice, even fun guy, but seeing him angry really scared me... I didn’t know what he might say or do! I just wanted to get
out of his way. So I tried to quickly leave the room and go back into the kitchen with my mom…

**Therapist:** {Nodding head.} I noticed that you tensed up as you were describing your dad looking angry. Were you feeling tense that night he came home angry?

**Alex:** Yes, it feels like that day… I was feeling so tense… I was feeling fear… Scared.

**Therapist:** Where in your body do you feel that?

**Alex:** …In my chest… I have this tightness… In my throat… it’s like I have this lump in my throat — like I can’t get out what I want to say.

**Therapist:** You’re doing great with describing what happened that fall day of your childhood, Alex. What happened next that day? Did you leave the [family] room?

**Alex:** Yeah… I did leave the family room and go into the kitchen with my mom… I remember just barely making it into the kitchen and sitting down only for a moment, when my dad yelled angrily, ‘Alex! Come here!’ …I didn’t know what he wanted, but I knew that I had to respond quickly.

**Therapist:** What were you feeling in that moment, Alex?

**Alex:** Fear… It was this intense fear… The way he yelled for me to come into the family room really scared me. I was dreading what he was going to say or do when I got there and I didn’t want to make things worse…

**Therapist:** What did you think then, what now?

**Alex:** My first thought was “What did I do wrong?” I thought I might have messed up something — done something to make him feel even more angry…. I didn’t want to disappoint him or let him down… I still feel that way; he and my mom work so hard and I don’t want to ever let them down.
Therapist: It sounds like you feel tremendous pressure to do things “just so” — maybe like there’s no room for error. Is that right?

Alex: That’s how I often feel — just so much pressure to succeed, to make the most of all the sacrifices my parents made to give my sister and me opportunities in America.

Therapist: So, when your dad yelled angrily for you to come into the family room, did you have a concern that you’d done something to let him down?

Alex: Yes, I thought I had done something to make him feel so angry… I felt like something I did had let him down and that’s why he was so angry with me.

Therapist: It seems very important that a concern you have today about potentially letting down your parents — particularly your dad — seems connected to his time in the fall when you were 6 and your dad came home very angry. Let’s continue with unfolding what happened that day. Since you were in the kitchen with your mother, did she hear your dad yell for you? Did she respond in any way?

Alex: Yeah… I think she did [hear him]… She motioned with her head for me to go see what my dad wanted… She had this really concerned, supportive look on her face…

Therapist: What were you feeling as you saw that look on her face?

Alex: For a moment, I felt a little less scared… less alone…

Therapist: Seeing her face made you feel less scared and alone. You’re doing great, Alex. What happened next?

Alex: I actually went back into the family room. When I got back in there, he just started yelling and cursing at me — ‘Where’s the fucking is the remote? Where did you put the fucking remote?!’… He was so angry! I just kinda froze… ‘Where did you put the fucking remote?! Damn it, Alex, you’re so stupid! Just so fucking stupid! You always
fuck up everything! I put the remote right here and told you to always put right here!

**Therapist:** I can see that this is very difficult to talk about and noticed that you shifted forward in your chair and started talking at a faster rate as you were describing what happened. Let’s slow down so that we can better understand what this experience is evoking for you. You mentioned that you froze. What was going on within you as that happened?

**Alex:** I was feeling terrified — absolutely terrified… His anger… was so intense… it, it felt overwhelming. I felt helpless… like I wanted to call out to my mom for help, or apologize, or run away, or do something… but I felt… paralyzed in that moment.

**Therapist:** It sounds like a scary experience to go through, particularly as a child. What did you do in the moment?

**Alex:** I didn’t move… I wanted to say something — to tell him that I didn’t mean to move the remote from where he liked it to be or to say I’m sorry… I just didn’t know what to say or do… I started to cry…

**Therapist:** This was an understandably painful experience, Alex. I can hear and see how much it pains you to talk about it now. As you were telling me about how you were trying to find some way to respond to your dad, I noticed that tears were welling in your eyes… What are you feeling as you remember this time in your life?

**Alex:** {Now tearful} …How much it hurts… I was just a kid… It really hurt to hear my own father call me stupid and say that all I do is mess things up… it still hurts.

**Therapist:** You’re so brave to allow yourself to put this painful experience into words. Where in your body do you feel that hurt?
Alex: I feel it in my chest… shoulders… back… it just feels like this heavy weight that makes it hard to breathe.

Therapist: This scary, painful experience is a tremendous weight to carry. You are safe here and you don’t have to carry this experience alone. I’m here with you.

Alex: {Takes a deep breath}

Therapist: You’re doing great, Alex. What happened next?

Alex: When I didn’t respond to my dad’s question about where the remote was… He… grabbed me and hit me on my butt…

Therapist: What did he hit you with?

Alex: He hit me with his hand first… Then he hit me with his belt… It all just happened so fast… next thing I know is that I’m on the floor crying as he is hitting me on my butt, legs… back — with his belt… he hit me so hard that it left welts.

Alex recounted his experience of being verbally and physically abused by his father. The process of narrating these experiences was challenging for Alex. As is common for individuals recounting traumatic experiences, he demonstrated avoidance, but with support was willing and able to engage with distressing memories about verbal and physical abuse he experienced. Since the aim of NET is to recontextualize traumatic experiences, it was important to include brief narration of events immediately following the abuse Alex experienced. Consistent with this aim, Alex described how his mother eventually came into the family room with Alex and his father, and helped to deescalate the situation. Alex recalled how she helped to calm him down and care for him, and he was soothed by her intervention. The recontextualization of the trauma also included his remembering how delicious the sancocho his mother cooked tasted.
Since Alex’s lifeline included another traumatic incident that occurred when he was 6 years old and he was engaged in processing without any indications of dissociation and was managing his distress, we proceeded with narration of the sexual abuse trauma he experienced during interactions with his older cousin, Diego. Alex narrated the events immediately prior to the initial incident with Diego, who was looking after Alex while his mother and father were working.

**Managing dissociation.** Individuals who experience trauma may dissociate to mitigate the distress experienced during a traumatic incident. As Alex began talking about this incident with his cousin, he shifted from being present and engaged in our session interaction to being distant. In trauma treatments, and particularly with NET, it is important to help the patient remain present, so that the individual does not become overwhelmed, detached, or otherwise unable to constructively process the trauma through autobiographical narrative. Trauma process disengagement of any sort hampers therapeutic efforts to bolster Alex’s ability to engage with traumatic memories and manage his responses during that engagement. The following excerpt is an example of how Alex’s dissociation was managed:

**Therapist:** Alex, I noticed that you’re staring into the distance. Is your mind on what happened that day?

**Alex:** Yeah. [Still staring into the distance.]

**Therapist:** I noticed that you’re withdrawing from the space here with me. What is this place we’re in?

**Alex:** We’re in a clinic room.

**Therapist:** Great. Yes, we’re in a room at the GSAPP Clinic. To help you stay here in this space with me, I’m going to walk you through an exercise.

**Alex:** Okay.
Therapist: First, pick a color.

Alex. Uh, blue.

Therapist: Okay, now look at, point to, and name out loud every blue thing you see in this room.

Alex: Uh, chair… pen… your shirt… the face of my watch… that computer screen… that eraser…

As Alex engaged in this exercise, he became more engaged and present in the room. The narrative processing proceeded following the exercise.

**Summary and key therapeutic aspects of session.** This session focused on commencing Alex’s autobiographical narrative. We began with his earliest memories, which were more general memories about his childhood, and progressed to his first traumatic memory, an incident in which Alex was verbally and physically abused by his father. During the session, Alex initially had a tendency to rush through recounting traumatic life experiences; however, he also had a similar tendency to rush through positive experiences. I encouraged him to slow down and worked with him to focus on details preceding events and the context of his experience. Additionally, Alex became mildly dissociative during processing. The brief grounding exercise I walked him through, helped him refocus on his interaction with me and the narrative processing continued.

Session 3 (120 minutes): Abuse continues

**Narrative.** We would go to my house after school because it was the earlier bus stop on the route and it was easier for my mom to just come straight home after work. One day in the fall when I was 7 years old; I remember it was the fall because school was going again. I wasn’t so excited about going back to school after such a fun time at the shore with my family. I was playing in the backyard. I liked to play with toys in the backyard. When I was playing, Diego
was inside watching tv. He could sit inside, watch tv or whatever, and keep an eye on me in the backyard through our glass doors to the backyard. I had been outside playing for a while when he called me to come inside to get something to eat. He would make a snack for me -- usually just a peanut butter & jelly or ham & cheese sandwich, or sliced apples. I don’t remember what the snack was that day, but I think it was sandwiches. When he called me in though, I went pretty quickly because I was hungry. We ate and he encouraged me to stay inside to watch tv with him and not go back outside. I agreed because it would give me a chance to watch some tv before my parents came home. We watched some cartoons for a while, Batman, I think. I had to use the bathroom, so I got up to go and Diego kept watching tv. I went to the bathroom, closed the door and used the bathroom. I washed my hands -- my mom used to remind me to wash my hands -- and I did. When I opened the door, Alex was standing right outside the door. It startled me, and I jumped a little. I was scared for a moment because I wasn’t expecting anyone to be there when I opened the door. He told me that it was okay -- that he needed to use the bathroom too. He walked in -- I just kind of backed up as he came into the bathroom; he was so much bigger than me and the exit was blocked. He said something about me “helping” him with something. I didn’t really know what he meant or how I could help him -- was a little confused but thought, “I guess I can help him real quick and get back to watching some tv.” He said something about his zipper on those jeans often getting stuck and how I could help him with it. He told me to try it to see if I could get it unstuck. I was just thinking I could be helpful to him. It didn’t fully cross my mind at the time that it was inappropriate of him to ask me that. As I think about it now, I don’t know how I didn’t catch then how inappropriate it was. I blame myself for being naive about the situation. I did think it was a little weird and confusing, but I really just thought I could help him out in some way. He stood in front of the toilet and I was on his right, next to the bathtub. We
were in a mostly white bathroom with a blue rug -- bath rug and a shower curtain with big bluish flowers on it. The room smelled like oranges or something; it was the smell of whatever cleaner my mom used in the bathroom. While we were standing there, he fiddled with his zipper -- or pretended to; I really don’t know if it was really stuck. It probably wasn’t and he was just using the situation to touch me inappropriately or make me touch him inappropriately. He told me again to help him with his zipper, “You can unstick it,” he said. I reached out and pulled the zipper. It did seem a little tight so I put my left hand on my right arm and pushed down on my arm as I pulled his zipper. It came down. He didn’t say anything when it did. I just kind of quickly moved behind him and was gonna leave, but he told me to wait because he’ll need help getting it back up. I just stood there behind him, looking at the door and down at the floor as he peed. It was such a weird situation and I didn’t want to be in the bathroom while he peed. While he was peeing, I just kept thinking more and more that it was a weird, uncomfortable situation and I wanted to leave because it was awkward and I wanted to get back to watching cartoons. I was feeling trapped. That feeling of being trapped is like how I felt when I opened the door and was going to try to leave the bathroom before Diego came in. After he finished peeing, he told me he needed my help again. When I turned around and walked up to him standing beside the toilet, I could see that his penis was still out. I had never seen a penis other than mine, so I was very confused about what I was seeing and feeling disgust about seeing it. I was feeling like I was seeing something I shouldn’t see, and I think I was feeling embarrassment because I was seeing him exposed. He told me to help him put his penis back in his pants, and before I could really say or do anything, he grabbed my hand and put it on his penis. He used my hand to push his penis back into his underwear, which he was holding down with his other hand. He fastened his belt and made me help him zip his jeans by putting my hands back on his zipper. After he was
zipped up, he suddenly reached down and grabbed my crotch -- his hand squeezed my penis and testicles, and he said something about “helping me” next time. I squirmed trying to get away, but I couldn’t get away. I felt trapped and helpless. He was so much bigger than me. I wanted to yell, “Get off of me!” But I felt like I couldn’t speak. I just stood there as he told me to stay still and that I better not tell anyone about us “helping each other.” He said that I really didn’t want to find out what would happen to me if anyone ever knew what happened in the bathroom. He had this intense and really scary look in his eyes. It can still remember that look in his eyes... it was a weird mix of craziness, anger and sadness... I stopped squirming because it hurt some as he grabbed my penis and testicles tighter as he was telling me not to say anything. I felt like crying-- not from physical pain, from embarrassment and sadness. I remember thinking, “Don’t cry.” I think my eyes teared up though. I think I didn’t want him to see me cry because I didn’t want him to see any more weakness in me. Crying in that moment would’ve felt like he had all the control and I was trying to have some control in a situation that I felt powerless in. That feeling of weakness stayed with me. After he let go of me -- he grabbed my genitals for a few seconds, but it felt like so much longer, he walked me out of the bathroom with him and took me back into the family room to watch tv. I sat on the floor -- where I usually sit and Diego sat on the couch. I remember thinking, “Why did he do that to me? What happened? Why would my cousin do that to me?” As I think about it now, I don’t really have an answer to any of those questions. It makes me feel sad, and angry, not knowing why Diego did that. I haven’t talked with anyone about what he did to me because I feel partly to blame -- like if I had only been stronger, or yelled at him, or ran away it wouldn’t have happened. Maybe there were other explanations for what he did that are not so much about me. I hadn’t really thought about that before. We watched more tv until my mom came home from work -- maybe an hour later. When
she came home, I gave her a big hug and she hugged me tightly too. I was so glad to see her! I had started to calm down some watching tv, but I felt this huge relief seeing her smiling, friendly face walk in the door.

That was a rough year. Later that year, sometime in the winter, I think it was mid to late December -- I remember that it had snowed -- my father put me down again, insulted me in a way that really hurt me and still sticks with me. It was cold and my mom was in the kitchen making breakfast while my dad and me were in the family room. She had made some hot chocolate for me and some coffee for my dad. She called me into the kitchen to get my hot chocolate and take my dad his coffee to drink while he was watching tv. My dad was watching the news, I think. When she called me, I immediately got up and went to the kitchen. I remember the strong smell of the coffee. I was excited about the hot chocolate because my mom would always make it kinda sweet, which I really liked. So, I was eager to get in the kitchen, get my dad his coffee, and then go back to get my hot chocolate. When I got into the kitchen, my dad’s coffee was in an orange and white mug that my dad loved to always use for his coffee; he loves his coffee... My mom told me to take the coffee to him and I carefully picked up his coffee with two hands -- to be very careful -- and started walking back into the kitchen. As I was walking over to put his mug on the coffee table, I tripped somehow -- don’t know how, but I tripped. And when I did, I fell and spilled the coffee all over the carpet. My dad went ballistic! He started yelling at me: “What the fuck are you doing?! You’re so stupid! You had one thing to do! How fucking worthless are you that you can’t get bringing coffee to me right?!” While he was yelling at me, I started crying. I felt embarrassed, ashamed. I felt like I do get so much wrong and I was surprised by how intense my dad’s anger got. Part of what I was feeling was fear -- I was scared that he was so mad. While I was crying and trying to get up and start cleaning up, my mom ran
into the family room. She probably heard my dad yelling at me. She just said something like, “It’s okay, Alex.” I remember her being so much calmer than my dad was. She helped calm my dad down some but I could see in his face that he was still angry. I ran into the kitchen and grabbed paper towels and a sponge and ran back into the family room. My mom took the paper towels and started helping me clean up. My dad didn’t do anything to help — just sat there, still looking mad but watching -- or acting like was watching -- tv. My mom and me got up most of the coffee. I was thinking a lot of thoughts as we were cleaning up. “Why do I mess up so many things? Am I really stupid and worthless? How could my dad say that about me? I’m so glad that my mom helped me. She’s so kind. I wish my dad was as kind as she is.” After we finished cleaning up what we could with the paper towels and sponge, my mom went into the kitchen and got some other stuff to put on the places where the coffee spilled to keep it from staining the carpet. My dad just continued to sit there and never said another word. While my mom was putting the stuff on the coffee, she told me to go into the kitchen and have my hot chocolate. I went back in the kitchen and sat down at the counter to drink it. It was still warm and very delicious.

The next year, when I was 8 years old -- in the second grade, I developed a friendship with a kid in my class. His name was Eddie -- a biracial, I think, kid whose family was from New Jersey. I was often a little quieter in school, but Eddie was much more social. He smiled and laughed a lot and he always had something funny to say. He actually got sent to the principal’s office a couple of times because he was kinda being a “class clown.” He was a really fun, nice, smart guy. A lot of kids liked him, including me. I got to know him better when our teacher, Mrs. Peterson, paired us up to be “science buddies” on a project to grow seeds; I think we had tomato plant seeds that we were planting one spring day. We were supposed to work together to plant
the seeds in some soil in a plastic cup and water them. But Eddie kept trying to, or pretending
to, eat the seeds. Doesn’t sound so funny now, but the way he was pretending to do it at the time
was just so hilarious to me. He would act like -- in this really exaggerated way -- he was eating
a seed and I would just start laughing. Mrs. Peterson would look in our direction, and we would
try to keep from laughing while she was looking. I think she caught us one time -- she just said,
“Boys!” -- like “you boys should calm down and focus over there.” We calmed down some, but
laughed a little as we kept trying to work. We just really hit it off after that and became good
friends. We would sit together at lunch and talk about cartoons or video games, and a time or
two, his family invited me over for dinner. My parents let me go, and I had a great time with
Eddie and his family, especially being able to play video games with Eddie. Having Eddie as a
friend made me feel less alone. With everything going on at home with my dad and with Diego,
it was comforting to just have a friend to talk to about stuff and laugh with. I felt like I was
accepted for who I am, something I didn’t always feel with my own family. I never exactly told
Eddie about what was happening with my dad. But I did tell Eddie that sometimes my dad was
really angry and mean to me. He didn’t really ask any questions -- just listened and only said
that “Dads suck sometimes.” I just remember being surprised that he said that, because Eddie’s
dad was always so nice. I guess that my dad can appear that way to others though, so maybe
something else was going on in his home. I didn’t really ask Eddie what he meant. I appreciated
his support and feeling understood when he said what he said about dads though. We never
talked about Diego. I sometimes wonder if Eddie had been around longer, maybe I would’ve told
him something about what Diego was doing.

Session Review.

Summary and key therapeutic aspects of session. Consistent with NET guidelines, after
a brief check-in, the narrative from the prior session was read aloud to provide further
opportunity for habituation to the emotionally intense moments he described in the prior session and to provide an opportunity for Alex to offer corrections to the narrative recorded by the therapist. Reading the narrative also allowed an opportunity for Alex to add any details that he may not have initially remembered or disclosed in the prior session. As the narrative was read aloud, he listened intently as he sat still in his chair. Once the reading of the narrative was complete, he reflected that it felt unusual to have his traumatic experiences read aloud to him after he had kept them “bottled up” for so long. He noted that engaging with traumatic experiences was challenging, but has contributed to him feeling less “burdened” by the traumas. Additionally, he described appreciation with the narrative process including happier experiences (i.e., flowers) that have tended to be overwhelmed or forgotten as he has tended to focus on traumatic experiences. He declined to make any additions or changes to narrative that was read to him.

Upon completion of review of the past session’s narrative, we continued with processing events on Alex’s lifeline. This session focused on the processing of two traumatic experiences: sexual molestation and a threat of harm by his cousin and verbal abuse by his father; and a positive experience: developing friendship with a classmate.

Assessing the context of the trauma. As with Alex’s previously processed traumas and traumas processed during this session, it is important to establish the context of the trauma. Establishing the specific context of the trauma aids in the recontextualization of the trauma into the individual’s life narrative. To facilitate this recontextualization, it was important to inquire about details of the situation, such as place, date, time (i.e., cold memories) proximal to hot memories (e.g., sensory details, emotions, physiological reactions). Specific questions were asked to obtain this information.
Once the context of the trauma is established, the narration slows to facilitate narrative exposure to the traumatic experience. Schauer, Neuner, & Elbert (2011) note that patients will tend to speed up narration or skip around to avoid reengaging with distressing experiences. Alex exhibited this inclination during this session, particularly as the narrative neared processing of the details of the traumatic childhood sexual molestation by his cousin. As this narration progressed, I noticed my own inclination to avoid engagement with this painful trauma. This experience can be an indication that the narration is proceeding in a constructive manner (Schauer, Neuner, & Elbert, 2011). Consequently, I worked with Alex to slow down the narrative process and facilitate exposure. This was accomplished through interventions that included asking him to imagine the beginning of the trauma, and as the narrative neared the trauma, I inquired about the moments immediately preceding the trauma to help Alex focus on those aspects of the trauma.

**Activating and tagging a hot memory.** When the narrative exposure process reached the trauma, Alex tended to try to avoid the distressing memories of the trauma. As he did talk about the trauma, he demonstrated a calmness that appeared disconnected from the details of the experience -- a likely indication that the fear/trauma network was not being activated during processing. Since constructive processing of the trauma requires activation of the fear/trauma network to promote habituation of the hot memory, I asked questions that would facilitate Alex’s engagement with what he was experiencing during the time of the trauma. An excerpt of that processing follows:

**Alex:** He fastened his belt and then told me to help him zip up. And he made me help him zip his jeans. After he was zipped up, he reached down and grabbed my crotch -- his hand squeezed my penis and he said, “Next time I will help you.” I squirmed trying to
get away, but I couldn’t get away. I just stood there as he told me to stay still and that I better not tell anyone about us “helping each other.”

**Therapist:** Alex, you’re doing so well with walking through this painful experience. I think it’s important that we understand even more what you were feeling and thinking at that moment. So, let’s slow down a bit more. Let’s try something to help you connect with how you were feeling at the time.

**Alex:** Okay.

**Therapist:** Alright, take a moment to close your eyes and reflect on that moment when he grabbed your crotch and you were squirming but couldn’t get away.

**Alex:** [Closes his eyes and appears to reflect; he shifts in his seat.]

**Therapist:** What are you feeling in that moment?

**Alex:** I feel... trapped, like I’m in this deep, dark hole… I look up and see the light… I start trying to climb out, but hole just gets deeper and I can’t go anywhere. I feel helpless. I feel alone… scared… [Alex begins to cry.] He was so much bigger than me…

**Therapist:** You’re not alone. I’m here with you… What are you scared of at that moment?

**Alex:** That he can severely hurt me…

**Tenses of the narrative.** When working on a narrative, shifting the tenses of the narrative can be an important way to promote the patient’s engagement at the optimal state of arousal. When an individual is overengaged, shifting to the past tense may help to lower levels of activation. In cases of underengagement, as Alex was in this moment, shifting to the present tense may help to make the situation more vivid and promote fuller activation to facilitate habituation. After taking a moment to slow down processing with Alex, I consciously shifted to
the present tense to promote activation. The tense shift intervention was helpful in getting Alex to connect the moment to distressing memories of feeling trapped.

**Monitoring the patient's response.** During trauma processing, there is the potential for the patient to become overwhelmed and dysregulated as the individual engages with distressing memories, sensations, and feelings that they have likely tended to avoid prior to therapeutic processing of the trauma. As I was working with Alex, I was attentive to any indications of overwhelm or dysregulation (e.g., having difficulty breathing, uncontrollable crying). In this moment of processing, Alex continues crying. It seems that the fear/trauma network is constructively activated for optimal processing of the trauma; there are no indications that he is overwhelmed by the activation of the fear/trauma network. Consequently, I engaged him with further processing of his fears in that moment. That processing continued as follows:

**Therapist:** Severely hurt you how?

**Alex:** That he might squeeze my testicles and penis even harder… That he can do anything to me and I can’t stop him because he’s so much bigger than me…

**Therapist:** Diego can do anything to you like what?

**Alex:** Diego could.. rape me.. and I can’t stop him.

**Therapist:** That sounds like such a scary moment, Alex.

**Alex:** Yes, it was. I was so scared of him -- scared for my safety…

**Therapist:** What are you feeling in your body at that moment?

**Alex:** I can feel my heart racing… I feel weak, like my muscles -- like my body doesn’t work and I can’t move.

**Therapist:** Did you feel the weakness all over your body? In certain parts of your body?

**Alex:** I felt it all over my body
**Therapist:** Are you feeling that right now?

**Alex:** Yes, my heart is pounding fast now and I feel weaker.

**Therapist:** You feel like you felt that day Diego sexually molested you.

**Alex:** Just like that day… I feel like I can’t defend myself, can’t protect myself… and no one can help me because I can’t even tell him to stop or anyone I need help. I feel like I can’t speak, like I don’t have a voice.

**Therapist:** You are speaking. You have a voice and your voice is bravely putting into words the horror you experienced when Diego sexually molested you that day. Doing what you’re doing is an incredible demonstration of the power of your voice.

As this excerpt indicates, by slowing the narrative exposure process and working with Alex to activate the fear/trauma network, we were able to activate the hot memory at various levels of processing and tag it. Schauer, Neuner, Elbert (2011) note that the fear/trauma network consists of sensory, cognitive, emotional, and physiological elements. The activation of one element or level of the fear/trauma network may activate other related levels. In this instance, the initial intervention with Alex utilized direct questions focused on activating the emotional element; consequently, as indicated by the excerpt above, additional levels were subsequently activated. Ultimately, processing of the trauma indicates that Diego’s (Alex’s cousin) violation of Alex’s boundaries by sexually molesting him, particularly by grabbing his genitals, contributed to a deeper fear for Alex that Diego could have more severely hurt him in that moment and he would have been unable to protect himself from further, even more harmful encroachment by Diego.

Following the processing of the trauma of Diego’s molestation, the session proceeded with processing of another instance of verbal abuse by his father. However, it should be noted that there was not an immediate jump from the sexual molestation trauma to the verbal abuse
trauma. Because NET aims to establish the context of the trauma, events immediately following the trauma are also included in the narrative construction process. The inclusion of these post-trauma events aid the patient’s recontextualization of the trauma. Alex’s narrative of calming, comforting post-trauma events, particularly his interactions with his mother later that day, had a calming effect on Alex during the session.

We proceeded with processing the paternal verbal abuse trauma Alex experienced when he was 7 years old. During narrative processing of this trauma, Alex was less avoidant than he was when processing the sexual molestation trauma and, unlike processing of that trauma, he did not present as detached from the details of the traumatic experience. Instead, he deeply engaged in processing the social trauma. Although Alex experienced multiple instances of verbal abuse by his father, the event processed during this session was another prototypical event [The first was processed in Session 1.] that captured his overarching experience of the verbal abuse he endured. Processing identified feelings of shame associated with the verbal abuse trauma.

_Treating shame and social pain with NET_. High levels of emotional abuse in childhood are predictive of high levels of shame (Stuewig & McCloskey, 2005). Alex’s experiences of paternal verbal and emotional abuse in childhood and the sexual molestation he experienced are significant contributors to shame he expresses. Further, Schauer, Neuner, Elbert (2011) note that when an individual experiences violations (e.g., exclusion, rejection, separation, grief, or bullying) to their social integrity, social pain is the resulting intense, aversive emotion; the verbal and emotional abuse he experienced, particularly being called “worthless,” likely contributes to perceived rejection by his father. The sexual molestation also likely contributes to violations to his social integrity.
Socially traumatic situations are encoded within sensory-perceptual representations and are not connected to autobiographical contextual information. As such, the treatment of shame and social pain traumata does not differ from work with primary emotions (e.g., fear); the aim is the recontextualization of the trauma within autobiographical context (Schauer, Neuner, & Elbert, 2011). Nevertheless, when working with shame and social pain, the activation of hot memory interpersonal traumata are likely to affect the therapist-client relationship. In particular, working with a client’s shame and social pain typically increases the potential for the client to fear rejection by the therapist (Schauer, Neuner, & Elbert, 2011). With this in mind, I approached interactions with Alex with particular cognizance to engage him compassionately, empathically, and with acceptance to mitigate the potential for him to perceive rejection in our dyadic relationship and for this potential perception on his part to become a threat to our therapeutic alliance and ultimately his treatment continuation. Further, given that shame and social traumata are usually highly culturally influenced or determined, it was important to take into account the cultural context of these shame-inducing and socially traumatic experiences. In particular for many Hispanic and Latino men, culturally defined gender roles often include attribute expectations of hyper-masculinity, toughness, aggressiveness, as well as protector and provider role expectations; collectively, these expectations are often described as “machismo” (Davis, J.M. & Liang, 2015; Saez, Casado, & Wade, 2009; Aguilar-Gaxiola et al., 2012). These cultural expectations, when not met, have the potential to foster or be related to shame or social pain. Relatedly, cultural gender expectations and perceptions may also influence whether or not Hispanic and Latino men pursue treatment or how they engage in treatment. Given Alex’s concerns about “weakness” proximal to or during traumatic experiences and the potential for culturally influenced gender expectations and perceptions to impinge on Alex’s experiences of verbal and physical abuse and sexual molestation, and given the importance of therapists not making sweeping generalizations about
individuals or their cultures, it was important for us to have a conversation about Alex’s notions of “weakness.” I shared with him my observation that the notion of being “weak” or “weakness” has come up at key moments during traumas he has experienced. We subsequently discussed how concerns about not being seen as “weak” have been a significant part of his rearing and cultural experience. He described experiences of his father encouraging him to play baseball because he perceived the sport as masculine and discouraging his interest in playing in the school band because he did not perceive that as sufficiently masculine; Alex noted his belief that cultural perspectives about gender significantly influence his dad and himself. We discussed and planned continued awareness of the role of culture in his perspectives about traumas he has experienced and on himself.

Following the processing of Alex’s traumatic experiences, and the discussion about culture, the session progressed to processing of a positive experience he had when he developed a friendship with a schoolmate. Since this positive experience (i.e., development of a friendship) included a number of interactions Alex had with his new friend, it was important to pinpoint a prototypical experience of their burgeoning friendship. My initial intervention focused on explaining to Alex the importance of identifying a particular instance that would allow deeper processing of emotions, cognitions, sensory, or physiological experiences associated with developing the friendship with his schoolmate. I subsequently asked questions to assist Alex with identifying a prototypical experience and we walked through processing after he had done so.

As the session was concluding, Alex expressed an appreciation for being able to talk about both “good and bad things” that have happened in his life. He described feeling that this approach of NET has helped him remember and appreciate more the positive experiences that he
has not attended to as often following traumatic experiences. He also indicated that the processing of traumas and positive experience feels like I, his therapist, am able to get a more complete sense of who he is as an individual. We discussed how he does not want to be defined by traumatic experiences in his life that have contributed to him feeling like someone other than he perceives himself to be -- someone joyful who enjoys socializing with others.

Session 4 (90 minutes): Sexual abuse escalates

Narrative. Later in the same year, when I was still 8 years old, Diego was supposed to be keeping an eye on me after school while my parents were working. It was early in the fall, right around the time school was starting again. I didn’t really see Diego during the school break. His family wasn’t really coming around too much during the summer, which was good for me. I wasn’t too excited to be around him because of what was happening, the sexual touching, that he was doing to me. But I still couldn’t tell my parents anything about what he was doing. Like usual, we rode the bus home after school. We continued to go to my family’s house. When we got there he made a snack for us, we ate the sandwiches he made, and I started on some math homework. I was pretty into that homework and wasn’t paying any attention to Diego. I didn’t even realize that he wasn’t still in the room until I finished my homework. I just started watching some tv again, and didn’t think about him being in the room. I was just a few minutes into when I heard him call me. “Hey, Alex, come here.” I didn’t really know where he was and didn’t want to go, because I didn’t know what he wanted. My mind immediately went to the situation in the bathroom where he made me touch his penis. I didn’t want anything like that to happen again, so I tried to ignore him and keep watching tv. That didn’t work. He started calling me again -- “Alex, come here! Alex!” So I get up to go see what he wanted. As I started walking down the hallway to the bathroom where he touched me before and forced me to touch him, I started feeling hot and could feel my heart starting to beat hard. I’m feeling that way as I talk about it.
I walked down the hallway. It was brightly lit, a little narrow. I could smell the cleaner, smelled like oranges, that my mom used in the bathroom. I walked slowly down the hall, thinking and worrying about what he wanted. I wanted to turn around and run but I didn’t want him to chase me and was worrying he might hurt me if I did. So I kept going. When I got down the hall more I could hear that he was in my room. The door was slightly open. I pushed it open and walked in. When I did, I saw him looking through stuff in my room. He said something about me having some cool toys and started picking up some and playing with them. I actually relaxed a little -- thinking that, “Okay, he just wanted to know about my toys.” I started picking them up and looking at them too. While I was looking at them too, Diego picked up a water gun that I had and pointed it at me and said something about putting my hands up or he was gonna shoot. Since I wasn’t too far from the door, I started laughing and said “no” to putting my hands up and ran, saying something back to him about the water gun not supposed to be used inside -- my parents were very strict about that. While I was running, I managed to get outside while he chased me, laughing while he was chasing me. Since he was so much bigger than me, he caught me fast and started spraying me with the water gun. He really soaked me! When he seemed to realize how much water he sprayed on me, he said that I should go inside to change my clothes to some dry ones. So, I go inside to do that. I went to my room and closed the door. I was rushing so much that it didn’t cross my mind to lock the door and I didn’t think that I needed to do that because I thought Diego would stay in the family room or somewhere else in the house. He didn’t. While I was in the middle of getting undressed -- had taken off my shirt, and the door suddenly opened and he came in my room. He said something about helping me change. I told him that I didn’t need any help. But he insisted and said it’s alright for him to help me. I was soaked to my underwear and was gonna need to change those, so I told him to let me do it. But
he wouldn’t leave. He ignored what I said to him about leaving and walked over and told me to take off my pants. When I hesitated, he started trying to take them off. I told him to stop and turn around. He laughed and said something about me “not having anything new” -- nothing that he's never seen. And he turned around -- like he was giving me some privacy. I took off my pants as fast as I could and was gonna try to just put on another pair of pants over the wet underwear. But then he told me not to forget my underwear -- that I “gotta change those too.”

He said it in a way that made me feel pressured to change them and I knew that they would just wet up my dry pants if I didn’t. So I grabbed another, dry pair of underwear out of the drawer and tried to change them real fast. While I was trying to make the change, he quickly turned around and said, “Oops, I thought you were finished” and he started laughing. I was so embarrassed to be virtually naked and he was seeing me like that. He told me to let him “help me” and he walked over real fast to give his unwanted “help.” I told him to stop, that I didn’t need or want his help, but he leaned over and put one hand on my shoulder and the other on my underwear and started trying to pull them up for me. I was still a little damp so they didn’t come up easily. As he was pulling on them, my penis was flopping from the efforts to pull up my underwear and them getting stuck to my damp skin. He started laughing again and commenting on my penis flopping. And before I could really say or do anything else, he put his hand on my penis and started moving it around. I felt so embarrassed and ashamed that he was putting his hands on me. Like when he did it before, I felt paralyzed. I wanted to tell him to stop, but I think I was just so surprised that he was touching my privates that I don’t think I said anything. I think I had a million thoughts though -- like “What is he doing?!”; “I can’t believe he just touched my penis!”; “I wish I was bigger and could make him stop.” “Why am I so weak?” I felt like I couldn’t get away from him and I didn’t know what to do. Looking back on it now, I blamed
myself for being so weak and not figuring out some way to get him off of me. He kept his hand on my penis and began stroking my penis. I kept squirming and I could feel his hand grip my shoulder tighter and press down harder on my shoulder. He never looked at me, just looked down at my penis and kept jerking his hand back and forth like he was trying to make it erect and said something about getting bigger. I didn’t understand then that he was trying to masturbate me, but looking back on it now that’s what I think he was trying to do. I feel disgusted that he would try that on me. I was a child. I feel angry with him for doing it and with myself for not stopping it. I’m not sure how long it went on; it felt like it was such a long time, but it might have been 3 or 4 minutes. As he was trying to masturbate me, I felt this incredible feeling of being violated and like my body wasn’t even my own body. I was like an experiment to him. He just kept going and going. I started crying, but he never once even looked at me. I wasn’t crying loud -- had tears running down my face. I know he could hear me crying. But he never once even looked at me. And then he just stopped -- like he realized that I wasn’t going to get erect -- and told me to get dressed. While I was getting dressed he said that I didn't have a reason to be crying and said he was just “helping” me. He left the room pretty quickly after that and told me to get dressed. I know I dressed really quickly but it seemed like it took a long time for me to cover up again. I was so confused about what he did to me and by him treating it like it was no big deal. I just felt really lonely and sad after he tried to masturbate me. I did eventually get dressed and go back into the family room.

When I was 9 my friend Eddie and his family invited me to go on a camping trip to them sometime in the late spring or early summer. I think it was around April or May. We went to a campground in NJ. When I went to Eddie’s house one day after school and I had dinner with his family. While we were having dinner, his family started talking about camping. They talked
about how they like to go camping at least a few times a year, and Eddie’s mom asked if I had ever been camping. We talked about the fact that I’d never been, and Eddie said he thought it would be a great idea for me to go along with them on their next trip; his family all agreed and told me that it would be great to have me go with them. They said it is always so much fun and told me about looking at the stars at night, sitting around a campfire making s’mores and singing -- all the fun stuff they like to do when they go. Eddie’s mom said that she would ask my parents if it would be okay for me to go along when they went next weekend. I really didn’t expect my parents to go along with it, but they said it would be okay. I was surprised that my mom and dad let me go -- but they did. I was very excited leading up to the trip. Me and Eddie talked a lot about the trip at school. We were glad to be able to spend some time hanging out together. I always enjoyed spending time with Eddie and his family. They were so energetic and seemed to really love spending time together. They were always so nice to me. It was just a warm, nice experience. My parents worked a lot and I was the only kid at the time, so things just felt different with my family -- wasn’t so lively and fun. So I really appreciated the time I could spend with Eddie and his family. I really felt like a kid -- more carefree and less tense with them. When the weekend to go camping finally arrived, we loaded up in the minivan Eddie’s family had and drove to the campground. It was Eddie and me, his mom and dad, his younger sister and his older brother. When we got to the campground and to our campsite, we unloaded the tents and set them up. Eddie and his family taught me how to set up the tents. It was so much fun to do that with them; they were all so nice about teaching me how to do it. After we got the tents set up, it was getting close to dinner time. We all pitched in to help make a fire and cook some hotdogs, beans and nachos. Dinner was really good and it was so different and exciting to be cooking over a fire. After dinner we made some s’mores. It was my first time having a s’more.
They were so gooey and tasted so good. I really loved roasting the marshmallows and then smashing them together with the chocolate and graham crackers. I was really glad that I had the chance to do the trip with Eddie's family. It was such a different experience than anything I ever did with my family and it’s one of the things I always remember about my friendship with Eddie.

Session Review.

Summary and key therapeutic aspects of session. This session began with a check-in to see how Alex had done in the time between sessions. He reported that he continues to reflect on trauma (stones) and happy memories (flowers) that are processed in session. He indicated that he has been surprised that he has been able to share so much of his experience during sessions; he never thought that he would talk with anyone about experiences, particularly traumas. The experience of talking about traumas has contributed to him feeling less burdened and alone with what he has gone through. Additionally, the engagement with the traumas has contributed to Alex reporting that he feels less like he has to avoid talking about his distressing, painful experiences. Further, he reports continuing to think through the processing that occurs in session, likely contributing to further habituation. Consistent with NET guidelines, the narrative from the prior session was read aloud and he was provided an opportunity to make any additions or corrections; he indicated that no changes were needed.

We subsequently focused in this session on construction of the narrative for two experiences: a traumatic sexual abuse experience and a positive camping trip experience with a friend’s family. Alex initially demonstrated avoidance when describing the escalation of the sexual abuse perpetrated by his cousin.

Working with avoidance. During trauma processing, a patient’s avoidance of distressing feelings, memories or thoughts, and sensations is a common way to maintain distance from
traumatic experiences. The avoidant approach often offers short-term benefits (e.g., potential distance from distressing experience), but over the longer term, it can contribute to further decontextualization of the trauma and impede habituation. Given the NET focus on recontextualization and habituation of trauma, it is important to work with the patient to help the individual understand and address avoidance behaviors when they arise in the course of treatment. With NET, the efforts to promote understanding of avoidance begin in the pre-treatment session with the initial psychoeducation about avoidance. To address avoidance behaviors during this session, and in the course of Alex’s treatment, I shared with him my observation of when he appeared to be avoiding engagement with distressing experiences, expressed my understanding and provided validation for why he might want to avoid talking about distressing, painful experiences and communicated to him that we could work together to prevent avoidance. The approach I utilized is consistent with NET guidelines for working with patient’s attempting to avoid (Schauer, Neuner, Elbert, 2011).

Alex’s avoidance tended to be indicated by gaps in his narrative. For example, in the sexual abuse portion of the narrative above, he initially skipped over what he was feeling as he walked down the hallway of his house. As we acknowledged and worked with his avoidance in the manner outlined in the prior paragraph, and subsequently slowed down the narrative, he shared aspects of his experience associated with affect; his level of activation increased and he engaged with the traumatic memories in a manner that would facilitate habituation.

Following the processing of the traumatic experience, we proceeded to the processing of a positive camping experience with his friend’s family. The narration of positive experiences proceeds in the same manner as processing of traumatic experiences. We commenced with assessing the context (i.e., cold memory aspects of the event and events preceding the
experience) and proceeded in a manner that facilitated his affective engagement with the memory. During processing of this positive experience, and during the processing of other positive experiences, Alex smiled often and presented as calmer and more relaxed. Following the processing of the experience, I shared with Alex that I have seen, particularly during the processing of his positive memories, the joyful person that he perceives himself to be. Upon hearing this, he became tearful. We talked about his response to what I shared with him, and he noted that it “feels good for you to see me.” It appears that Alex received my comment as validation of the joyful person he perceives himself to be.

**Session 5 (130 minutes): “Scariest” sexual abuse experience**

**Narrative.** Later that year around July, when I was 9 years old, I had one of the scariest experiences of my life. Things with Diego had been quiet for several months and I was thinking maybe he would leave me alone. But that didn’t happen. What he did was worse than anything he ever did before. He was continuing to go to my house with me after school. I really thought hard about telling someone about the crazy things he was doing to me but I just couldn’t. I couldn’t bring myself to tell my parents -- especially my mom -- that somebody she trusted to look after me was hurting me. I think it would’ve killed her and I really don’t know what we could’ve done instead so she could keep working. At the time, I just didn’t want her to know. I’m still not sure I could tell her today. I was also scared of what Diego might do to me. He could be nice but that crazy look in his eyes made me think twice about saying anything. It was later in the year after my camping trip with Eddie’s family -- maybe 4 or 5 months later. While Diego and me were home after school, we were watching tv after a snack. Diego got up to go to the bathroom. I stayed in the family room and kept watching TV. He was gone for longer than I thought he would be -- that crossed my mind for a moment and then I got back into watching tv. When I was watching TV I heard Diego shout from the bathroom. "Alex, come here!" I had this
moment where I felt like my heart kinda dropped and I got tense. Looking back on it, it was
dread and fear about what happened before in the bathroom happening again. I was actually
worse. If I had known what would happen, I would've run away. When I got to the bathroom,
Diego locked the door behind me. I thought, "Why did he do that? What's gonna happen now? I
need to be strong, but I'm really scared." After he locked the door, he said something about
having a girlfriend and wanting to make her feel good but not being sure about what to do. So he
wanted me to "help" him figure it out. He was talking about sexual intercourse with her. He told
me to lay on the floor, face toward the floor. I laid on the floor. I didn't want to do anything to
make him hit or attack me -- just didn't know what he might do. He pulled down my shorts. I
was laying on the floor. It was cold, hard. I was laying on the floor tile. I could hear him
unbuckle his belt and unzip his jeans. I didn't dare look back. I was so scared and confused
about what was happening and what in the world I could do to help him with his girlfriend. I
didn't really know anything about sex and hadn't even thought about it at that age. I was also
afraid of whatever was about to happen and kept thinking about what he might do to me if I
moved or tried to get away from him. The next thing I know -- after I heard him unbuckle and
unzip, I felt the weight of his body on me. It pressed me even more into the cold hard floor. He
pushed my head down as he laid on me. I think I just had a reflex to lift my head and body up
and see what in the hell was happening. I couldn't move though. He was holding my head down.
My cheek was pressed on the floor. I still remember how cold it was. While I was still trying to
figure out what was going on, the next thing I know was that I could feel something firm pressing
on my butt. Then I could feel him rub his erect penis on my butt and spread my buttocks. He
pressed his erect penis on my anus and pushed like he was trying to push it in. I squirmed and
tried to lift my head and move. But he was so much bigger than me. I couldn't lift up my head
and his body had me pinned down in a way that didn't even let me move. I thought, "Why me?"
Looking back on it now, I don't understand what made him do that to me. It was selfish of him and cruel. He said to me "I'm just going on the outside." As if that made it better somehow. He rubbed his penis on my anus making thrusting motions like he was practicing intercourse and said, or kind of asked, "That feels good?" It didn't so I didn't say anything. I was just there so confused and scared. I was so scared he might try to force his penis inside me. He said it again, "That feels good don't it?" I didn't know what he would do if I didn't respond and I wanted him to get off of me, so I said "uh huh" He rubbed his penis on me a few more times and then just suddenly stopped. He got up and I could hear him pulling up his pants and zipping up. I didn't move. I couldn't move. Looking back on it, it feels like part of me died in that moment. My innocence, belief in goodness of others. It feels like I lost it that day. After a few moments on the floor, I felt him pulling up my shorts. I didn’t cry or say or do anything else in that moment. I just felt numb. He thanked me for my help. He had the fucking audacity to thank me! I feel rage about it now. I feel that rage in my hands and chest and head. I wish I had been able to punch him or scream or tell him to leave me alone. I feel disappointed with myself that I didn’t do anything -- just let it happen. He told me not to tell anyone. He told me that there was nothing unusual about what had just happened -- him rubbing his erect penis on me. He unlocked the bathroom door and started walking out of the bathroom and told me to come back into the family room. He just acted like nothing happened. Told me that he would make me a snack and he went and made us some sandwiches. I just sat there in front of the TV, staring at the TV, thinking "what just happened?". I was so confused by seeing him nude and him telling me to “help” him and how doing that to me could help him with his girlfriend. Looking back on it now, I see that Diego sexually assaulted me and I wish I had been able to protect myself. After sitting in front of
the TV for a while, I decided to go outside in the backyard to get away from Diego. I opened the door and it was nice and sunny outside. It was warm. I walked outside and it felt nice to be outside. I felt freer.

**Session Review.**

**Summary and key therapeutic aspects of session.** This session began with the usual check-in to see how Alex had done in the time between sessions. He noted that last week had been a “good week,” indicating it was the first good week he has had in a while; he explained that the week was good because he felt less anxious and slept better during the week. He reported an overall improved mood. I read aloud the narrative from the prior session and he was provided an opportunity to make any additions or corrections; he indicated that no changes were needed.

We subsequently processed a traumatic sexual assault Alex experienced. This was the only processing that occurred during this session. Alex initially engaged in the processing, but he began to have difficulty proceeding with the narrative as we approached the traumatic incident. The difficulty initially manifested in Alex’s dissociation from the narrative processing. He has exhibited a dissociative reaction during processing in Session 2, when processing his initial sexual abuse trauma. As I did during that instance of dissociation, I worked with Alex to help him ground himself in the room and become present with me in the room where the therapy session was occurring. I asked Alex to focus on items in the room, pick a color, and name every item in the room that color. The exercise helped him become fully present in the room and increased his engagement with me. Following the exercise, I provided additional psychoeducation about dissociation as an avoidance response and validated his reacting in this manner, particularly to sexual abuse trauma. Further, I noted that this type of dissociative reaction was also associated with another sexual abuse trauma experience. We talked about the likelihood that his dissociative reaction was indicative of painful or distressing experiences or
reactions that were unprocessed and I provided encouragement about his strength and resilience and ability to engage in the processing of the trauma. I also reminded him that he would not be alone with his experiences; I was there with him.

After this conversation, we talked about proceeding with narrative processing. Given that Alex was once again present and appeared able to continue, I described how continuing could be a constructive way to mitigate or prevent reinforcement of avoidance that could occur with discontinuing processing of the sexual abuse trauma. I was also cognizant of making sure that the decision to continue was presented as a choice for Alex to make, so that my interaction with him was less likely to be perceived as a personal boundary violation that paralleled abuse he experienced; instead, it would be an opportunity for potential reinforcement of Alex’s autonomy and control. When presented with the choice about proceeding or discontinuing, Alex indicated interest in continuing and we proceeded with processing.

The continuation of narrative processing contributed to Alex expressing rage at Diego (the cousin who sexually abused him), along with anger at himself. Given Alex’s tendency to limit the expression of anger, this was an unexpected and important development in the therapy because it enabled Alex to acknowledge and constructively express an emotion that has tended to suppress. It is likely that Alex’s dissociative reaction was an effort outside of his awareness to perpetuate the non-expression of rage and anger.

Session 6 (120 minutes): Flashbacks and isolation

**Narrative.** The interactions with Diego seemed to start weighing me down and started making it hard for me to sleep. When I was 9, one summer night after him and my aunt came over, I had a really terrible nightmare about him. It was bad. I actually wet the bed. He didn’t do anything when they came over. I think it was just seeing him and him acting so normal around everybody. I think they don’t even know what he’s done to me. They see him as just this normal
kid -- probably see me as just a normal kid, but don’t know how much pain, fear, anger I have because of what Diego did to me. Like I said, everything seemed pretty normal that day and night when they came over and had dinner with us. I went to bed at the usual time -- nothing was unusual about the day or night. I fell asleep okay. I don’t remember having a hard time sleeping. I just remember waking up in the middle of the night. I had this weird dream where I was in a building; I think it was a school, but it wasn’t like my school. I didn’t see any other students. I was in this classroom alone -- at a desk. I hear a bell like it was time for lunch, so I get up and walk out of the classroom into the hallway. It’s surprisingly dark. I start walking down the hallway and make it to the lunchroom -- still nobody around. But there’s food at the cafeteria table. I sent down where the food is -- some kind of sandwich, some milk, some fruit. It all looks very normal. But when I pick up the sandwich and move it toward my mouth like I’m going to take a bite, all of these spiders suddenly come out of the sandwich. They start crawling all over me -- up my arms, falling on my pants -- all over me. I feel them biting me and I scream, but they keep coming as I’m screaming. I try to knock them off me but I can’t get all of them off of me. I fall off my seat trying to get them off of me and when I hit the floor, even more of the spiders come and swarm me. I feel like I can’t breathe anymore. I’m trying to scream but it’s so many of them that they muffle my screams and I’m not sure they would help anyone since I’m all alone in the school. As the spiders are about to snuff me out, kill me, I woke up. I woke up sweating, my heart was racing, and I realized that I had wet the bed. I started crying because I was embarrassed and I wasn’t sure what I was going to do. I didn’t want my parents to know that I wet the bed. I had started to call out for my mom, but then I thought she would be very disappointed that I wet myself and the bed at that age. I didn’t want to see her disappointed in me. I just kept all to myself. I was in the bed for a few minutes but then I got up and went to the
bathroom and cleaned myself up as much as I could. Then I went back to my room and changed
clothes -- the underwear and t-shirt that I was sleeping in. and tried to fall asleep on top of the
covers to avoid the wet spot. My mom had shown me how to use the washer; I washed my sheets
the next day. I felt like I had to be secretive about it all. I felt so ashamed of myself. I had
sadness that I had these secrets -- about Diego, wetting the bed -- and angry at my family for not
just knowing that Diego was sexually abusing me. I pulled away from everyone in my family. I
was much quieter and didn’t play with my toys. I just pulled within myself. I was depressed, I
think. I think the dream almost describes how I was feeling in real life. I felt alone with the
sexual abuse, like I didn’t have a voice to tell anyone because I didn’t want to get Diego in
trouble or disappoint my parents, and it was smothering me.

Being 9 had some rough experiences. One that was really difficult was when my friend
Eddie moved away. I know the other things I described were hard, but losing Eddie was so hard
because having him as a friend gave me some relief from all the other things I was going
through. One day at lunch, he told me he was leaving. Lunch used to be one of my favorite
times because of Eddie; he would always do or say something to make me laugh. I used to be
excited about lunchtime with Eddie. That day we were having lunch like we usually did and he
told me that he was going away at the end of the week. I was very surprised and sad when he
told me. I thought that we would be friends for a long time. He was, like, my best friend. Not
having him around was hard for me to even think about. When he told me, I got really quiet. I
was thinking, “I’m going to miss him a lot. I’m all alone.” I feel really sad when I think about
that moment. I don’t remember exactly what I said to him, but I didn’t say much other than,
“That sucks!” I really didn’t know what to say. I had never had a real friend before Eddie. Had
never had to say goodbye to someone and I didn’t really know what to say. I also was worried I
wouldn’t ever have another friend like him. I didn’t really have any friends other than him. When he told me that he was moving, he said at the end of the week. I thought we might have more time together -- like the rest of the week. But he wasn’t in class the next day, or any of the rest of that week. It’s almost like he just disappeared. I still don’t know how he ended up leaving so quickly, but it sucked that it happened so fast. I went from having a really good friend that I could talk to and laugh with and had had me over for dinner, and on a camping trip, and to play video games to not having my best friend -- or really any friend. It felt like all the air had been sucked out of me. I felt really down about him leaving and was even more cautious about even allowing myself to get too friendly with anyone because I didn’t want to lose another friend. It was a painful experience because I lost Eddie.

Session Review.

Summary and key therapeutic aspects of session. Alex completed his mid-treatment self-report assessments during this session. This session then proceeded with the usual check-in to see how Alex had done in the time between sessions. He noted frequent reflections on the last session and his expression of anger. He indicated that his expression of emotions (e.g., anger) that he tends to "keep bottled up" contributed to him feeling "like I have less weight on my back." This unburdening experience of emotional expression likely reinforced his engagement in narrative processing and may have specifically reinforced his expression of anger. I read aloud his narrative from the prior session; he indicated that no additions or changes were necessary.

When we proceeded to narrative processing after the check-in and narrative reading, during the course of that processing, he specifically noted anger he experiences and acknowledged his anger toward his family for not having awareness of the sexual abuse perpetrated by his cousin. Further, when processing the nightmare he experienced, his recollection of details of the nightmare were incorporated into the narrative because his
experience during the nightmare contributed substantially to his waking subjective experience. Additionally, although Alex’s nightmare would likely yield intriguing processing via dream analysis, that approach is not an aspect of NET. Nevertheless, Alex’s characterizations of various aspects of his nightmare provided helpful information about the fear/trauma network around his sexual abuse trauma. Alex indicated initially that the nightmare was about his cousin; he noted that it followed his cousin’s visit to his home. However, Alex’s cousin does not actually appear in the nightmare. Alex’s juxtaposition of his cousin’s visit and the nightmare suggests that the nightmare may be related to the sexual abuse trauma. Viewed in this context, the nightmare aligns with other expressions Alex has made about the sexual abuse. For example, in the nightmare, he is alone; he is attacked when placed in a situation that initially feels safe; he’s attacked in a way that feels confusing; he feels overwhelmed and smothered; he loses his voice. Thus, Alex’s description of his nightmare provided information about how sexual abuse had influenced his perceptions of his world that was helpful in better understanding how to further engage him in processing. As an example, when we continued the session with narrative processing of his best friend moving away, I could better focus inquiry to experiences of unexpected threat, being alone or isolated, feelings of confusion, or feelings of not having a voice to help facilitate recontextualization of these aspects of the fear/trauma network.

**Session 7 (90 minutes): Sexual abuse ends**

**Narrative.** *When I was 10, my sister Gabriela was born. The day of her birth was a bright and sunny day. My Aunt Mariza picked me up from school. That was very unusual -- she never picked me up. So, I was wondering what was going on. When we got to her car, she told me that my mother was in the hospital and it was time for her to have the baby. I was surprised to see my aunt. I was even more surprised -- and excited -- that my sister was on the way to this earth. I had been the only child for so long and I saw how good Eddie and his siblings got*
along. They had so much fun. I wanted our family to be that fun and to have a little sister or brother. I didn’t know at the time which it would be but I was glad it was finally happening! I don’t remember much about the drive or which hospital we went to, but I remember getting into the hospital elevator with my aunt; it was a little, tiny elevator we got into. My aunt told me to press the button and it seemed like it took forever to get to the floor -- and for the doors to open. When they finally did, we walked down this looong hallway or corridor. It was a corridor with hospital rooms. The closer we got to the end of the hallway I heard people laughing and it was a little loud. When we got to the room, I saw my mom in bed, holding my sister and my dad standing beside the bed and there were some other people -- family and I think it was my mom’s or my dad’s friends from work. I saw some balloons and flowers in the room. When I walked in, I could see my mom and dad smiling. They looked so happy. My mom said, “Hey, Alex, come say hello to your baby sister!” I walked over next to the bed and got up really close to see Gabriela. She was sleeping. She looked so at peace, calm. She was such a beautiful baby with a little brown hair. I just had this really joyful feeling when I saw her. It was this feeling of “She’s such a beautiful baby! She’s so tiny and cute!” and “I’m a big brother!” Looking back on it, I think the joy was to not be alone. I think sometimes people think being an only kid can be this incredible thing but it can also be kinda lonely. Seeing Gabriela, I realized I wasn’t going to be alone as the only kid in the family anymore. That was such a comfort -- a relief -- to me.

When I was 10 years old, an incredible moment in my life was when I found out that Diego was no longer going to be babysitting me. That day had been a nice, warm spring day. When Diego and I got home from school, I did my homework. He made me a snack, and I ended up going outside to play with some of my toys. He was on the phone a lot that day and thankfully left me alone. I wish all my experiences with him around had been so easy. It had been an okay
experience with him around that day. Really, I remember the day being a good one. When my mom got home a little later that evening, Diego left. It was just my mom and me at home. She rested from work a little bit and then pretty soon got started with cooking dinner. I don’t remember exactly what she made, but I remember it smelling good -- as always whenever she cooked. Since it was starting to get dark, I had stayed in the house after she got home. I went to my room to hangout and play with some toys. While I was in there, my mom knocked on my door. It wasn’t closed, but she always knocked anyway. I just told her to come in. We talked a little about my day and school. I really enjoyed talking with her. After we had talked for a few minutes, she told me about her day. She said that she had had a pretty good day too. She told me that her work schedule would be changing and she would start getting home earlier. She would get home about an hour or less after I got home from school. So she didn’t think I needed a babysitter for such a short time. She told me that starting tomorrow Diego wouldn’t be my babysitter and that she would be home with me instead. Looking back on it, when she told me that, it felt like this huge weight was lifted off of my chest, like I could start breathing again for the first time in a long time. I had never told her about what Diego was doing to me. And I know she said she was making the change because her work schedule changed. But I’ve always wondered if she maybe picked up that something was off and asked for a schedule change; I’ve heard about “mother’s intuition.” I wonder about that because she’s been there for me so many times when things were difficult -- when I was scared or something was painful or when I was sad. Even if she didn’t have the slightest idea about what was happening with Diego, it was so incredible that she was able to start being home with me after school because it would free me from him. She may not even know it, but this was yet another time that mom really came through for me.
Session Review.

**Summary and key therapeutic aspects of session.** This session began with the usual check-in to see how Alex had done in the time between sessions. He reports continuing improvements in his mood, increasing social engagement, and better sleep. I read his narrative from the prior session; he indicated that no additions or changes were necessary.

We subsequently proceeded with narrative processing. This session was unique in that it consisted of processing only positive experiences (i.e., “flowers”): the birth of his sister and Diego no longer being his babysitter. Alex indicated an appreciation for being able to focus only on positive experiences during this session. He had previously expressed that focusing on positive experiences makes him feel as if he is not reduced to his traumatic experiences. NET’s initial psychoeducation about how NET processes flowers (i.e. positive life experiences) and stones (i.e., traumas) helps patients understand the therapy’s focus on the recontextualization of traumas into an individual’s life narrative. This recontextualization focus of NET is implicitly reiterated in the course of treatment as patients engage, often successively, in the narrative processing of traumas and positive experiences, sometimes in the same session. Recontextualization is further emphasized when the context of the patient’s experience is assessed, helping them to identify preceding, contemporaneous, and subsequent aspects of the experience. Thus, the therapy works at multiple levels on reintegrating experiences into a consistent life narrative for the patient.

Alex fully engaged in processing during this session. His engagement and positive remarks about focusing only on positive experiences led me to follow up with him about his experience during this session. He indicated that his processing of these positive experiences contributed further to him remembering and appreciating that he has things to be happy about (i.e., the birth of his sister, being a big brother) and situations that at times seem inescapable
probably will not always be that way. Thus, the processing of this session seemed to instill hope and promote Alex’s resilience.

**Session 8 (120 minutes): Starting and finishing high school and transitioning into college**

**Narrative.** My dad always loved baseball, so he would watch it all the time. At first, I didn’t really like it. But over the years, I started to understand it more and started to enjoy watching the games on tv with him. He always watched on tv, but never went to any of the games. By the time I was 11 years old, I had made some more friends at school. A couple of my friends at school told me that they were going to sign up to play little league baseball. I never thought of myself as particularly athletic. I was always a little more into the books, reading, stuff like that. But when they decided that they were going to sign up. I thought it might be a fun thing to do with them. They said they were going to sign up the week we started talking about it. So I wanted to go ahead and bring it up with my parents. I went home that day and kinda mentioned it to my mom first, before my dad got home. She never really said “yes” or “no,” but she seemed like she would be okay with it and told me that I should bring it up at dinner tonight. So I did bring it up with my mom and dad that night when we were eating. My dad didn’t seem to be in the best mood that night, but he wasn’t anywhere near as angry as he has been at other times in my life. My mom seemed to be in an okay mood -- tired from a long day at work. I’m sure my dad was tired too. I think I started talking about the fact that my friends were playing and I don’t remember exactly what else I said -- did say something about liking watching the game with my dad. I said all my part about why I was bringing it up and then I asked them both if I could sign up. My mom pretty quickly said that she had no problem with me playing and asked my dad what he thought about it. When I looked at him, he wasn’t smiling, but he had this almost smile on his face and he seemed happy. He said that I could play “only if you’re gonna
be better than ‘Mo,’” Mariano Rivera -- a famous, really really great Panamanian-American pitcher that my dad loved. He said that and then started laughing. Then he told me that I could play. It was the first time in a very long time that I had seen my dad laugh like that. He seemed very excited and proud of me. I started laughing when he did and so did my mom -- and so did Gabriela, even though I think she was too young to really understand what was going on. That made us all laugh a little more. It was a really nice moment with my family. I felt important and loved, and connected to all of my family, especially to my dad in that moment.

I think the decision to start playing baseball kinda helped my relationship with my dad. He would play catch with me when he could and he tried to come to as many of my games as possible. His work made that hard for him to do. But I was always really glad when he was able to make it. I felt supported when he would show up to my games and I could hear him cheering for me. Being away from Diego, being on the baseball team, things going better with my dad, being a big brother to Gabriela... all this together made me feel less down and sad. I think I was starting to smile a little more and feel less stressed. One summer, when I was 13 years old, my baseball team was playing in a tournament, and my dad, mom, sister all came to the game to support us. I was never the greatest baseball player, but I was okay with it. Our team was doing okay in the tournament, but we were down by two in the game and it was late -- like the 7th or 8th inning -- and our time was running out. Two of my teammates had gotten on base -- one hit a single and the other got walked. So we had the tying runs on base and I was coming up to bat with one out. I was nervous about making another out and ending our chance to tie the game. When I was on deck, getting ready to bat, my dad came over and started giving me some last-minute coaching. He told me to relax and keep my eye on the ball, wait for a good pitch. Then when I was getting ready to step into the batter’s box, he said, “You can do it, son.” I was
first surprised that he said that to me. He was not really one for saying encouraging things to me. After that surprise, I felt a strong rush of pride and I actually calmed down for a brief moment. Then I got in my head real quick and was thinking that I didn’t want to let my dad -- or my team -- down. I took a deep breath and started to get in the batter’s box. When I was getting ready to bat, digging in with my cleats, a lot of people were yelling and saying stuff to encourage me, but I distinctly heard my dad yell, “You can do it, Alex!” When I heard him say that, I had this moment of calm and felt this confidence that I don’t think I had ever had before -- and probably not really since. I felt like my dad valued me and felt like I wasn’t worthless and stupid and that I could actually do something right. I ended up getting a hit, a double, that drove in the tying runs. When I got to second base, I looked at the stands and could see my family cheering. My mom, sister and dad had big smiles on their faces. Getting the hit and seeing my dad smiling like that made me so happy. I felt really proud of myself -- like I do matter -- like I’m not worthless at all. It was such a different experience from my dad yelling at me over a remote or when I spilled his coffee. I had a huge smile on my face when I looked over and saw him cheering me on. The other team eventually scored some more runs and won the game. But that moment where I helped my team get back in the game and seeing my family, especially my dad, so excited and proud of me still makes me happy and helps me remember that I can and do do some things right in life.

The first year of college was really difficult for me. College was my first time away from home. My parents, especially my dad, wanted me to live at home and commute to college. But I wanted to have some separation, some space from my family and try to have a true college experience. We talked about the living situation a lot and eventually they agreed to let me try it on campus to see how things go. The first semester was rough because I didn’t make friends as
easy as I thought I would and felt alone a lot of the time. When I had that time alone, I would get in my head and think about all the stuff that I had been through and about the fact that I was almost always alone. I think all the pressure I was feeling was getting to me. I was sleeping more, eating more, not going to class like I used to… Of course, my grades started to suffer. I struggled the first semester but I passed all my classes -- just barely. Those difficulties just made things worse. I had not had any grades below B’s since I was about 13 or 14 and now I’m suddenly making C’s and D’s again. That made me start to wonder if I was “stupid” like my dad had called me. I was like, “Maybe he was right about me.” All that mental weight and questioning myself carried over into the next semester that spring. We had all taken a chemistry test and it was the day we were supposed to get the test back. I had studied for the test some, but not like I really should. But I still thought I had done okay on it. I was very very wrong about that. Toward the end of the class, the professor handed back the tests, which were folded to have some privacy about the grades. When I opened mine up, I was completely shocked and devastated. I failed the test. I was shocked because it was the first time in my life that I had ever failed a test. I didn’t think I had done great on the test, but I really wasn’t expecting to see a big, red F! I just quickly closed my test and put it in my bag. My eyes started to water as I did that. I was really disappointed with myself and was saying to myself, “You’re so stupid! How did you screw this up?” I really put myself down. I think it was all worse when I noticed several people in the class smiling and talking with each other. They had their tests open on their desks like they were displaying their great grades and were proud of them. When I saw that, I just felt more ashamed of failing and alone. I just went into my own world and I didn’t hear the rest of what the professor said. As soon as the class ended, I went back to my dorm room. Thankfully, I didn’t have another class that day; I just don’t think I would’ve made it. I sat in my bed in my
dorm room and started crying. I pulled out my test and just stared at it and cried. It was like all of the pain in my life came rushing in at one time. I thought about my dad calling me “stupid,” and Diego’s sexual behavior toward me, Eddie leaving, being away from my family and feeling alone. It was like all the weight of my life came on me at one time in that moment and I was suffocating. I was feeling so low, so sad, so alone in that moment that I thought about ending it all. I thought about it only for a moment, but I did think about suicide. When the thought came up, I quickly started thinking about what my mom and dad would feel I ever did that, what Gabriela would feel knowing her brother did that… I didn’t want to ever do anything to hurt them. I sat on my bed a little longer and thought about how I could possibly make things better -- study more, make more friends, go to therapy… I ended up just laying back on my bed, laying there thinking for a long time. I guess at some point, I fell asleep. When I woke up, it was nighttime and I was really hungry. I decided to treat myself to some pizza after such a rough day. I ordered this meat lover’s pizza I really love and watched something on tv to make me laugh.

Session Review.

Session summary and key therapeutic aspects of session. This session began with a check-in to see how Alex had done in the time between sessions. He continued to report improvements in his mood, social engagement, and sleep. I read his narrative from the prior session; he indicated that no additions or changes were necessary.

We then began with this session’s narrative processing of two positive experiences: starting to play baseball and his improving relationship with his father; and a traumatic experience in which he had academic and social difficulties in school. For this session, it was important to help Alex focus on prototypical experiences that captured his improving relationship with his father and his academic and social difficulties. I had attempted to help Alex identify prototypical experiences during the lifeline creation process, but he had difficulty
identifying events that encapsulated his experiences. Since that initial effort to identify prototypical events, Alex has gained familiarity with the narrative construction process and had more time to reflect on his experiences; this additional familiarity and time for reflection likely facilitated his identification of events to focus on during narrative processing. As noted previously in the session summary of Session 3, the identification of a prototypical experience is important because it allows deeper processing. Processing of vaguely defined experiences is unlikely to activate the fear/trauma network and facilitate deeper processing that promotes habituation.

For this session, the initial narrative processing focused on situations in which Alex’s relationship with his father demonstrated improvement. He described experiences of feeling supported by his father. He specifically described a moment, while playing baseball, in which he felt that his father was proud of him. These experiences contrasted starkly with traumas processed earlier in the course of Alex’s therapy; those traumas focused on processing verbal and physical abuse by his father. The processing of these positive experiences with his father were also juxtaposed with an experience of academic and social difficulties in which Alex questioned whether or not he was “‘stupid’ like my dad called me.” The processing proximity of these experiences had the potential to implicitly convey to Alex the complexity of his relationship with his father and mitigate uniform labeling of his father as a threat/harmful. This potential dynamicness in threat-labeling may generalize to other situations or stimuli and promote approach behaviors.

**Session 9 (130 minutes): School shooting**

**Narrative.** *When I was 19, I was nearing the end of my second semester -- in the spring.*

*It was toward the middle of the semester. The second semester was going better than the first, but still not great. I got up and went to class. The day was sunny. It was a nice, warm*
temperature outside. On my way to class, I had noticed that the flowers on campus were starting to blossom. The day started like any normal, regular day. I got to class in the Franklin Building and took a seat toward the upper part of the seats. We were in a large room that had seats for, like, 150-200 students. The room wasn’t full though. There were maybe 50-75 of us in there. I was taking a history course on world civilizations. I was really into the lecture on Greek culture. I’ve always been fascinated by Greek mythology and took this course because I thought it would be a good chance to learn more about Greek and other cultures. The professor was lecturing when the class started to hear something going on outside the class. It was this weird sound like people moving around, saying something that I couldn’t quite understand. People in the class were looking around and getting annoyed. The professor recognized that people weren’t paying as much attention to him and he started walking toward the door -- like he was going to see what was going on and tell them to stop being such a distraction. As he was walking toward the door, we heard someone scream. I never heard a scream like that before in my life. It absolutely terrified me. I started thinking, “What the fuck is going on?” We were all trying to figure out what was happening; we were looking around at each other. And then we heard someone yell, “He’s got a gun! Run!” I freaked out. My heart started pounding in my chest. I started sweating. I was hit with this intense wave of terror; I thought I was going to die. I was so afraid I was going to die. I thought about my family and how much I love them and felt worried that I might never see them again. I think some kind of survival instinct kicked in and I started trying to figure out what I could do to stay alive if the shooter came in the room we were in. While I was trying to figure out what to do, my professor who was walking toward the door, turned around and started telling everyone to get down. It seemed like right as he was saying that, we could all hear gunshots outside the classroom. It was like pop, pop... pop pop pop... I could hear more
people screaming outside and inside the room. I didn’t scream. I was frozen with fear. It was so
chaotic -- people were screaming inside and outside the classroom, people were arguing over
whether to blockade the main doors or what might happen if the shooter -- or shooters, we didn’t
know how many there were at the time -- got through the door and we were trapped inside the
classroom... The thought of being like “sitting ducks” freaked out some people and they went
over to the door on the side where we heard all the screaming. They tried to carefully peep
through the glass, like they were trying to see if they could see where the shooter was and make a
run for it. I guess they didn’t see anything, or hear anything. The shooting had stopped when
they were looking. So several of them decided to make a run for it. It was like as soon as they
opened the door, the shooting started again. I was crouched down on the floor of the seats on my
row, trying to get as low as I could but peeping over the seats in front of me to see what was
going on. I saw the bullets hit a few of them and heard them scream in pain. A couple of them
just silently fell on the ground. Just dropped to the ground like rocks. I’m pretty sure I had just
saw them get killed. I had never seen anyone die. It didn’t feel real to see it happen. Part of me
thought they would eventually get up; they never did. I didn’t scream or cry or really do anything
in that moment. I was just numb. I was numb to my terror and intense sadness; I tried to stuff
them away in that moment. I thought for sure that I was going to die that day. People started
moving to quickly barricade the door with anything they could find -- bags, the lecture podium
thing, looking in storage spaces in the room to see if there was anything. There wasn’t much, but
people still put it in front of the door. And we waited. I think the wait was about 20 minutes. But
it felt like so much longer than 20 minutes. While we waited I thought about my mother, my sister,
my dad, my life... What would people say about me if I got killed. I sent texts to my family telling
them that I loved them. I heard people around me crying, but I just couldn’t wrap my head
around what just happened. I just sat in silence, staring at the wall straight ahead.

Eventually, police were coming in the door to reassure us that the shooter had been
stopped and telling us to wait in the room until they told us we could leave. I think they were
clearing the dead bodies. When they gave us the okay to leave, someone had to kinda shake my
arm to bring me back to the present. I got up and walked out the room with everyone. I saw big
blood stains on the floor where the people who got killed were. I saw bullet holes and shattered
glass. When we got to a certain point out, the police and someone from the university, I think,
were asking for our names and contact info. I don’t really even remember my interaction with
them. After it was over, I started walking back to my dorm. I eventually looked down at my
phone and saw that I had several missed calls from my family. I spoke to my mom first. She was
crying but telling me that she loved me and was glad that I was okay. She was telling me to come
home. I spoke to my sister and my dad too. They were both very loving and supportive too. I
decided to drive home for the night to be with my family. I needed to be away from the school.

Session Review.

Summary and key therapeutic aspects of session. This session began with a check-in to
see how Alex had done in the time between sessions. He noted that, between sessions, he
continues to reflect on experiences processed in session. He reported feeling less anxiety over
the last week. I read his narrative from the prior session; he indicated that no additions or
changes were necessary.

We subsequently focused the full session on the processing of the index trauma, the
school shooting, that spurred his decision to seek psychological treatment. Alex initially
demonstrated little avoidance and engaged with the narrative processing at a level of activation
likely to facilitate habituation. However, as we approached the point in the narrative where he
likely witnessed two of his classmates get killed, he became mildly dissociative. To mitigate his dissociation and promote continued engagement, I engaged him in a grounding exercise utilizing his 5 senses. When he was fully engaged and present with me in the session, we continued processing. He subsequently engaged in processing of a hot memory; I utilized inquiry to activate the fear/trauma network (e.g., “What did the bodies look like?”) and he described the moment he witnessed his fellow students get killed and the fear/trauma network associations with that moment (e.g., situation feeling surreal, intense terror and sadness, the bodies dropping like rocks, fear that he would die). When Alex acknowledged witnessing their deaths and his sadness about seeing them killed, he began to cry intensely. I validated his intense reaction to witnessing the murder of his fellow students and reminded him that I was there with him. We sat with the intensity of his experience for several moments. As his crying reduced, I encouraged him to continue with narration of the shooting; I was mindful of working with him to maintain his level of activation which appeared to be at an appropriate level (i.e., not overengaged or underengaged) for constructive processing. As we proceeded with processing, it became apparent that there would not be sufficient time remaining if the session stopped at the regular time. So, I extended our session to allow time for Alex to narrate the events immediately following the trauma. This context following the trauma is important because it facilitates the recontextualization of the trauma.

**Session 10 (120 minutes): “Haunted” by school shooting**

**Narrative.** The school shooting haunts me. I think about it often. A couple months after the shooting, I started having flashbacks to the shooting and my anxiety got really bad. I didn’t want to go to school, to class. I was just so worried about my safety. Logically, I know that the chance of another shooting happening is low. But, after you go through something like that, you don’t just get over it; it stays with you. I'm finding myself looking to make sure I know where the
exits are when I go into a room. I notice myself constantly kinda looking closely at faces and people, trying to check for anything that looks out of place or suspicious -- long coats, baggy clothes -- just seeing someone dressed that way gets me nervous. I would have flashbacks about being in that classroom again, hearing people screaming, hearing the gunshots. When I would have the flashbacks, I would be confused and disoriented after them. About two months ago, I had a flashback in the classroom. I was sitting there listening to the professor talking about history. Then it was like I heard the gunshots again -- just like the day of the shooting. I was right back there in that horror. My heart started racing and I started sweating. I grabbed the arms of my chair and squeezed them really tightly, like I was trying to brace myself. I heard people yelling, screaming for their lives. I felt paralyzed again with fear and lost all sense of where I was. Then it was like I heard more gunshots, like they were getting closer. I made a move like I was going to dive to the floor to protect myself -- the same way I did the day of the shooting -- and one of my classmates said something to me, asking if I was okay. I kinda snapped back into the present. It took a moment but then I saw my classmate’s face and heard my professor’s voice again and realized where I actually was again. But I was still feeling incredibly tense, anxious -- scared about feeling like I just went through the shooting again. When I got a little more settled and came back to reality, I was also feeling embarrassed that this experience had had this affect on me and I was losing control of myself like that. I worried that people might think I was unstable or crazy. To be honest, I felt that way about myself. I wondered what was wrong with me. I had had flashbacks before, but that flashback was the first time I had one in a classroom. It just freaked me out so much! The anxiety and fear that I felt again in that moment made me never want to go back to the classroom again. That made school very difficult. But staying away from the classroom felt like something I could control --
something that would make me feel safer. I thought that staying away from class might help with the flashbacks, but it didn’t. I kept having them. That just made me more stressed because I wasn’t sure when they would happen and if something was making them happen. I thought again about going to therapy. But I talked myself out of it. I was thinking that it would all just go away on its own, or at least that was my hope. I pulled away from people. I got really isolated. I thought about telling my family what I was going through. Then I talked myself out of doing that. I worried that they might think that I was crazy or tell me that I needed to leave school and come home.

Session Review.

Summary and key therapeutic aspects of session. Session 10 began with a check-in to get a sense of Alex’s experience since the prior session. Alex reported that in the nights immediately following that session, he initially had vivid and more intense nightmares about the shooting. These more intense nightmares contributed to a temporary increase in his anxiety following the prior session. As the week progressed, he noted that his anxiety decreased as the nightmares dissipated. He denied any flashbacks during the time between sessions. Additionally, he noted that he had been thinking often about the fact that he had verbalized his school shooting trauma -- something he thought he might not ever be able to do. His reflections on the session had been primarily on the intensity of the session; he was struck by how many intense feelings surfaced during the processing. He noted that although the processing was challenging, he was grateful that he had engaged with the painful, frightening experience. Alex expressed feeling less burdened by the weight of the trauma and described increasing confidence in himself and a corresponding increase in his perceptions of his strength and resilience in adversity. We then reviewed the narrative from the prior session and he was provided with an
opportunity to make any corrections or additions to the narrative. Alex indicated that no corrections or additions were necessary.

Subsequently, we focused this session on the processing of an intense school shooting flashback Alex experienced. He engaged in the processing with minimal avoidance. His experience of increased strength and resilience following the processing of traumas in the prior sessions, and specifically his processing in the prior session of the actual shooting, likely contributed to reduced avoidance and his engagement with his narration of the shooting flashback.

**Session 11 (90 minutes): Life after school shooting**

**Narrative.** After several months of feeling really anxious and nervous and being more isolated, I was thinking that I might need to talk to someone professionally. Having the suicidal thoughts really made me realize that I needed to do something about where I am. I’ve got to say that I was really nervous about doing it. I worried about what my family would think -- especially my dad. That he might think I wasn’t being “a man” by not just getting over what I’ve been through or for even just talking about my feelings. I was just in too much pain though and I was tired of being in pain. I eventually decided to reach out for help -- and I can’t tell you how glad I am that I did. It gave me a chance to talk about all this stuff I’ve kept bottled up for so long -- stuff that’s just been eating away at me, keeping me from being me. I’m not this depressed, isolated, lonely dude. That’s really not who I am. I like to smile and laugh and be around other people. Therapy helped me see how my life experiences -- the trauma I’ve been through -- got in my head and changed me. But now I feel like I’m changing back to me, back to who I really am. I’m very glad that I did it. I was home alone about 4 months ago. It was a warm spring day. I think most people would’ve thought it was a really nice day to be outside enjoying the warm weather. But I was in my room by myself. I didn’t like being cooped up,
stuck inside. I was thinking that I’m a prisoner of my own life and I decided then that I needed to change that. I got on my laptop and looked up psychology services. I saw this program on campus and I called to make an appt. I was just so tired of being miserable.

Therapy has made a big difference in my life. I’m starting to feel like myself again. My anxiety has come down a lot and I’m not so isolated now. I recently got connected and involved with the Hispanic Students Association (HSA) and got connected with other students who went through the school shooting. Someone in one of my classes invited me to attend a support group, and I told her that I wasn’t ready yet. She invited me to get some food with her and some of her friends she said had also been through the hell of the shooting. I agreed to go along and I’m really glad that I did. Connecting with the HSA and other students who went through the shooting has helped me to feel a lot more grounded and not so by myself, not so alone. The HSA is giving me a chance to meet other students who are the first in their families to go to college. We’ve been able to talk about the pressures we feel to succeed and how proud we are for being able to represent our families, and our people. We have this bond of brotherhood & sisterhood. Connecting with other survivors has also been great. I feel like I can talk with people who went through what I went through or just be around people who understand what that horror was like. I guess it all just makes me feel like I’m not by myself with this, like I’m not alone.

Session Review.

Summary and key therapeutic aspects of session. Alex completed his final self-report assessments at the start of this session. Once he completed the assessments, I checked-in with him to get a sense of what he had experienced since the prior session. Alex reported that he did not have nightmares over the past week. He noted that he has been thinking more often about the school shooting, but feels proud of himself that he talked about the trauma. I read the narrative from the prior session. He indicated that no additions or corrections were necessary.
We processed the final two positive experiences of his lifeline: seeking psychological treatment and developing friendships with other students and engaging in more social activities. He was fully engaged in this processing. Following the processing of these events, I provided Alex with his entire narrative, which had been created during our work together over 11 sessions. He read the entire narrative aloud and then signed it. After he read it aloud, I encouraged Alex to reflect on his treatment and we discussed his therapy experience. He described his initial reticence about treatment. He noted his initial reservations about how his family, particularly his father, might react unfavorably to knowing that he was pursuing treatment. He referenced our conversation about Latino culturally influenced gender roles and indicated that, early on, he was worried that engaging in therapy might contribute to perceptions of “weakness.” However, he described that his perspective shifted as he engaged in treatment; he voiced recognition of the strength required to talk about the painful experiences he processed over the course of treatment. Alex shared that he was proud of himself and the strength and resilience he has come to recognize that he has. Additionally, he described an improved mood, feeling less anxious, fewer nightmares, greater and more fulfilling social engagement, and he noted that he had not had a flashback in the last six weeks. Alex indicated he was feeling less weighed down by trauma and “feeling more like myself.” He expressed gratefulness for the treatment, noting that even though it was very difficult and painful at times, he feels like it helped him reconnect with the (joyful, social) person he perceives himself to be.

I provided feedback on changes I observed, notably reduced avoidance of traumatic situations, increased tendency to acknowledge and share his emotions or perspective, his seeming lighter and more frequently expressing happiness and laughing.
We discussed our working relationship. We shared our appreciation for working with each other and well wishes for each other and the session was concluded.
Chapter VIII  

Therapy Monitoring and Use of Feedback Information  

For the duration of my work with Alex, I received individual supervision from a licensed clinical psychologist with experience with treating complex trauma and specifically in providing Narrative Exposure Therapy (NET). This collaborative supervision occurred weekly and provided support needed when providing treatment consistent with NET guidelines. This supervision was incredibly informative, thought-provoking and instrumental in my work with Alex. Supervision included review of session tapes to particularly hone clinical interventions and provide my supervisor with a fuller sense of Alex as we collaborated on appropriate clinical interventions. I discussed with Alex the potential for the sessions to be recorded for training purposes and that any secure, HIPAA-compliant recordings would be accessible to only my supervisor and me. He provided his permission for the sessions to be recorded.  

Therapy monitoring also included Alex’s completion of three self-report measures: the PTSD Checklist for DSM-5 (PCL-5), the Outcome Questionnaire-45 (OQ-45), and the Quality of Life Inventory (QOLS). All three of these self-report measures were administered at three points during the course of treatment: the pre-treatment session, mid-treatment (Session 6), and during the final session (Session 11). Alex completed all of the assessment measures. He completed the assessments administered during the pre-treatment and mid-treatment sessions at the beginning of those sessions; the assessments administered during the final session were completed at the end of the session.  

The pre-treatment assessments provided additional information about Alex’s symptomatology, and the impact of those symptoms on his level of functioning across various domains; this information informed treatment planning. Additionally, the mid-treatment and final assessments provided objective information about his treatment progress. These
assessments may have also increased Alex’s awareness of his symptoms and changes in his levels of functioning during the course of treatment. Changes in a constructive direction may have reinforced his participation and engagement with treatment.
Chapter IX

Concluding Evaluation of the Therapy Process and Outcome

The Outcome of Alex’s Therapy

Quantitative and qualitative data gathered during the course of Alex’s treatment was used to assess the therapeutic outcome of his case. This data (see below) indicates a favorable outcome of the Narrative Exposure Therapy (NET) treatment provided to Alex. This favorable outcome was likely the result of a few converging factors, most notably his desire for constructive change in his level of functioning, his willingness to build rapport despite a history of social traumata, and his willingness to fully engage in treatment. The particular culturally aware, idiographic foundation of NET likely bolstered his engagement in treatment.

Quantitative results. Alex’s PCL-5 scores are listed in Table 1. His initial, pre-treatment score of 61 indicated clinically significant PTSD symptoms; the cutoff for clinical significance is 33. Over the course of treatment, Alex’s PCL-5 score decreased to 31 at the end of treatment. This 31-point reduction likely indicates a clinically meaningful change. Alex continued to report that he was moderately bothered by certain PTSD symptoms at the conclusion of treatment; however, based on his PCL-5 responses, he no longer met the full criteria for PTSD diagnosis. At the conclusion of treatment, he no longer met the DSM-5 PTSD diagnostic criteria for Clusters C, D, or E (see Table 2).

Alex’s OQ-45 scores are listed in Table 3. His initial (pre-treatment) scores on all aspects of the measure (i.e., Total Score; Symptom Distress, Interpersonal Relationship, Social Role subscales) were all greater than the cutoffs for clinical significance. His scores reduced but remained clinically significant across all measure domains during the mid-treatment administration of the assessment, with the greatest reductions occurring on the Symptom Distress
and Interpersonal Relationship subscales. By the final assessment point at the conclusion of
treatment, his scores had reduced further. His Total Score and Symptom Distress subscale score
remained clinically significant at this final assessment point, but his scores on the Interpersonal
Relationship and Social Role subscales were no longer clinically significant. Further, the use of
Jacobson and Truax’s (1991) Reliable Change Index to analyze the change in Alex’s
pre-treatment and end-of-treatment scores indicates statistically significant changes in his Total
Score and Symptom Distress, Interpersonal Relationship, and Social Role subscale scores.

Alex’s QOLS scores are listed in Table 4. His initial QOLS score was 44. This score is
lower than the average of 61 among Israeli individuals with PTSD and the average total score for
healthy populations is 90 (Burckhardt & Anderson, 2003). His score increased to 58 at the
mid-treatment assessment point, indicating improved quality of life; however, this was still lower
than perceived quality of life among Israeli individuals with PTSD and healthy individuals. By
the end of treatment, Alex’s QOLS score had risen further to 81; it was greater than the average
(61) among Israeli individuals with PTSD, but still slightly lower than the average (90) among
healthy populations. The change is Alex’s pre-treatment score (44) and end-of-treatment score
(81) suggests a clinically significant change in his perceived quality of life. However, the results
should be interpreted cautiously given that there is no Latinx-American clinical reference PTSD
population available for comparison.

**Qualitative results.** At the conclusion of treatment, Alex and I discussed his subjective
experience of treatment and his self-observed changes over the course of treatment. He indicated

1. Fewer flashbacks and nightmares.
2. Improved mood. Alex reported feeling “more like myself.”
3. Improved sleep.
4. Increased and more fulfilling social engagement. He indicated participation in the
Hispanic Students Association (HSA) and developing new friendships with other
students present during the school shooting.
5. Improved self-esteem.
6. Cognitive restructuring of self-blame. Over the course of treatment, Alex began to acknowledge that verbal and physical abuse and sexual abuse he experienced were not the result of deficiencies or due to something he had done wrong.
7. He demonstrated less avoidance of distressing, painful experiences and greater willingness to express emotions associated with those experiences.
8. He was also able to recognize and address avoidance.

**Treatment plan results.** The quantitative and qualitative results above indicate that Alex’s treatment was successful. To further assess the treatment outcome results, it is helpful to compare them with the original treatment plan goals described in Chapter VI:

- **Goal 1:** Build rapport and foster creation of a safe therapeutic environment.
- **Goal 2:** Provide a clear treatment rationale.
- **Goal 3:** Clarify Alex’s diagnosis.
- **Goal 4:** Create a cohesive autobiographical narrative.
- **Goal 5:** Decrease the avoidance of traumatic memories.
- **Goal 6:** Decrease distressing PTSD symptoms below the suggested PCL-5 cutoff for PTSD (<33).
- **Goal 7:** Decrease Alex’s PTSD-related distress on the OQ-45 to subclinical levels.

Alex met all of the original treatment goals except for Goal 7: Decrease PTSD-related distress on the OQ-45 to subclinical levels. Alex’s OQ-45 scores decreased substantially over the course of treatment, with the difference between pre-treatment and end-of-treatment scores being statistically significant based on Jacobson and Truax’s (1991) Reliable Change Index. However, the Symptom Distress subscale and Total Score did not reduce sufficiently to reach subclinical levels. Nevertheless, overall, via treatment with NET, Alex experienced significant quantitative and qualitative improvements that were overwhelmingly consistent with the original treatment goals. Alex expressed an appreciation for treatment and the role of treatment with NET contributing to significant reductions in his trauma symptoms and contributing to him reconnecting with the joyful, social self he perceives himself to be.
Discussion

**Reflections on NET implementation.** The intention of this study is to elucidate clinical issues that may arise when treating Latino males with PTSD using Narrative Exposure Therapy (NET). This particular study about treating Alex with NET highlights culturally influenced gender roles that impinge on, and may exacerbate, social trauma and shame. This dynamic may be observed in work with other Latino males. However, it is important to note that culturally informed work is not assuming or inclined toward generalizations; it is idiographic, inquisitive, and respectful of individual experiences.

Because NET is focused on the life story of an individual, it promotes taking into account all aspects of the individual’s life experience. As indicated in this study, this holistic approach can be potently reparative for individuals with complex trauma histories. NET facilitated Alex’s self-described reconnection with who he perceives himself to be by promoting his engagement with aspects of his life that he had previously deemed too risky for engagement and by emphasizing the importance of positive experiences, which had become harder to see as traumatic experiences narrowed his focus on avoiding many of his own feelings, thoughts, sensations, and other aspects of his life. Through engagement with previously avoided experiences, NET empowered Alex to reorient his perspectives on strength. NET helped him understand and appreciate his strength and resilience.

**Advantages and limitations of hybrid case study design.** This hybrid case study design offers confidentially benefits that are not available with a single-case study design. With hybrid case study’s use of composite individuals, there is greater confidentiality. Additionally, hybrid case study allows consideration of a range of experiences that could arise in the course of treatment. Although these are important benefits to hybrid case study design, its limitations must
also be noted. In particular, the phenomenological experience of the individual is lost, despite efforts to provide real life experiences. Additionally, despite the potential information on treating Latino men with PTSD using NET provided by this approach, the results have little or no generalizability. Randomized control or single-case study designs are needed to provide generalizable results on treating Latino men with PTSD using NET.

**Challenges with psychological research on treating Latino men.** This study was initially planned as a single-case design of a Latino male; however, I encountered difficulty with treatment attrition and challenges with recruiting another Latino male to participate in the study. Men of Color, particularly Latino men and Black men, are less likely to pursue psychological treatment or remain in treatment if they do pursue it. This is due to culturally informed perceptions on seeking help and emotional expression; help-seeking and emotional expression are frequently perceived as weaknesses among Latino men.

**Other areas of research.** This study focuses on the treatment of a bilingual Latino client by a clinician of a different race and ethnicity who is primarily monolingual. Although the client indicated a preference for English and did not request a Latino clinician, it would be important to understand how NET narrative processing in Latino men is influenced by processing with a bilingual, Spanish-speaking clinician. It would also be helpful to gauge any potential impact of clinician gender on treatment seeking and engagement among Latino men.
References


Table 1

Alex’s PCL-5 Scores

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<tr>
<th>Session</th>
<th>PCL-5 Score</th>
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<td>Mid-Treatment (Session 5)</td>
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<td>End of Treatment (Session 11)</td>
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*The clinical-significance cutoff is 33.

Table 2

Alex’s PCL-5 raw data

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<tr>
<th>DSM-5 Diagnostic Cluster</th>
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<th>Pre-Treatment Session</th>
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Bolded scores indicate symptoms endorsed as “moderately” or higher.
Table 3

**Alex’s OQ-45 Scores**

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<tr>
<th>Session</th>
<th>Total Score</th>
<th>Symptom Distress (SD) Subscale Score</th>
<th>Interpersonal Relationship (IR) Subscale Score</th>
<th>Social Role (SR) Subscale Score</th>
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*These scores indicate symptoms and/or impaired functioning above the clinically significant cutoff indicated by Lambert et al., (2004) in the Administration and Scoring Manual for the OQ-45.2. Clinically significant cutoff scores are as follows: a Total Score of 63 or above; a Symptom Distress (SD) Score of 36 or above; an Interpersonal Relations (IR) Score of 15 or above; or a Social Role (SR) Score of 12 or above.

+Indicates End-of-Treatment scores that are statistically significant from Pre-Treatment scores via Jacobson and Truax’s (1991) Reliable Change Index.

Table 4

**Alex’s QOLS Scores**

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<th>Session</th>
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Table 5

**Alex’s Pre-Treatment and End-of-Treatment Diagnoses**

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<th>DSM-5 Pre-Treatment Diagnosis</th>
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<tr>
<td>309.81 Posttraumatic Stress Disorder</td>
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### Session 1 -- Lifeline Creation

**Session Focus:** Creating Alex’s lifeline  
**Length of Session:** 90 minutes

- 🎀 Born in Newark, New Jersey, to Luz Isabella and Jorge Emanuel (June 30, 1998)
- 6 years old: Father calls him derogatory names and hits him with his hands and belt, leaving bruises and welts.
- 6 years old: Older male cousin (babysitter), Diego, touches his genitals.
- 7 years old: Memorable, fun trip to Jersey Shore with family.

---

### Session 2 -- Abuse Begins

- 7 years old: Diego continues touching Alex’s genitals and forces him to touch his penis. Diego threatens physical harm if he tells anyone.
- 7 years old: His father verbally berates him, calling him “stupid” and “worthless.”
- 8 years old: Develops a friendship with a schoolmate.

---

### Session 3 -- Abuse Continues

- 8 years old: Sexual abuse by Diego occurs more often and begins to include masturbation.
- 9 years old: Camping trip with friend’s family.

---

### Session 4 -- Sexual abuse escalates

- 9 years old: Diego aggressively pins him down, nearly suffocating him and attempts anal penetration.

---

### Session 5 -- “Scariest” sexual abuse experience

- 9 years old: Has intense nightmares and becomes withdrawn from his family.
- 9 years old: Best friend moves away.

---

### Session 6 -- Flashbacks and isolation

- 10 years old: Baby sister, Gabriela, born.
- 10 years old: Diego no longer his babysitter.

---

### Session 7 -- Sexual abuse ends

- 11 years old: Starts playing baseball.
- 11-18 years old: Relationship with father improves; begins to do better in school.
- 19 years old: Academic and social difficulties first year in college.

---

### Session 8 -- Starting and finishing high school and transitioning into college

- 19 years old: School shooting trauma; witnesses fellow students killed; feared for his own life.

---

### Session 9 -- School shooting at college

- 19 years old: Flashbacks, intense anxiety.

---

### Session 10 -- “Haunted” by school shooting

- 20 years old: Seeks psychological treatment.
- 20 years old: Develops friendships with other students and begins to engage in more social activities.

---

### Session 11 -- Life after school shooting

- 🎀 20 years old: Seeks psychological treatment.

---

*Figure 1. Per session trauma breakdown*
Born in Newark, New Jersey, to Luz Isabella and Jorge Emmanuel (June 30, 1998).

6 years old: Father calls him derogatory names and hits him with his hands and belt, leaving bruises and welts.

6 years old: Older male cousin (babysitter), Diego, touches his genitals.

7 years old: Memorable, fun trip to Jersey Shore with family.

7 years old: Diego continues touching Alex’s genitals and forces him to touch his penis. Diego threatens physical harm if he tells anyone.

7 years old: His father verbally berates him, calling him “stupid” and “worthless.”

8 years old: Develops a friendship with a schoolmate.

8 years old: Sexual abuse by Diego occurs more often and begins to include masturbation.

9 years old: Camping trip with friend’s family.

9 years old: Diego aggressively pins him down, nearly suffocating him and attempts anal penetration.

9 years old: Has intense nightmares and becomes withdrawn from his family.

9 years old: Best friend moves away.

10 years old: Baby sister, Gabriela, born (March 18, 2008).

10 years old: Diego no longer his babysitter.

11 years old: Starts playing baseball.

11-18 years old: Relationship with father improves; begins to do better in school.

19 years old: Academic and social difficulties first year in college.

19 years old: School shooting trauma; witnesses fellow students killed; feared for his own life.

19 years old: Flashbacks, intense anxiety.

20 years old: Seeks psychological treatment.

20 years old: Develops friendships with other students and begins to engage in more social activities.

Future: “I hope to get back to being who I really am and not be a prisoner to what I’ve been through.”

Figure 2. Alex’s Lifeline
Appendix A

Alex’s Autobiographical Narrative

I was born in Newark, New Jersey on June 30th, 1998. I’m the oldest child of two kids. I have a beautiful little sister who is 10 years old. Her name is Gabriela. She’s got so much energy and is so much fun to have around. My parents are named Luz Isabella and Jorge Emmanuel. My mother and father were both born in Panama. They became US citizens. They moved to the United States and lived in New York when my grandparents moved here from Panama. I didn’t get a chance to know my grandparents. On my mother’s side, they died before I was born, and on my dad’s side of the family, my grandparents died when I was really young, around 2 or 3. So I don’t really remember them. My parents tell me about how great they were and how much they pushed them to work very hard and make a good life for themselves and our family. My parents really seem to have internalized that; they have always worked often and hard when I was growing up -- and still do today. My father initially worked at a car dealership, doing more administrative stuff, but he moved into car sales several years ago. My mother works at an insurance office, doing administrative work. They have tried to get her to move to sales because they feel like she would be great at it; I could see that too. But she sees the agents working longer hours and being more stressed. She’s not ready to take on all that. My mother has an older sister, my Aunt Maritza, who lives about 10 minutes from us. She has two sons — Diego, who is about 7 or 8 years older than me, and David, who is 5 years older than Diego.

I was pretty happy for the most part as a child. I grew up in a blue single-story house in a mostly Latino neighborhood in Newark, New Jersey. There were several kids in the neighborhood, and my mom used to take me to play at the neighborhood playground when I was young. I used to have a lot of fun playing with the other neighborhood kids. I really loved to
swing and play on the see-saw. At some point, my mom stopped taking me to the playground and we ended up staying at home most of the time. My parents do a lot of work with people but they never really had people over. When I was growing up, Aunt Maritza, Diego and David would often come over to the house, especially for dinner on Sundays. But then they gradually stopped coming over when I was about 8. I'm not exactly sure what happened, but I think it had something to do with an argument my dad and Aunt Maritza got into.

I used to like the family dinners. My mom is a great cook and so is my aunt. We would have lots of good food and Aunt Maritza was always really nice and fun to be around. She could always make me laugh and she has a way of making me feel a little embarrassed, but also special by telling me how handsome and smart I am. I also used to enjoy hanging out with Diego and David; it was cool to be around other kids again, even though they were a little older.

When my mom stopped taking me to the playground, I would often play in the house or our backyard. Until Gabriela was born, I grew up spending most of my time alone or with my cousin, Diego, who eventually became my babysitter while my parents were working. Situations with Diego and situations with my dad were really difficult and painful for me. I think about those experiences a lot. What Diego did to me causes nightmares. But the first hurtful experience happened with my father.

One fall evening when I was 6 years old, I was home after school. I was in our beige-ish-colored family room that had lots of family pictures on the walls. I remember watching Rugrats on tv. I used to love coming home after school and watching that cartoon. It always made me so happy to watch it and laugh at it; I just always thought the characters were so funny. Thinking about that show gives me a warm feeling in my chest. As I was in the family room watching Rugrats, I could smell the aroma of the sancocho (a chicken soup) my mom was
cooking in the kitchen. It smelled so good! She makes this chicken soup often for us and it is always so tasty. During one of the commercial breaks, I went to the kitchen to see her, check things out, and hopefully get a bite to eat. She would always feed me so whatever she was cooking. I would sit on one of the stools and she would feed me food. I stayed in the kitchen a little longer, then I went back to the family room real fast to watch Rugrats. I sat on the floor in front of the tv and got back into the show and was just sitting there, really into the cartoons. Then my dad came home. He stumbled in the door and seemed grumpier than usual. He would often come home grumpy, really irritable after work. When he came in, he plopped down in his dark brown leather recliner in the family room; he never wanted anyone to sit in the chair. I could tell he was angry by the way he slammed the door and plopped down in his chair, and his face -- his brow was kinda furrowed. He looked really angry. So I wanted to get away from him while I could, so I went back into the kitchen. I love my dad and he can be a really nice, even fun guy, but seeing him angry really scared me. I didn’t know what he might say or do! I just wanted to get out of his way. I feel tense. I feel fear, scared when I talk about this. I feel tightness in my chest and like I have a lump in my throat, like I can’t get out what I want to say. This is how I felt the day he came home angry. I remember just barely making it into the kitchen and sitting down only for a moment, when my dad yelled angrily, “Alex! Come here!” I didn’t know what he wanted, but I knew that I had to respond quickly. I felt intense fear because of the way he yelled for me to come into the family room; it really scared me. I was dreading what he was going to say or do when I got there and I didn’t want to make things worse. My first thought was “What did I do wrong?” I thought I might have messed up something -- done something to make him feel even more angry. I didn’t want to disappoint him or let him down. I still feel that way; he and my mom work so hard and I don’t want to ever let them down. That’s how I often
feel -- just so much pressure to succeed, to make the most of all the sacrifices my parents made to give my sister and me opportunities in America. When my dad yelled, I thought I had done something to make him so angry. I felt like something I did had let him down and that’s why he was so angry with me. I think my mom did hear him when he yelled. She motioned with her head for me to go see what my dad wanted. She had this concerned, supportive look on her face. Seeing that look on her face, for a moment I felt less scared, less alone. I actually went back into the family room. When I got back in there, he just started yelling and cursing at me -- “Where’s the fucking remote? Where did you put the fucking remote?!?” He was so angry! I just kinda froze… “Where did you put the fucking remote?! Damn it, Alex, you’re so stupid! Just so fucking stupid! You always fuck up everything! I put the remote right here and told you to always put it right here!” I was feeling terrified -- absolutely terrified. His anger was so intense it felt overwhelming. I felt helpless, like I wanted to call out to my mom for help, or apologize, or run away, or something. But I felt paralyzed in that moment. I didn’t move. I wanted to say something -- to tell him that I didn’t mean to move the remote from where he liked it to be or to say I’m sorry. I just didn’t know what to say or do. I started to cry. As I remember this time in my life, I feel how much it hurts. I was just a kid. It really hurt to hear my own father call me stupid and say that all I do is mess up. It still hurts. I feel the hurt in my chest, shoulders, back. It just feels like this heavy weight that makes it hard to breathe. When I didn’t respond to my dad’s question about where the remote was, he grabbed me and hit me on my butt. He hit me with his hand first. Then he hit me with his belt. It all happened so fast -- next thing I know is that I’m on the floor crying as he is hitting me on my butt, legs, back -- with his belt. He hit me so hard it left welts. While I was screaming in pain, my mom came running in the room to see what was going on and my dad stopped hitting me. She got me up off the floor and took me to
the bathroom to clean up my face after I had been crying. While I was doing that, she went back
out and said something to my dad. I couldn’t hear exactly what they said to each other -- just
remember it sounding like they were arguing. She came back and helped me clean up. I was
glad she was there to help me. I eventually got cleaned up and we eventually all had dinner
together, something we usually did. I remember the food my mom made being really tasty.

My mom started working more in the afternoons and evenings. I remember that somehow
she and my aunt decided for my cousin Diego to look after me while she was working. So Diego
became my babysitter. He was always pretty quiet and he seemed like a nice cousin. We would
have fun when we would go to my aunt's house or they would visit our house. I was excited
when my mom told me he would look after me while she was working. I thought it might be a
fun time. We -- me and Diego -- ride the bus home one day and got off the bus where my family
lives. I don't remember a whole lot of other details except him playing around with me, like
wrestling. He liked to wrestle with me and tickle me or pretend to pick me up and body slam me
-- like a pro wrestler. So he was playing around with me, tickling me and picking me up
pretending to body slam me -- he used to do it all the time around our family. This time though
he picked me up and when he went to pretend to body slam me, his hand touched my penis. I
was surprised to be touched there by someone else. I thought it was strange but maybe something
he didn’t mean to do. He put me down and kept teasing me, like nothing happened. Then he
made another move to body slam me. He specifically grabbed my crotch the second time and
rubbed between my legs the second time. I thought “What’s he doing?” and remember thinking
“This isn’t fun anymore.” I had completely stopped laughing by that point and was feeling very
self-conscious, looking back on it. I was a kid but knew that other people weren’t supposed to be
touching me there. Felt like someone was coming into this space that was my own. But I also
had this kinda confusion because Diego was a cousin that had always been fun and friendly. Wasn't really clicking that he would do something to me that he wasn't supposed to do. I think part of me had a feeling of it not being fun and another part of me maybe even kinda excused it because he had always been someone I liked to be around and even felt safe around. He didn't really press things any further that day. He just kinda acted like nothing happened, and I think I kinda took the same approach -- just mostly acted like nothing happened. We started to watch TV -- some cartoons of some sort. And he made me a snack, a peanut butter and jelly sandwich.

When I was 7 years old, I went to the shore with my family one summer. It was my first time going to the shore and seeing all the water -- and people there. It was just so much fun to be there on the warm sand and in the warm water. I can remember the first time I felt the sand between my toes. It was such an exciting feeling. I loved feeling the sand on my bare feet and was fascinated by how it would change consistency or just kind of melt away when the waves came in. My mom and dad rolled out a towel, and she sat on the towel and got some sun. My dad walked me to the water, and told me to not go too far in the water. He splashed me in a playful way and I splashed him back. He laughed, said something like, “You’re gonna get it now!” He ran over to me and grabbed me and picked me up and ran out further into the water with me. He quickly dipped me in the water with him; we both went underwater together and he quickly brought me up. I laughed a lot and got some seawater in my nose. It burned a little and tasted salty, but I was still having a great time with my dad. I wish more days had been so joyful and happy as that day was. It was such a fun time -- nothing like some of the painful experiences that I’ve had with my dad. The other experiences had almost made me forget about that time with my family. We had such a good time that day. I got seawater in my nose -- that kinda burned
a little. But I had such a good time walking on the beach picking up seashells and building a sandcastle with my family.

We would go to my house after school because it was the earlier bus stop on the route and it was easier for my mom to just come straight home after work. One day in the fall; I remember it was the fall because school had started again. I wasn’t so excited about going back after such a fun time at the shore with my family. I was playing in the backyard. I liked to play with toys in the backyard. When I was playing, Diego was inside watching tv. He could sit inside, watch tv or whatever, and keep an eye on me in the backyard through our glass doors to the backyard. I had been outside playing for a while when he called me to come inside to get something to eat. He would make a snack for me -- usually just a peanut butter & jelly or ham & cheese sandwich or some string cheese, sliced apples. When he called me in, I went pretty quickly because I was hungry. He had made a couple of peanut butter & jelly sandwiches and some milk. We ate them and he encouraged me to stay inside to watch tv with him and not go back outside. I agreed because it would give me a chance to watch some tv before my parents came home. We watched some cartoons for a while, Batman, I think. I had to use the bathroom, so I got up to go and Diego kept watching tv. I went to the bathroom, closed the door and used the bathroom. I washed my hands -- my mom used to remind me to “Be sure to wash your hands.” I did. When I opened the door, Alex was standing right outside the door. It startled me, and I jumped a little. I was scared for a moment because I wasn’t expecting anyone to be there when I opened the door. He quickly said, “It’s okay. I need to use the bathroom too.” He walked in -- I just kind of backed up as he came into the bathroom; he was so much bigger than me and the exit blocked. He said, “Can you help me with something?” I didn’t really know what he meant or how I could help him -- was a little confused but thought, “I guess I can help him real quick and get back to
watching some TV.” He said something about his zipper on those jeans often getting stuck and how I could help him with it. He told me to try it to see if I could get it unstuck. I was just thinking I could be helpful to him. It didn’t fully cross my mind at the time that it was inappropriate of him to ask me that. As I think about it now, I don’t know how I didn’t catch then how inappropriate it was. I blame myself for being naive about the situation. I did think it was a little weird and confusing, but I really just thought I could help him out in some way. He stood in front of the toilet and I was on his right, next to the bathtub. We were in a mostly white bathroom with a blue rug -- bath rug and a shower curtain with big blueish flowers on it. The room smelled like oranges or something; it was the smell of whatever cleaner my mom used in the bathroom. While we were standing there, fiddled with his zipper -- or pretended to; I really don’t know if it was really stuck. It probably wasn’t and he was just using the situation to touch me inappropriately or make me touch him inappropriately. He told me again to help him with his zipper; he said -- kinda calmly, “Alex, see if you can unstick it.” I reached out and pulled the zipper. It did seem a little tight so I put my left hand on my right arm and pushed down on my arm as I pulled his zipper. It came down. He didn’t say anything when it did. I just kind of quickly moved behind him and was gonna leave, but he told me to wait because he’ll need help getting it back up. I just stood there behind him, looking at the door and down at the floor as he peed. I was thinking even more that it was a weird situation and I didn’t want to be in the bathroom while he peed. He peed for about 20-30 seconds but it seemed like much longer. I just kept thinking more and more that it was a weird, uncomfortable situation and I wanted to leave because it was awkward and I wanted to get back to watching cartoons. I was feeling trapped. That feeling of being trapped is like how I felt when I opened the door and was going to try to leave the bathroom before Diego came in. After he finished peeing, he said, “I need your help
again. Come here.” When I turned around and walked up to him standing beside the toilet, I could see that his penis was still out. I had never seen a penis other than mine, so I was very confused about what I was seeing and feeling disgust about seeing it. I was feeling like I was seeing something I shouldn’t see, and I think I was feeling embarrassment because I was seeing him exposed. He told me to help him put his penis back in his pants, and before I could really say or do anything, he grabbed my hand and put it on his penis. He used my hand to push his penis back into this underwear, which he was holding down with his other hand. He fastened his belt and then told me to help him zip up. And he made me help him zip his jeans. After he was zipped up, he reached down and grabbed my crotch -- his hand squeezed my penis and he said, “Next time I will help you.” I squirmed trying to get away, but I couldn’t get away. I feel trapped and helpless when I think about this moment. I feel alone and scared. He was so much bigger than me. I wanted to yell, “Get off of me!” But I felt like I couldn’t speak, like I didn’t have a voice. I just stood there as he told me to stay still and that I better not tell anyone about us “helping each other.” He said that I really didn’t want to find out what would happen to me if anyone ever knew what happened in the bathroom. He had this intense and really scary look in his eyes. It can still remember that look in his eyes… it was a weird mix of craziness, anger and sadness... I stopped squirming because it hurt some as he grabbed my penis and testicles tighter as he was telling me not to say anything. I felt like crying-- not from physical pain, but I didn’t want him to see me cry. I remember thinking, “Don’t cry.” I think my eyes teared up though. I think I didn’t want him to see me cry because I didn’t want him to see any more weakness in me. Crying in that moment would’ve felt like he had all the control and I was trying to have some control in a situation that I felt powerless in. That feeling of weakness stayed with me… After he let go of me -- he grabbed my genitals for a few seconds, but it felt like so much longer, he
walked me out of the bathroom with him and took me back into the family room to watch tv. I sat down on the floor -- where I usually sit and Diego sat on the couch. I remember thinking, “Why did he do that to me? What happened? Why would my cousin do that to me?” As I think about it now, I don’t really have an answer to any of those questions. It makes me feel sad, and angry, not knowing why Diego did that. I haven’t talked with anyone about what he did to me because I feel partly to blame -- like if I had only been stronger, or yelled at him, or ran away it wouldn’t have happened. Maybe there were other explanations for what he did that are not so much about me. I hadn’t really thought about that before. We watched more tv until my mom came home from work -- maybe an hour later. When she came home, I gave her a big hug and she hugged me tightly too. I was so glad to see her! I had started to calm down some watching tv, but I felt this huge relief seeing her smiling, friendly face walk in the door.

That was a rough year. Later that year, sometime in the winter -- I remember that it had snowed -- my father put me down again, insulted me in a way that really hurt me and still sticks with me. It was cold and my mom was in the kitchen making breakfast while my dad and me were in the family room. She had made some hot chocolate for me and some coffee for my dad. She called me into the kitchen to get my hot chocolate and take my dad his coffee to drink while he was watching tv. My dad was watching the news, I think. When she called me, I immediately got up and went to the kitchen. I remember the strong smell of the coffee. I was excited about the hot chocolate because my mom would always make it kinda sweet, which I really liked. So, I was eager to get in the kitchen, get my dad his coffee, and then go back to get my hot chocolate. When I got into the kitchen, my dad’s coffee was in an orange and white mug that my dad loved to always use for his coffee; he loves his coffee... My mom told me to take the coffee to him and I carefully picked up his coffee with two hands -- to be very careful -- and
started walking back into the kitchen. As I was walking over to put his mug on the coffee table, I tripped somehow -- don’t know how, but I tripped. And when I did, I fell and spilled the coffee all over the carpet. My dad went ballistic! He started yelling at me: “What the fuck are you doing?! You’re so stupid! You had one thing to do! How fucking worthless are you that you can’t get bringing coffee to me right?!?” While he was yelling at me, I started crying. I felt embarrassed, ashamed. I felt like I do get so much wrong and I was surprised by how intense my dad’s anger got. Part of what I was feeling was fear -- I was scared that he was so mad. While I was crying and trying to get up and start cleaning up, my mom ran into the family room. She probably heard my dad yelling at me. She just said something like, “It’s okay, Alex.” I remember her being so much calmer than my dad was. She helped calm my dad down some but I could see in his face that he was still angry. I ran into the kitchen and grabbed paper towels and a sponge and ran back into the family room. My mom took the paper towels and started helping me clean up. My dad didn’t do anything to help -- just sat there, still looking mad but watching -- or acting like was watching -- tv. My mom and me got up most of the coffee. I was thinking a lot of thoughts as we were cleaning up. “Why do I mess up so many things? Am I really stupid and worthless? How could my dad say that about me? I’m so glad that my mom helped me. She’s so kind. I wish my dad was as kind as she is.” After we finished cleaning up what we could with the paper towels and sponge, my mom went into the kitchen and got some other stuff to put on the places where the coffee spilled to keep it from staining the carpet. My dad just continued to sit there and never said another word. While my mom was putting the stuff on the coffee, she told me to go into the kitchen and have my hot chocolate. I went back in the kitchen and sat down at the counter to drink it. It was still warm and very delicious.
The next year, when I was 8 years old -- in the second grade, I developed a friendship with a kid in my class. His name was Eddie -- a biracial, I think, kid whose family was from New Jersey. I was often a little quieter in school, but Eddie was much more social. He smiled and laughed a lot and he always had something funny to say. He actually got sent to the principal’s office a couple of times because he was kinda being a “class clown.” He was a really fun, nice, smart guy. A lot of kids liked him, including me. I got to know him better when our teacher, Mrs. Peterson, paired us up to be “science buddies” on a project to grow seeds; I think we had tomato plant seeds that we were planting one spring day. We were supposed to work together to plant the seeds in some soil in a plastic cup and water them. But Eddie kept trying to, or pretending to, eat the seeds. Doesn’t sound so funny now, but the way he was pretending to do it at the time was just so hilarious to me. He would act like -- in this really exaggerated way -- he was eating a seed and I would just start laughing. Mrs. Peterson would look in our direction, and we would try to keep from laughing while she was looking. I think she caught us one time -- she just said, “Boys!” -- like “you boys should calm down and focus over there.” We calmed down some, but laughed a little as we kept trying to work. We just really hit it off after that and became good friends. We would sit together at lunch and talk about cartoons or video games, and a time or two, his family invited me over for dinner. My parents let me go, and I had a great time with Eddie and his family, especially being able to play video games with Eddie. Having Eddie as a friend made me feel less alone. With everything going on at home with my dad and with Diego, it was comforting to just have a friend to talk to about stuff and laugh with. I felt like I was accepted for who I am, something I didn’t always feel with my own family. I never exactly told Eddie about what was happening with my dad. But I did tell Eddie that sometimes my dad was really angry and mean to me. He didn’t really ask any questions -- just
listened and only said that “Dads suck sometimes.” I just remember being surprised that he said
that, because Eddie’s dad was always so nice. I guess that my dad can appear that way to others
though, so maybe something else was going on in his home. I didn’t really ask Eddie what he
meant. I appreciated his support and feeling understood when he said what he said about dads
though. We never talked about Diego. I sometimes wonder if Eddie had been around longer,
maybe I would’ve told him something about what Diego was doing.

Later in the same year, when I was still 8 years old, Diego was supposed to be keeping an
eye on me after school while my parents were working. It was early in the fall, right around the
time school was starting again. I didn’t really see Diego during the school break. His family
wasn’t really coming around too much during the summer, which was good for me. I wasn’t too
excited to be around him because of what was happening, the sexual touching, that he was doing
to me. But I still couldn’t tell my parents anything about what he was doing. Like usual, we
rode the bus home after school. We continued to go to my family’s house. When we got there
he made a snack for us, we ate the sandwiches he made, and I started on some math homework. I
was pretty into that homework and wasn’t paying any attention to Diego. I didn’t even realize
that he wasn’t still in the room until I finished my homework. I just started watching some tv
again, and didn’t think about him being in the room. I was just a few minutes into when I heard
him call me. “Hey, Alex, come here.” I didn’t really know where he was and didn’t want to go,
because I didn’t know what he wanted. My mind immediately went to the situation in the
bathroom where he made me touch his penis. I didn’t want anything like that to happen again, so
I tried to ignore him and keep watching tv. That didn’t work. He started calling me again --
“Alex, come here! Alex!” So I get up to go see what he wanted. As I started walking down the
hallway to the bathroom where he touched me before and forced me to touch him, I started
feeling hot and could feel my heart starting to beat hard FEELING THAT WAY NOW. I walked down the hallway. It was brightly lit, a little narrow. I could smell the cleaner, smelled like oranges, that my mom used in the bathroom. I walked slowly down the hall, thinking and worrying about what he wanted. I wanted to turn around and run but I didn't want him to chase me and was worrying he might hurt me if I did. So I kept going. When I got down the hall more I could hear that he was in my room. The door was slightly open. I pushed it open and walked in. When I did, I saw him looking through stuff in my room. He said something about me having some cool toys and started picking up some and playing with them. I actually relaxed a little -- thinking that, “Okay, he just wanted to know about my toys.” I started picking them up and looking at them too. While I was looking at them too, Diego picked up a water gun that I had and pointed it at me and said something about putting my hands up or he was gonna shoot. Since I wasn’t too far from the door, I started laughing and said “no” to putting my hands up and ran, saying something back to him about the water gun not supposed to be used inside -- my parents were very strict about that. While I was running, I managed to get outside while he chased me, laughing while he was chasing me. Since he was so much bigger than me, he caught me fast and started spraying me with the water gun. He really soaked me! When he seemed to realize how much water he sprayed on me, he said that I should go inside to change my clothes to some dry ones. So, I go inside to do that. I went to my room and closed the door. I was rushing so much that it didn’t cross my mind to lock the door and I didn’t think that I needed to do that because I thought Diego would stay in the family room or somewhere else in the house. He didn’t. While I was in the middle of getting undressed -- had taken off my shirt, and the door suddenly opened and he came in my room. He said something about helping me change. I told him that I didn’t need any help. But he insisted and said it’s alright for him to help me. I was
soaked to my underwear and was gonna need to change those, so I told him to let me do it. But he wouldn’t leave. He ignored what I said to him about leaving and walked over and told me to take off my pants. When I hesitated, he started trying to take them off. I told him to stop and turn around. He laughed and said something about me “not having anything new” -- nothing that he's never seen. And he turned around -- like he was giving me some privacy. I took off my pants as fast as I could and was gonna try to just put on another pair of pants over the wet underwear. But then he told me not to forget my underwear -- that I “gotta change those too.” He said it in a way that made me feel pressured to change them and I knew that they would just wet up my dry pants if I didn’t. So I grabbed another, dry pair of underwear out of the drawer and tried to change them real fast. While I was trying to make the change, he quickly turned around and said, “Oops, I thought you were finished” and he started laughing. I was so embarrassed to be virtually naked and he was seeing me like that. He told me to let him “help me” and he walked over real fast to give his unwanted “help.” I told him to stop, that I didn’t need or want his help, but he leaned over and put one hand on my shoulder and the other on my underwear and started trying to pull them up for me. I was still a little damp so they didn’t come up easily. As he was pulling on them, my penis was flopping from the efforts to pull up my underwear and them getting stuck to my damp skin. He started laughing again and commenting on my penis flopping. And before I could really say or do anything else, he put his and on my penis and started moving it around. I felt so embarrassed and ashamed that he was putting his hands on me. Like when he did it before, I felt paralyzed. I wanted to tell him to stop, but I think I was just so surprised that he was touching my privates that I don’t think I said anything. I think I had a million thoughts though -- like “What is he doing?!”; “I can’t believe he just touched my penis!”; “I wish I was bigger and could make him stop.” “Why am I so weak?” I felt like I
couldn’t get away from him and I didn’t know what to do. Looking back on it now, I blamed myself for being so weak and not figuring out some way to get him off of me. He kept his hand on my penis and began stroking my penis. I kept squirming and I could feel his hand grip my shoulder tighter and press down harder on my shoulder. He never looked at me, just looked down at my penis and kept jerking his hand back and forth like he was trying to make it erect and said something about getting bigger. I didn’t understand then that he was trying to masturbate me, but looking back on it now that’s what I think he was trying to do. I feel disgusted that he would try that on me. I was a child. I feel angry with him for doing it and with myself for not stopping it. I’m not sure how long it went on; it felt like it was such a long time, but it might have been 3 or 4 minutes. As he was trying to masturbate me, I felt this incredible feeling of being violated and like my body wasn’t even my own body. I was like an experiment to him. He just kept going and going. I started crying, but he never once even looked at me. I wasn’t crying loud -- had tears running down my face. I know he could hear me crying. But he never once even looked at me. And then he just stopped -- like he realized that I wasn’t going to get erect -- and told me to get dressed. While I was getting dressed he said that I didn't have a reason to be crying and said he was just “helping” me. He left the room pretty quickly after that and told me to get dressed. I know I dressed really quickly but it seemed like it took a long time for me to cover up again. I was so confused about what he did to me and by him treating it like it was no big deal. I just felt really lonely and sad after he tried to masturbate me. I did eventually get dressed and go back into the family room.

When I was 9 my friend Eddie and his family invited me to go on a camping trip to them. We went to a campground in NJ. When I went to Eddie’s house one day after school and I had dinner with his family. While we were having dinner, his family started talking about camping.
They talked about how they like to go camping at least a few times a year, and Eddie’s mom asked if I had ever been camping. We talked about the fact that I’d never been, and Eddie said he thought it would be a great idea for me to go along with them on their next trip; his family all agreed and told me that it would be great to have me go with them. They said it is always so much fun and told me about looking at the stars at night, sitting around a campfire making s’mores and singing -- all the fun stuff they like to do when they go. Eddie’s mom said that she would ask my parents if it would be okay for me to go along when they went next weekend. I really didn’t expect my parents to go along with it, but they said it would be okay. I was surprised that my mom and dad let me go -- but they did. I was very excited leading up to the trip. Me and Eddie talked a lot about the trip at school. We were glad to be able to spend some time hanging out together. I always enjoyed spending time with Eddie and his family. They were so energetic and seemed to really love spending time together. They were always so nice to me. It was just a warm, nice experience. My parents worked a lot and I was the only kid at the time, so things just felt different with my family -- wasn’t so lively and fun. So I really appreciated the time I could spend with Eddie and his family. I really felt like a kid -- more carefree and less tense with them. When the weekend to go camping finally arrived, we loaded up in the minivan Eddie’s family had and drove to the campground. It was Eddie and me, his mom and dad, his younger sister and his older brother. When we got to the campground and to our campsite, we unloaded the tents and set them up. Eddie and his family taught me how to set up the tents. It was so much fun to do that with them; they were all so nice about teaching me how to do it. After we got the tents set up, it was getting close to dinner time. We all pitched in help make a fire and cook some hotdogs, beans and nachos. Dinner was really good and it was so different and exciting to be cooking over a fire. After dinner we made some s’mores. It was
my first time having a s'more. They were so gooey and tasted so good. I really loved roasting the marshmallows and then smashing them together with the chocolate and graham crackers. I was really glad that I had the chance to do the trip with Eddie's family. It was such a different experience than anything I ever did with my family and it's one of the things I really remember about my friendship with Eddie.

Later that year, I had one of the experiences of my life. Things with Diego had been quiet for several months and I was thinking maybe he would leave me alone. But that didn't happen. What he did was worse than anything he ever did before. He was continuing to go to my house with me after school. I really thought hard about telling someone about the crazy things he was doing to me but I just couldn't. I couldn't bring myself to tell my parents -- especially my mom -- that somebody she trusted to look after me was hurting me. I think it would've killed and I really don't know what we could've done instead so she could keep working. At the time, I just didn't want her to know. I'm still not sure I could tell her today. I was also scared of what Diego might do to me. He could be nice but that crazy look in his eyes made me think twice about saying anything. It was later in the year after my camping trip with Eddie's family -- maybe 4 or 5 months later... While Diego and me were home after school, we were watching TV after a snack. Diego got up to go to the bathroom. I stayed in the family room and kept watching TV. He was gone for longer than I thought he would be -- that crossed my mind for a moment and then I got back into watching TV. When I was watching TV I heard Diego shout from the bathroom, "Alex, come here!" I had this moment where I felt like my heart kinda dropped and I got tense. Looking back on it, it was dread and fear about what happened before in the bathroom happening again. It was actually worse. If I had known what would happen, I would've run away. When I got to the bathroom, Diego locked the door behind me. I
thought, "Why did he do that? What's gonna happen now? I need to be strong, but I'm scared."

After he locked the door, he said something about having a girlfriend and wanting to make her feel good but not being sure about what to do. So he wanted me to "help" him figure it out. He was talking about sexual intercourse with her. He told me to lay on the floor, face toward the floor. He pulled down my shorts. I was laying on the floor. It was cold, hard. I was laying on the floor tile. I could hear him unbuckle his belt and in zip his jeans. I didn't dare look back. I was so confused about what was happening and what in the world I could do to help him with his girlfriend. I didn't really know anything about sex and hadn't even thought about it at that age. I was also afraid of whatever was about to happen and about what he might do if I moved to me or tried to get away from him. The next thing I know -- after I heard him unbuckle and unzip, I felt the weight of his body on me. It pressed me even more into the cold hard floor. He pushed my head down as he laid on me. I think I just had a reflex to lift my head and body up and see what in the hell was happening. I couldn't move though. He was holding my head down. My cheek was pressed on the floor. I still remember how cold it was. While I was still trying to figure out what was going on, the next thing I know was that I could feel something firm pressing on my butt. Then I could feel him rub his erect penis on my butt and spread my buttocks. He pressed his erect penis on my anus and pushed like he was trying to push it in. I squirmed and tried to lift my head and move. But he was so much bigger than me. I couldn't lift up my head and his body had me pinned down in a way that didn't even let me move. I thought, "Why me?"

Looking back on it now, I don't understand what made him do that to me. It was selfish of him and cruel. That experience affects me today….. he said to me "I'm just going on the outside." As if that made it better somehow. He rubbed his penis on my anus making thrusting motions like he was practicing intercourse and said, or kind of asked, "That feels good?" It didn't so I didn't
say anything. He said it again, "That feels good don't it?" I didn't know what he would do if I
didn't respond and I wanted him to get off of me, so I said "uh huh". He rubbed his penis on me
a few more times and then just suddenly stopped. He got up and I could hear him pulling up his
pants and zipping up. I didn't move. I couldn't move. Looking back on it, it feels like part of me
died in that moment. My innocence, belief in goodness of others. It feels like I lost it that day.
After a few moments on the floor, I felt him pulling up my shorts. I just felt numb. He thanked
me for my help. He had the fucking audacity to thank me! And he told me not to tell anyone.
He told me that there was nothing unusual about what had just happened -- him rubbing his erect
penis on me. He started walking out of the bathroom and told me to come back into the family
room. He just acted like nothing happened. Told me that he would make me a snack and he
went and made us some sandwiches. I just sat there in front of the TV, staring at the TV, thinking
"what just happened?". I was so confused by seeing him nude and him telling me to help him and
how doing that with me could help him with his girlfriend. Looking back on it now, I see that
Diego sexually assaulted me.

When I was 9, the interactions with Diego seemed to start weighing me down and started
making it hard for me to sleep. One night after him and my aunt came over, I had a really
terrible nightmare about him. It was bad. I actually wet the bed. He didn’t do anything when
they came over. I think it was just seeing him and him acting so normal around everybody. I
think they don’t even know what he’s done to me. They see him as just this normal kid --
probably see me as just a normal kid, but don’t know how much pain, fear, anger I have because
of what Diego did to me. Like I said, everything seemed pretty normal that day and night when
they came over and had dinner with us. I went to bed at the usual time -- nothing was unusual
about the day or night. I fell asleep okay. I don’t remember having a hard time sleeping. I just
remember waking up in the middle of the night. I had this weird dream where I was in a building; I think it was a school, but it wasn’t like my school. I didn’t see any other students. I was in this classroom alone -- at a desk. I hear a bell like it was time for lunch, so I get up and walk out of the classroom into the hallway. It’s surprisingly dark. I start walking down the hallway and make it to the lunchroom -- still nobody around. But there’s food at the cafeteria table. I sent down where the food is -- some kind of sandwich, some milk, some fruit. It all looks very normal. But when I pick up the sandwich and move it toward my mouth like I’m going to take a bite, all of these spiders suddenly come out of the sandwich. They start crawling all over me -- up my arms, falling on my pants -- all over me. I feel them biting me and I scream, but they keep coming as I’m screaming. I try to knock them off me but I can’t get all of them off of me. I fall off my seat trying to get them off of me and when I hit the floor, even more of the spiders come and swarm me. I feel like I can’t breathe anymore. I’m trying to scream but it’s so many of them that they muffle my screams and I’m not sure they would help anyone since I’m all alone in the school. As the spiders are about to snuff me out, kill me, I woke up. I woke up sweating, my heart was racing, and I realized that I had wet the bed. I started crying because I was embarrassed and I wasn’t sure what I was going to do. I didn’t want my parents to know that I wet the bed. I had started to call out for my mom, but then I thought she would be very disappointed that I wet myself and the bed at that age. I didn’t want to see her disappointed in me. I just kept all to myself. I was in the bed for a few minutes but then I got up and went to the bathroom and cleaned myself up as much as I could. Then I went back to my room and changed clothes -- the underwear and t-shirt that I was sleeping in. and tried to fall asleep on top of the covers to avoid the wet spot. My mom had showed me how to use the washer; I washed my sheets the next day. I felt like I had to be secretive about it all. I felt so ashamed of myself. I
had sadness that I had these secrets -- about Diego, wetting the bed -- and angry at my family for not just knowing that Diego was sexually abusing me. I pulled away from everyone in my family. I was much quieter and didn’t play with my toys. I just pulled within myself. I was depressed, I think. I think the dream almost describes how I was feeling in real life. I felt alone with the sexual abuse, like I didn’t have a voice to tell anyone because I didn’t want to get Diego in trouble or disappoint my parents, and it was smothering me.

Being 9 had some rough experiences. One that was really difficult was when my friend Eddie moved away. I know the other things I described were hard, but losing Eddie was so hard because having him as a friend gave me some relief from all the other things I was going through. One day at lunch, he told me he was leaving. Lunch used to be one of my favorite times because of Eddie; he would always do or say something to make me laugh. I used to be excited about lunchtime with Eddie. That day we were having lunch like we usually did and he told me that he was going away at the end of the week. I was very surprised and sad when he told me. I thought that we would be friends for a long time. He was, like, my best friend. Not having him around was hard for me to even think about. When he told me, I got really quiet. I was thinking, “I’m going to miss him a lot. I’m all alone.” I don’t remember exactly what I said to him, but I didn’t say much other than, “That sucks!” I really didn’t know what to say. I had never had a real friend before Eddie. Had never had to say goodbye to someone and I didn’t really know what to say. I also was worried I wouldn’t ever have another friend like him. I didn’t really have any friends other than him. When he told me that he was moving, he said at the end of the week. I thought we might have more time together -- like the rest of the week. But he wasn’t in class the next day, or any of the rest of that week. It’s almost like he just disappeared. I still don’t know how he ended up leaving so quickly, but it sucked that it
happened so fast. I went from having a really good friend that I could talk to and laugh with and
had had me over for dinner, and on a camping trip, and to play video games to not having my
best friend -- or really any friend. It felt like all the air had been sucked out of me. I felt really
down about him leaving and was even more cautious about even allowing myself to get too
friendly with anyone because I didn’t want to lose another friend. It was a painful experience
because I lost Eddie.

When was I was 10, my sister Gabriela was born. The day of her birth was a bright and
sunny day. My Aunt Maritza picked me up from school. That was very unusual -- she never
picked me up. So, I was wondering what was going on. When we got to her car, she told me
that my mother was in the hospital and it was time for her to have the baby. I was surprised to
see my aunt. I was even more surprised -- and excited -- that my sister was on the way to this
earth. I had been the only child for so long and I saw how good Eddie and his siblings got along.
They had so much fun. I wanted our family to be that fun and to have a little sister or brother. I
didn’t know at the time which it would be but I was glad it was finally happening! I don’t
remember much about the drive or which hospital we went to, but I remember getting into the
hospital elevator with my aunt; it was a little, tiny elevator we got into. My aunt told me to press
the button and it seemed like it took forever to get to the floor -- and for the doors to open.
When they finally did, we walked down this looong hallway or corridor. It was a corridor with
hospital rooms. The closer we got to the end of the hallway I heard people laughing and it was a
little loud. When we got to the room, I saw my mom in bed, holding my sister and my dad
standing beside the bed and there were some other people -- family and I think it was my mom’s
or my dad’s friends from work. I saw some balloons and flowers in the room. When I walked
in, I could see my mom and dad smiling. They looked so happy. My mom said, “Hey, Alex,
come say hello to your baby sister!’ I walked over next to the bed and got up really close to see Gabriela. She was sleeping. She looked so at peace, calm. She was such a beautiful baby with a little brown hair. I just had this really joyful feeling when I saw her. It was this feeling of “She’s such a beautiful baby! She’s so tiny and cute!” and “I’m a big brother!” Looking back on it, I think the joy was to not be alone. I think sometimes people think being an only kid can be this incredible thing but it can also be kinda lonely. Seeing Gabriela, I realized I wasn’t going to be alone as the only kid in the family anymore. That was such a comfort -- a relief -- to me.

When I was 10 years old, an incredible moment in my life was when I found out that Diego was no longer going to be babysitting me. That day had been a nice, warm spring day. When Diego and I got home from school, I did my homework. He made me a snack, and I ended up going outside to play with some of my toys. He was on the phone a lot that day and thankfully left me alone. I wish all my experiences with him around had been so easy. It had been an okay experience with him around that day. Really, I remember the day being a good one. When my mom got home a little later that evening, Diego left. It was just my mom and me at home. She rested from work a little bit and then pretty soon got started with cooking dinner. I don’t remember exactly what she made, but I remember it smelling good -- as always whenever she cooked. Since it was starting to get dark, I had stayed in the house after she got home. I went to my room to hangout and play with some toys. While I was in there, my mom knocked on my door. It wasn’t closed, but she always knocked anyway. I just told her to come in. We talked a little about my day and school. I really enjoyed talking with her. After we had talked for a few minutes, she told me about her day. She said that she had had a pretty good day too. She told me that her work schedule would be changing and she would start getting home earlier. She would get home about an hour or less after I got home from school. So she didn’t think I
needed a babysitter for such a short time. She told me that starting tomorrow Diego wouldn’t be my babysitter and that she would be home with me instead. Looking back on it, when she told me that, it felt like this huge weight was lifted off of my chest, like I could start breathing again for the first time in a long time. I had never told her about what Diego was doing to me. And I know she said she was making the change because her work schedule changed. But I’ve always wondered if she maybe picked up that something was off and asked for a schedule change; I’ve heard about “mother’s intuition.” I wonder about that because she’s been there for me so many times when things were difficult -- when I was scared or something was painful or when I was sad. Even if she didn’t have the slightest idea about what was happening with Diego, it was so incredible that she was able to start being home with me after school because it would free me from him. She may not even know it, but this was yet another time that mom really came through for me.

My dad always loved baseball so he would watch it all the time. At first I didn’t really like it. But over the years, I started to understand it more and started to enjoy watching the games on tv with him. He always watched on tv, but never went to any of the games. By the time I was 11 years old, I had made some more friends at school. A couple of my friends at school told me that they were going to sign up to play little league baseball. I never thought of myself as particularly athletic. I was always a little more into the books, reading, stuff like that. But when they decided that they were going to sign up. I thought it might be a fun thing to do with them. They said they were going to sign up the week we started talking about it. So I wanted to go ahead and bring it up with my parents. I went home that day and kinda mentioned it to my mom first, before my dad got home. She never really said “yes” or “no,” but she seemed like she would be okay with it and told me that I should bring it up at dinner tonight. So I did
bring it up with my mom and dad that night when we were eating. My dad didn’t seem to be in the best mood that night, but he wasn’t anywhere near as angry as he has been at other times in my life. My mom seemed to be in an okay mood -- tired from a long day at work. I’m sure my dad was tired too. I think I started talking about the fact that my friends were playing and I don’t remember exactly what else I said -- did say something about liking watching the game with my dad. I said all my part about why I was bringing it up and then I asked them both if I could sign up. My mom pretty quickly said that she had no problem with me playing and asked my dad what he thought about it. When I looked at him, he wasn’t smiling, but he had this almost smile on his face and he seemed happy. He said that I could play “only if you’re gonna be better than ‘Mo,’” Mariano Rivera -- a famous, really really great Panamanian-American pitcher that my dad loved. He said that and then started laughing. Then he told me that I could play. It was the first time in a very long time that I had seen my dad laugh like that. He seemed very excited and proud of me. I started laughing when he did and so did my mom -- and so did Gabriela, even though I think she was too young to really understand what was going on. That made us all laugh a little more. It was a really nice moment with my family. I felt important and loved, and connected to all of my family, especially to my dad in that moment.

I think the decision to start playing baseball kinda helped my relationship with my dad. He would play catch with me when he could and he tried to come to as many of my games as possible. His work made that hard for him to do. But I was always really glad when he was able to make it. I felt supported when he would show up to my games and I could hear him cheering for me. Being away from Diego, being on the baseball team, things going better with my dad, being a big brother to Gabriela… all this together made me feel less down and sad. I think I was starting to smile a little more and feel less stressed. One summer, when I was 13 years old, my
baseball team was playing in a tournament, and my dad, mom, sister all came to the game to support us. I was never the greatest baseball player, but I was okay with it. Our team was doing okay in the tournament, but we were down by two in the game and it was late -- like the 7th or 8th inning -- and our time was running out. Two of my teammates had gotten on base -- one hit a single and the other got walked. So we had the tying runs on base and I was coming up to bat with one out. I was nervous about making another out and ending our chance to tie the game.

When I was on deck, getting ready to bat, my dad came over and started giving me some last-minute coaching. He told me to relax and keep my eye on the ball, wait for a good pitch.

Then when I was getting ready to step into the batter’s box, he said, “You can do it, son.” I first first surprised that he said that to me. He was not really one for saying encouraging things to me. After that surprise, I felt a strong rush of pride and I actually calmed down for a brief moment.

Then I got in my head real quick and was thinking that I didn’t want to let my dad -- or my team -- down. I took a deep breath and started to get in the batter’s box. When I was getting ready to bat, digging in with my cleats, a lot of people were yelling and saying stuff to encourage me, but I distinctly heard my dad yell, “You can do it, Alex!” When I heard him say that, I had this moment of calm and felt this confidence that I don’t think I had ever had before -- and probably not really since. I felt like my dad valued me and felt like I wasn’t worthless and stupid and that I could actually do something right. I ended up getting a hit, a double, that drove in the tying runs. When I got to second base, I looked at the stands and could see my family cheering. My mom, sister and dad had big smiles on their faces. Getting the hit and seeing my dad smiling like that made me so happy. I felt really proud of myself -- like I do matter -- like I’m not worthless at all. It was such a different experience from my dad yelling at me over a remote or when I spilled his coffee. I had a huge smile on my face when I looked over and saw him cheering me
on. The other team eventually scored some more runs and won the game. But that moment where I helped my team get back in the game and seeing my family, especially my dad, so excited and proud of me still makes me happy and helps me remember that I can and do do some things right in life.

The first year of college was really difficult for me. College was my first time away from home. My parents, especially my dad, wanted me to live at home and commute to college. But I wanted to have some separation, some space from my family and try to have a true college experience. We talked about the living situation a lot and eventually they agreed to let me try it on campus to see how things go. The first semester was rough because I didn’t make friends as easy as I thought I would and felt alone a lot of the time. When I had that time alone, I would get in my head and think about all the stuff that I had been through and about the fact that I was almost always alone. I think all the pressure I was feeling was getting to me. I was sleeping more, eating more, not going to class like I used to… Of course, my grades started to suffer. I struggled the first semester but I passed all my classes -- just barely. Those difficulties just made things worse. I had not had any grades below B’s since I was about 13 or 14 and now I’m suddenly making C’s and D’s again. That made me start to wonder if I was “stupid” like my dad had called me. I was like, “Maybe he was right about me.” All that mental weight and questioning myself carried over into the next semester that spring. We had all taken a chemistry test and it was the day we were supposed to get the test back. I had studied for the test some, but not like I really should. But I still thought I had done okay on it. I was very very wrong about that. Toward the end of the class, the professor handed back the tests, which were folded to have some privacy about the grades. When I opened mine up, I was completely shocked and devastated. I failed the test. I was shocked because it was the first time in my life that I had ever
failed a test. I didn’t think I had done great on the test, but I really wasn’t expecting to see a big, red F! I just quickly closed my test and put it in my bag. My eyes started to water as I did that. I was really disappointed with myself and was saying to myself, “You’re so stupid! How did you screw this up?” I really put myself down. I think it was all worse when I noticed several people in the class smiling and talking with each other. They had their tests open on their desks like they were displaying their great grades and were proud of them. When I saw that, I just felt more ashamed of failing and alone. I just went into my own world and I didn’t hear the rest of what the professor said. As soon as the class ended, I went back to my dorm room. Thankfully, I didn’t have another class that day; I just don’t think I would’ve made it. I sat in my bed in my dorm room and started crying. I pulled out my test and just stared at it and cried. It was like all of the pain in my life came rushing in at one time. I thought about my dad calling me “stupid,” and Diego’s sexual behavior toward me, Eddie leaving, being away from my family and feeling alone. It was like all the weight of my life came on me at one time in that moment and I was suffocating. I was feeling so low, so sad, so alone in that moment that I thought about ending it all. I thought about it only for a moment, but I did think about suicide. When the thought came up, I quickly started thinking about what my mom and dad would feel if I ever did that, what Gabriela would feel knowing her brother did that… I didn’t want to ever do anything to hurt them. I sat on my bed a little longer and thought about how I could possibly make things better -- study more, make more friends, go to therapy… I ended up just laying back on my bed, laying there thinking for a long time. I guess at some point, I fell asleep. When I woke up, it was nighttime and I was really hungry. I decided to treat myself to some pizza after such a rough day. I ordered this meat lover’s pizza I really love and watched something on tv to make me laugh.
When I was 19, I was nearing the end of my second semester -- in the spring. It was toward the middle of the semester. The second semester was going better than the first, but still not great. I got up and went to class. The day was sunny. It was a nice, warm temperature outside. On my way to class, I had noticed that the flowers on campus were starting to blossom. The day started like any normal, regular day. I got to class in the Franklin Building and took a seat toward the upper part of the seats. We were in a large room that had seats for, like, 150-200 students. The room wasn’t full though. There were maybe 50-75 of us in there. I was taking a history course on world civilizations. I was really into the lecture on Greek culture. I’ve always been fascinated by Greek mythology and took this course because I thought it would be a good chance to learn more about Greek and other cultures. The professor was lecturing when the class started to hear something going on outside the class. It was this weird sound like people moving around, saying something that I couldn’t quite understand. People in the class were looking around and getting annoyed. The professor recognized that people weren’t paying as much attention to him and he started walking toward the door -- like he was going to see what was going on or telling me to stop being such a distraction. As he was walking toward the door, we heard someone scream. I never heard a scream like that before in my life. It absolutely terrified me. I started thinking, “What the fuck is going on?” We were all trying to figure out what was happening; we were looking around at each other. And then we heard someone yell, “He’s got a gun! Run!” I freaked out and started trying to figure out what I could do to stay alive if the shooter came in the room we were in. I was afraid I was going to die. While I was trying to figure out what to do, my professor who was walking toward the door, turned around and started telling everyone to get down. It seemed like right as he was saying that, we could all hear gunshots outside the classroom. It was like Pop, pop… pop pop pop… I could hear more people
screaming outside and inside the room. I didn’t scream. I was frozen with fear. It was so chaotic -- people were screaming inside and outside the classroom, people were arguing over whether to blockade the main doors or what might happen if the shooter -- or shooters, we didn’t know how many there were at the time -- got through the door and we were trapped inside the classroom… The thought of being like “sitting ducks” freaked out some people and they went over to the door on the side where we heard all the screaming. They tried to carefully peep through the glass, like they were trying to see if they could see where the shooter was and make a run for it. I guess they didn’t see anything, or hear anything. The shooting had stopped when they were looking. So several of them decided to make a run for it. It was like as soon as they opened the door, the shooting started again. I was crouched down on the floor of the seats on my row, trying to get as low as I could but peeping over the seats in front of me to see what was going on. I saw the bullets hit a few of them and heard them scream in pain. A couple of them just silently fell on the ground. Just dropped to the ground like rocks. I’m pretty sure I had just saw them get killed. I didn’t scream or cry or really do anything in that moment. I was just numb. I thought for sure that I was going to die that day. People started moving to quickly barricade the door with anything they could find -- bags, the lecture podium thing, looking in storage spaces in the room to see if there was anything. There wasn’t much, but people still put it in front of the door. And we waited. I think the wait was about 20 minutes. But it felt like so much longer than 20 minutes. While we waited I thought about my mother, my sister, my dad, my life… What would people say about me if I got killed. I sent texts to my family telling them that I loved them. I heard people around me crying, but I just couldn’t wrap my head around what just happened. I just sat in silence, staring at the wall straight ahead.
Eventually, police were coming in the door to reassure us that the shooter had been stopped and telling us to wait in the room until they told us we could leave. I think they were clearing the dead bodies. When they gave us the okay to leave, someone had to kinda shake my arm to bring me back to the present. I got up and walked out the room with everyone. I saw big blood stains on the floor where the people who got killed were. I saw bullet holes and shattered glass. When we got to a certain point out, the police and someone from the university, I think, were asking for our names and contact info. I don’t really even remember my interaction with them. After it was over, I started walking back to my dorm. I eventually looked down at my phone and saw that I had several missed calls from my family. I spoke to my mom first. She was crying but telling me that she loved me and was glad that I was okay. She was telling me to come home. I spoke to my sister and my dad too. They were both very loving and supportive too. I decided to drive home for the night to be with my family. I needed to be away from the school.

The school shooting haunts me. I think about it often. A couple months after the shooting, I started having flashbacks to the shooting and my anxiety got really bad. I didn’t want to go to school, to class. I was just so worried about my safety. Logically, I know that the chance of another shooting happening is low. But, after you go through something like that, you don’t just get over it; it stays with you. I’m finding myself looking to make sure I know where the exits are when I go into a room. I notice myself constantly kinda looking closely at faces and people, trying to check for anything that looks out of place or suspicious -- long coats, baggy clothes -- just seeing someone dressed that way gets me nervous. I would have flashbacks about being in that classroom again, hearing people screaming, hearing the gunshots. When I would have the flashbacks, I would be confused and disoriented after them. About two months ago, I had a flashback in the classroom. I was sitting there listening to the professor talking about
history. Then it was like I heard the gunshots again -- just like the day of the shooting. I was right back there in that horror. My heart started racing and I started sweating. I grabbed the arms of my chair and squeezed them really tightly, like I was trying to brace myself. I heard people yelling, screaming for their lives. I felt paralyzed again with fear and lost all sense of where I was. Then it was like I heard more gunshots, like they were getting closer. I made a move like I was going to dive to the floor to protect myself -- the same way I did the day of the shooting -- and one of my classmates said something to me, asking if I was okay. I kinda snapped back into the present. It took a moment but then I saw my classmate’s face and heard my professor’s voice again and realized where I actually was again. But I was still feeling incredibly tense, anxious -- scared about feeling like I just went through the shooting again. When I got a little more settled and came back to reality, I was also feeling embarrassed that this experience had had this affect on me and I was losing control of myself like that. I worried that people might think I was unstable or crazy. To be honest, I felt that way about myself. I wondered what was wrong with me. I had had flashbacks before, but that flashback was the first time I had one in a classroom. It just freaked me out so much! The anxiety and fear that I felt again in that moment made me never want to go back to the classroom again. That made school very difficult. But staying away from the classroom felt like something I could control -- something that would make me feel safer. I thought that staying away from class might help with the flashbacks, but it didn’t. I kept having them. That just made me more stressed because I wasn’t sure when they would happen and if something was making them happen. I thought again about going to therapy. But I talked myself out of it. I was thinking that it would all just go away on its own, or at least that was my hope. I pulled away from people. I got really isolated. I thought about telling my family what I was going through. Then I talked myself out
of doing that. I worried that they might think that I was crazy or tell me that I needed to leave school and come home.

After several months of feeling really anxious and nervous and being more isolated, I was thinking that I might need to talk to someone professionally. Having the suicidal thoughts really made me realize that I needed to do something about where I am. I’ve got to say that I was really nervous about doing it. I worried about what my family would think -- especially my dad. That he might think I wasn’t being “a man” by not just getting over what I’ve been through or for even just talking about my feelings. I was just in too much pain though and I was tired of being in pain. I eventually decided to reach out for help -- and I can’t tell you how glad I am that I did. It gave me a chance to talk about all this stuff I’ve kept bottled up for so long -- stuff that’s just been eating away at me, keeping me from being me. I’m not this depressed, isolated, lonely dude. That’s really not who I am. I like to smile and laugh and be around other people. Therapy helped me see how my life experiences -- the trauma I’ve been through -- got in my head and changed me. But now I feel like I’m changing back to me, back to who I really am. I’m very glad that I did it. I was home alone about 4 months ago. It was a warm spring day. I think most people would’ve thought it was a really nice day to be outside enjoying the warm weather. But I was in my room by myself. I didn’t like being cooped up, stuck inside. I was thinking that I’m a prisoner of my own life and I decided then that I needed to change that. I got on my laptop and looked up psychology services. I saw this program on campus and I called to make an appt. I was just so tired of being miserable.

Therapy has made a big difference in my life. I’m starting to feel like myself again. My anxiety has come down a lot and I’m not so isolated now. I recently got connected and involved with the Hispanic Students Association (HSA) and got connected with other students who went
through the school shooting. Someone in one of my classes invited me to attend a support group, and I told her that I wasn’t ready yet. She invited me to get some food with her and some of her friends she said had also been through the hell of the shooting. I agreed to go along and I’m really glad that I did. Connecting with the HSA and other students who went through the shooting has helped me to feel a lot more grounded and not so by myself, not so alone. The HSA is giving me a chance to meet other students who are the first in their families to go to college. We’ve been able to talk about the pressures we feel to succeed and how proud we are for being able to represent our families, and our people. We have this bond of brotherhood & sisterhood. Connecting with other survivors has also been great. I feel like I can talk with people who went through what I went through or just be around people who understand what that horror was like. I guess it all just makes me feel like I’m not by myself with this, like I’m not alone.