Therapist Guide

UK English

Narrative Exposure Therapy (NET)

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About this guide

Narrative Exposure Therapy (NET) is an evidence-based treatment for survivors of multiple traumatic events who are suffering from post-traumatic stress disorder (PTSD). There is emerging evidence that NET can be effective in treating symptoms of PTSD in those suffering from borderline personality disorder.

Variants of NET have been developed to target specific populations, with KIDNET designed for children and FORNET designed for clients who are both victims and perpetrators of violence.

This guide briefly discusses the theory of NET before describing some practical aspects of the therapy. It was originally written by Matthew Whalley in 2012 as a quick guide to the key principles of NET, and was edited – and much improved – in 2013 by Katy Robjant and Maggie Schauer. Those interested in learning more about NET are advised to read the NET manual (Shauer, Neuner, Elbert, 2011) and to seek training from Vivo International (www.vivo.org).

About NET

Narrative Exposure Therapy (NET) is a treatment for trauma-spectrum disorders in survivors of multiple and complex trauma. It builds on the theory of the dual representation of traumatic memories (Elbert & Schauer, 2002), and contextualises the particular associative elements of the fear network – the sensory, affective and cognitive memories of trauma – to understand and process the memory of a traumatic event in the context of the client's life.

The client, with the assistance of the therapist, constructs a chronological narrative of their life story with a focus on traumatic experiences, and the fragmented reports of these experiences are transformed into a coherent narrative. For traumatic stress experiences, the therapist asks in detail for emotions, cognitions, sensory information, physiological responses and probes for respective observations, all while displaying empathic understanding, active listening, congruency and unconditional positive regard throughout the treatment. The client is encouraged to relive these emotions as they recount them, without losing their connection to the 'here and now'. Using permanent reminders that the client's feelings and physiological responses are the result of their memories, the therapist links the experiences to episodic facts (i.e. time and place). This helps the client reprocess, construct meanings, and integrate these experiences. At the end of treatment, the recorded autobiography may be used for human rights advocacy.

The method of narrating the entire life story does not require the clients to select a single traumatic event from their trauma history: NET allows reflection on the person's entire life, fostering a sense of personal identity. Working through the biography highlights the recognition and meaning of interrelated emotional networks from experiences, facilitating the integration and understanding of schemas and behavioural patterns that evolved during development. The approach is distinguished by regaining the survivor's dignity and satisfying the client's need for acknowledgement, as well as the explicit human rights orientation of 'testifying'. The procedure is also straightforward and can easily be understood by local therapists and counsellors where resources are scarce (i.e. after war and disaster). Additionally, the fact that the survivor receives a written biography as a result of the treatment often proves to be a major incentive to complete treatment.

NET Theory

There is a dose-response relationship between experience of traumatic events and post-traumatic stress disorder (PTSD). Several studies demonstrate that the prevalence of PTSD correlates with the number of traumatic events the adult or child has experienced (Schauer et al., 2003; Neuner et al., 2004; Catani et al., 2008). Although the evidence base is strong for using treatments such as trauma-focused CBT (TF-CBT) with clients who have had a few traumas, this has historically been much less supported for clients with multiple traumas.

Psychologists believe that emotional memories are tied together in a network of sensory, cognitive, emotional, and physiological elements. For example, an anxiety-provoking memory of a holding a snake might include sensory aspects such as its smooth skin, cognitive aspects (e.g. having the thought "what if it bites me?"), emotional feelings of fear, and associated physiological components such as an elevated heart rate.

When someone has experienced multiple traumas, their 'fear networks' can be conceptualised as having been broadened and intertwined such that it can be triggered by exposure to triggers from any of the traumatic events that a person has experienced. For example, the physiological component of an 'increased heart beat' might be a node in multiple traumas – it might link to multiple specific trauma memories or trauma cognitions. This explains why people with multiple traumas often have flashbacks to multiple events at once ("flickbook effect").

The NET model (Elbert & Schauer, 2002) draws a distinction between 'cold' memories (e.g. context, facts) and 'hot' memories (e.g. sensory information, cognitions, emotions, and physiological feelings). In common with other models of PTSD (e.g. Brewin, 2014), the NET model argues that 'hot' memories in PTSD are involuntarily retrieved without links to the 'cold' memories, due to the neurobiological processes that occurred during the traumatic event.

Narrative exposure activates the previously unconnected fear networks for the traumatic events and links them with the 'cold' memories (context, facts) in order to contextualise the events. The aim is to complete an autobiographical memory by linking the 'hot' and 'cold' memories in this way, which adds context to each event. Exposure to the

traumatic memories also inhibits the fear response. Meaning making occurs as a result of re-visiting the traumatic memory and allowing the client to see the event in the context of their ongoing life, instead of as an event being re-experienced in the present.

Practical Elements of NET

Therapy implementing NET consists of different phases, which include:

- Diagnostic interview and psychoeducation.
- Laying out the lifeline.
- NET therapy sessions.
- Final session rituals.

Part 1: Diagnostic interview and psychoeducation

As well as assessing the client's suitability for NET, the therapist might:

- Present a model of how the brain works.
- Define fear networks.
- Outline a plan for therapy (lifeline, narration, testimony).
- Explain the dangers / problems of avoiding traumatic memories.
- Allow the client to give informed consent.

Part 2: Laying out the lifeline

This is an optional phase of NET, but one which many clients find helpful. It consists of arranging traumas and events on a line to create a visual 'overview' of the client's life. Clinicians should note that there is evidence for the effectiveness of narrative exposure therapy (NET) both with and without a lifeline in the treatment plan (see appendix for more information), whereas the clinical efficacy of the lifeline as stand alone procedure (without subsequent processing of the traumatic events in trauma therapy) in the treatment of traumatised people has not been demonstrated. The placing of the lifeline is highly individual; it requires good theoretical knowledge of the nature and specificity of the trauma-memory, and needs close monitoring by the therapist.

Conducting the Lifeline exercise

Lay out a piece of rope (or ribbon, if rope has unhelpful connotations). One end represents when the client was born. The other end should be rolled up to indicate life yet to come ("We're taking a birds-eye view of your life").

The client is asked to lay stones along the line to represent traumas, and flowers to represent positive events or people. Stones and flowers are given a label or a name. This can be especially difficult for events involving high levels of shame, and the therapist may need to use lots of praise and gentle encouragement.

At this point, the therapist does not want too much detail about any events because there isn't time to deal with these properly. It is important to stay with contextual details in order to get a general overview of the client's life. At this stage, the therapist avoids questions about the 'hot' memories and instead focuses on the 'cold' memories.

Stones or flowers should not be placed before the beginning of the person's life. The therapist should instead ask when they became aware of the event or its effects, and mark the beginning of their awareness.

Flowers can prove difficult for some clients. If the client does not volunteer many positive events then it can be helpful to probe for "positive people you have had in your life." To elaborate, the therapist might ask "What did that person give you?".

The therapist supports the client to place the stones and flowers in chronological order along the lifeline.

The therapist should take a picture of the lifeline, or make a copy on a piece of paper, with notes about the order of events, and brief descriptions of each event.

This first session can be used to create a plan for future sessions, in which each event marked on the line is spoken about in detail in a later session. If there are too many individual events then the client should be involved in making the decision about which events need to be discussed in detail, and which can be omitted. Stones representing traumatic events which cause current PTSD symptoms must be prioritised.

Finally the lifeline should be packed up – it is the client's choice who does this and how this is done ("How should we pack this up for today?").

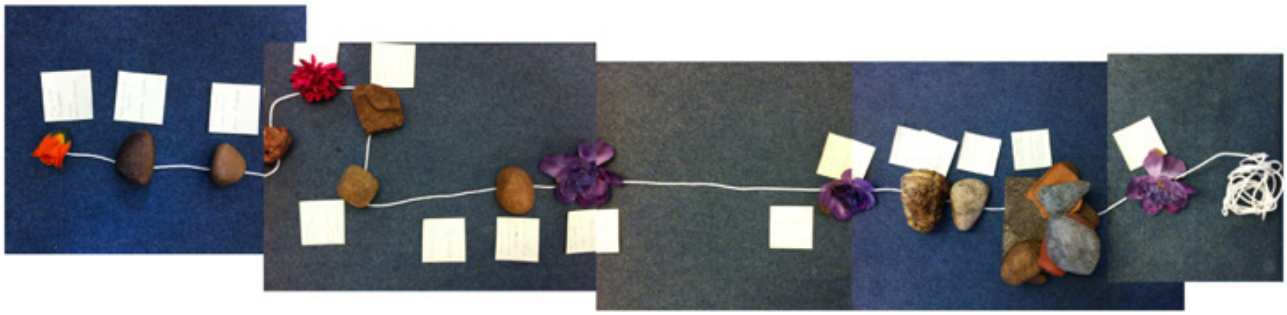

Figure: An example of a Lifeline. Flowers represent positive events, stones represent traumas. Each have been labelled using small notes.

Part 3: NET therapy sessions – Narrative Exposure to flowers & stones

The therapist should start by eliciting some context. Where did this event take place? What date / month was it? Which season? What was going on in their life at this point? What was the political situation like at the time? When a stone is reached, the therapist's task is to slow things down and draw out some context for what was happening on that day just prior to the event. During this narrative session the therapist has multiple tasks:

- Help the client to stay in the hot spot until they experience some relief.
- Work to prevent avoidance. The therapist will need to have already talked about avoidance during the psychoeducation stage, and the client must know that they will be expected and encouraged to carry on with a narrative until the end / a safe point.
- Work to prevent dissociation and flashbacks. It is important not to misunderstand this point: powerful dissociative flashbacks where the individual loses touch with the present are to be avoided, although it would be expected for the client to have vivid intrusive memories during the narrative exposure.
- Offer encouragement: "I know this is the worst bit, but it won't help to stop here. I'm right here with you, you're not on your own".

Head, heart, body, then-and-now

Heart-Heart-Body-Then-And-Now is a mnemonic to help therapists to tune into helping their clients to verbalise all parts of the fear network including sensory information:

- Cognitions (head)
- Emotions (heart)
- Physiological reactions (body)
- The therapist also invites the client to notice whether these experiences that occurred in the past (then) are occurring in the present (now), and vice versa in order to elicit similarities /differences.

Style

Clarifying interruptions are quite frequent in NET if it helps the client to verbalise an emotion or experience:

- "What was going through your mind?"
- Closely watch the client and tentatively suggest / notice what they might be feeling. "I notice you're rubbing your neck, do you feel something in it now that is similar to what you felt at the time?"

Avoidance & engagement

If the client is avoidant, the therapist's job is to try to keep them engaged in the memory:

- Ask more questions about what they were thinking and feeling at the time.
- Creative tools including drawing, use of figures, and body position can be used to help clarify the context or allow the client to talk through their experience. These are particularly helpful with children.

Flashbacks & grounding

If the client has a flashback then the therapist's job is to try to bring them back to the here-and-now:

- To prevent flashbacks the therapist should ask the client to talk slowly through the event and contrast between the past and the present.
- For dissociative clients, it is recommended to use specific interventions while the client continues to talk through the stone (see Schauer & Elbert, 2010).
- The use of grounding techniques outside of exposure to the traumatic event can be useful if the client has dissociated.

Process

NET practice recommends that there should be no mix of exposure (opening up and getting detail) and closure (closing down and moving on):

- Don't go back once you've closed down. Explore the event in chronological order.
- Plan to stay exploring a stone (event) for a considerable amount of time. This will take 90-120 minutes. Never stop halfway through exposure to the memory of a traumatic event.

An additional therapist task is to create a written narrative of the client's life. When writing the narrative, only describe what the client described feeling at the time of the trauma.

Part 4: Final session rituals

- Re-reading the narrative – trying to promote engagement in exposure to trauma material while re-reading and not avoiding.
- Signing of the narrative by the client, therapist, and witnesses (e.g. translator).
- Laying out the final Lifeline including all the positive, negative, sad (losses), and violent events (flowers, stones, candles, sticks), and finally placing flowers for hopes and wishes for the future.

Appendix: Note regarding the lifeline

Within Narrative Exposure Therapy (NET), the lifeline was first introduced in trauma therapy with children: KIDNET (Schauer et al. 2004; Onyut et al. 2005) and is maintained to this day (Schaal et al. 2009; Catani et al. 2009 Ruf et al. 2010 , Ertl et al. 2012; Hermenau et al. 2012); for KIDNET see also Neuner et al. (2008); Ruf et al. (2007/2012) ; Ruf & Schauer (2012).

Soon, the classic lifeline method was also adopted in NET for different groups of adult survivors of multiple and complex trauma (Neuner et al. 2004; Schauer et al. 2006 ; Bichescu et al. 2007 ; Neuner et al. 2008; Schaal et al. 2009; Neuner et al. 2010 ; Halvorsen u Stenmark, 2010 Hensel Dittmann et al. 2011; Pabst et al. 2012a , 2012b , 2014 ; Stenmark et al. 2013), and a special form of the lifeline was also introduced as a paper-and-pencil version, in which the client paints important biographical highlights of the timeline on a piece of paper (Doemen et al. 2012; Ejiri et al. 2012; Zang et al. 2013).

A note of caution: There is considerable evidence for the effectiveness of narrative exposure therapy (NET) including the lifeline in the treatment plan (see above). However, an equal treatment success has been confirmed for Narrative Exposure without the Lifeline module (Neuner et al. 2004; Schauer et al. 2006 and Hijazi 2012). Conversely, clinical efficacy of the lifeline as stand alone procedure (without subsequent processing of the traumatic events in trauma therapy) in the treatment of traumatised people is not supported. The placing of the lifeline is highly individual, requires good theoretical knowledge of the nature and specificity of the trauma memory (see Schauer, Neuner, Elbert 2011), and needs close monitoring by the therapists. The lifeline should be completed in one session, not spread over multiple sessions.

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