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Personal Narratives Across Diverse Cultures

Guest Editor:
Trisha Self, PhD, CCC-
SLP, BCS-CL



We Are Our Memories: Supporting Autobiographical Memory and Personal Narratives in Children

Tiffany Hutchins, PhD;
Ashley Brien, MS, CCC-SLP

Moderated by:
Amy Natho, MS, CCC-SLP, CEU Administrator, SpeechPathology.com





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We Are Our Memories: Supporting Autobiographical Memory and Personal Narratives in Children

Tiffany Hutchins, Ph.D.

Associate Professor

The University of Vermont

Ashley Brien, CCC-SLP, ABD.

The University of Vermont



- **Presenter Disclosure:** Tiffany Hutchins - Financial: Received honorarium for this presentation & owner of Theory of Mind Inventory, LLC. Nonfinancial: No relevant relationships to disclose. Ashley Brien - Financial: Received honorarium for this presentation. Nonfinancial: No relevant relationships to disclose.
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Learning Outcomes

After this course, participants will be able to:

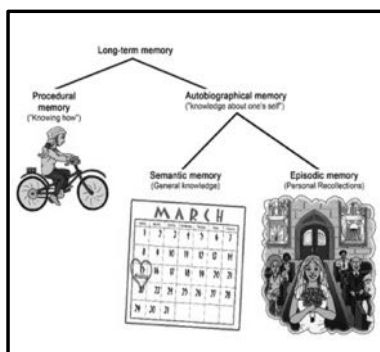
- Identify the key features of autobiographical memory, explain why it is important and how it is related to social cognition and personal narrative discourse.
- Describe typical autobiographical memory deficits in four common clinical conditions: ASD, ADHD, hearing loss, chronic childhood trauma.
- List at least 3 intervention strategies to maximize autobiographical memory and personal narrative discourse in these populations.

continued



Autobiographical Memory (ABM)

- Special kind of long-term declarative memory
- Memory about the self
- Comprised of SM and EM



Q1

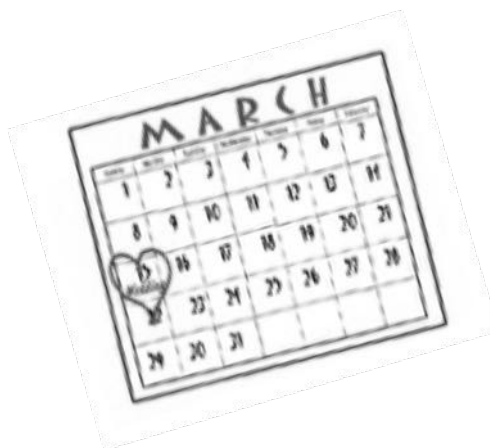
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Autobiographical Semantic Memory

- Knowledge (knowing)
- The 'knowing system'
- Feels objective/factual
- Source Amnesia
- Acontextual



Q2

continued



Autobiographical Episodic Memory

- Experiential
- The 'remembering system'
- Feels subjective/personal
- Contextual
 - Time, space, but other things too: temporal order, thoughts, feelings, sensory-perceptual details



Q3

continued

Semantic Memory	Episodic Memory
Who is one of your friends?	Do you remember something you and your friend played at recess?
What is the name of your favorite superhero/TV/movie/cartoon character?	Do you remember a time when you played with or dressed up like your favorite superhero/cartoon character?
Where do you go to school?	Do you remember the first day of school?
What is your teacher's name?	Do you remember meeting your teacher?
What grade are you in?	Describe something that you've done in xx grade.
Where do you live?	Describe a time you were waiting for the bus at your house.
Do you have any brothers or sisters?	Do you remember something you did with your brother/sister most recently/last week/last year?
What do you like to do for fun?	Describe the last time you did this activity.
What is your favorite sport?	Do you remember the last time you played that sport?
Do you have a favorite food?	Do you remember eating your favorite food in the cafeteria at school?
What animals do you like? What is your favorite animal?	Tell me about a time you've seen those animals in real life.

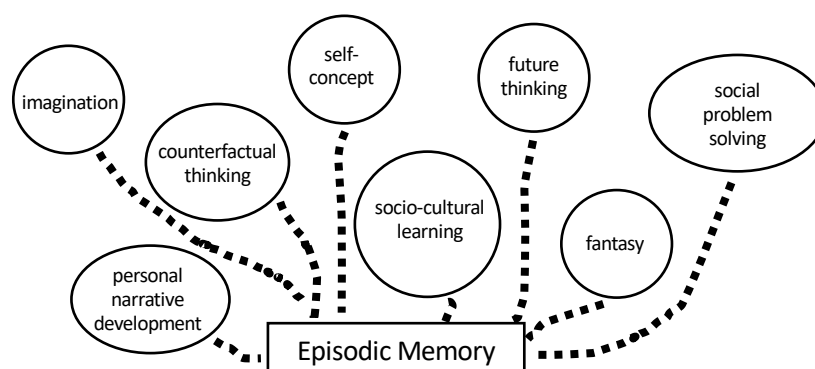
In healthy ABM development...

- EM and SM are integrated
 - I can remember a walk on the beach while remembering my last vacation
 - EM: I can imagine the sights, sounds, smells, who was there, what we did, and how I felt
 - SM: I can also recall the name of the beach
- EM is also massively priming: one EM activates other conceptually-related EMs (Mace & Clevinger, 2019)
 - Likely gives rise to general event concepts (e.g., going to a museum)

But when ABM is disrupted...

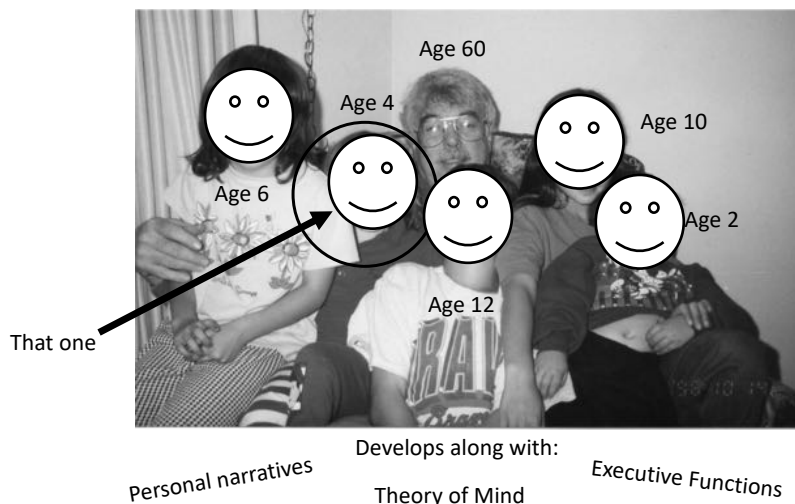
- EM and SM can dissociate
 - This may be the result of (but also the cause of) myriad cognitive compensations in a wide range of human specific intellectual achievements

Importance of EM



Development of EM:

Protracted but accelerated in preschool years



Examples of EM personal narratives in typically developing children

With development:
Increasing length,
coherence, complexity,
agency/authorship

I said, "happy parade". I said, "happy July" at the trucks. I had headphones, right?"

Age 2

I went to my grandparents and went outside and ride my four-wheeler that I have there. I was happy because it was fun riding on my four-wheeler at Papa's. And I got a bump right there. It hurt... I was sad because I was running and it bumped on the road and then it got scratched up.

Age 4

We were at school and it was field day and our whole class took turns throwing wet spongy balls at each other. It was kind of scary at first 'cuz I saw this blue ball coming at me fast and then it hit me right in the face! But then I realized it doesn't hurt at all so I wanted to get hit. I got hit four times and it felt good. It was soooo hot outside and the water was really cold.

Age 9

A bunch of kindergarten classes were singing songs. Oh yeah and we did movements and that's all I remember. Oh yeah and me and Rachel were laughing so hard because Maggie and Ms. Green were dancing really funny and it was hilarious, so we were laughing really hard.

Age 6

Last week I went to a sound healing session for school and I remember getting there and I forgot my yoga mat and I was like, "oh I forgot my mat, I don't want the teacher to yell at me". And I only brought a blanket and we were on a hardwood floor so I was really uncomfortable—the whole time because we were on the floor and then they started playing all these weird sounds and they were scary because they were really loud. Then the guy started chanting and I was like, "I did not expect this". It was kinda weird and we were supposed to find ourselves and go inside our bodies. And at the end they were asking us how it went and we were talking in groups and I was like I didn't feel anything. It was just weird.

Age 15

Elaborative Reminiscing

- Caregiver communication style
 - Expands upon the child's recollection
 - Provides rich details
- Goal: joint re-experiencing, shared meaning-making

Adult: Remember what we did yesterday?

Child: Got ice cream!

Adult: We got ice cream last week. Yesterday we went to the park! I remember seeing some animals at the park.

Child: Squirrels!

Adult: Did you see a squirrel? I only remember seeing a duck! I like ducks.

Child: Quack quack! Me too!!

Q5

EM emergence from reminiscence

(Fivush, 2014)

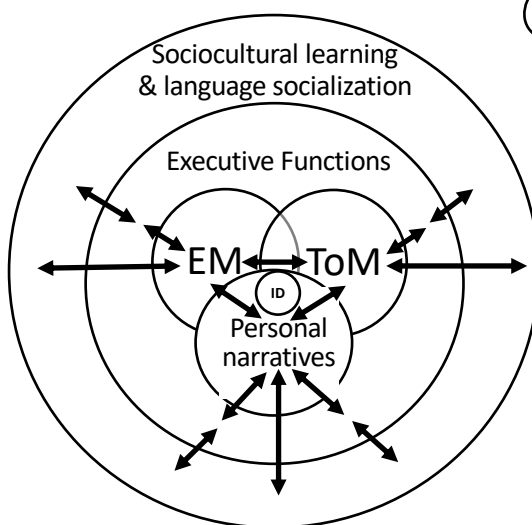
Table 24.1 Examples of a high and low elaborative maternal reminiscing style (from Reese et al., 1993).

<i>High Elaborative Maternal Reminiscing Style</i>	<i>Low Elaborative Maternal Reminiscing Style</i>
Mother: Remember when we first came in the aquarium? And we looked down and there were a whole bunch of birdies . . . in the water? Remember the name of the birdies?	Mother: What kind of animals did you see (at the zoo), do you remember?
Child: Ducks!	Child: Lollipops
Mother: Nooo! They weren't ducks. They had on little suits. (pause) Penguins. Remember what did the penguins do?	Mother: Lollipops aren't animals, are they? Who, what kind of animals did you see?
Child: I don't know.	Child: Giraffe.
Mother: You don't remember?	Mother: You saw giraffes? And what else?
Child: No.	Child: RRROAR!
Mother: Remember them jumping off the rocks and swimming in the water?	Mother: What's roar?
Child: Yeah!	Child: Lion
Mother: Real fast. You were watching them jump in the water, hmm?	Mother: What else did you see?
Child: Yeah!	Child: ROAR!
	Mother: What else did you see?

In short, high-elaborative caregivers ask many opened-ended questions, invite children to participate in conversation, and integrate children's recollections into a collaboratively constructed narrative (Fivush, 2014).

Elaborative Reminiscing & Culture

- Reminiscing fosters EM development in many cultures (Wang, 2013)
- Individualistic cultures: goal is individuation
 - Specific descriptive information, chronological structure, focus on self and feelings
- Collective cultures: goal is social connection
 - Less elaborative, de-emphasizes chronological structure, less child-centered, more attention to others who shared in the experience (Carmiol & Sparks, 2014; Leichtman et al., 2003)



- Each component is cognitively complex
- Components are developmentally & functionally intertwined and massively, transactionally interactive
- Complexity makes these highly vulnerable to insult
- Multiple pathways to dysfunction

Q4

ASD & EM

*"I don't have any personal memories.
I just remember everything semantically."*

"I have next to no memory at all."

"I have only a few memories which I can recollect well.

Most other things I forget or become a blur."

*"I remember very intricate sensory details...
particularly visual and tactile details."*

"I remember things I saw or heard, but not what I did."

*"If it's the same temperature/weather outside on a certain day, I might
remember something that happened to me...but usually only when the
exact same conditions are present."*

~Brien, Hutchins, & Westby (in press)

ASD & EM

- Fewer EMs & require more prompts to elicit
- EMs are less specific (vague/general) and less elaborated/details
- EM is less coherent (i.e., lack mental state terms, a clear description of event, chronology, may also lack theme or 'point' of the reminiscing narrative)
- May be highly reliant on emotion, sensory, and/or perceptual processing for EM retrieval
- Task Support Hypothesis (Bowler, 2004): recall is better in ASD when more information about the recalled event is available

For review see: McDonnell et al. (2017)

Q6

ASD & EM

- “Reduced sense of presence” (Lind et al., 2014) and may reflect a passive-observer rather than active-self perspective

First Person (subjective) View



Observer (objective) View

This is
you...



- No self-enactment effect: EM may be more facilitated by passive observation of others' experiences as opposed to active participation

Practice Recommendations: ASD

Practical Strategies for Supporting Autobiographical Memory and Theory of Mind in Autism

Ashley Brien, M.S., CCC-SLP,
Tiffany L. Hutchins, Ph.D.,
& Patricia A. Prelock, Ph.D., CCC-SLP



- Involve others in activity
- Strive for multimodal encoding experiences
- Talk before, during, and after the activity (especially right after!)
- Elaboratively reminiscence as needed
 - Talk about emotions (build emotion vocabulary) and sensory/perceptual experiences
 - Use mental state terms
- Task support:
 - Incorporate artifacts
 - Use memory prompts (type depends on the child)
 - Use visual supports (Hutchins & Prelock, 2018)

continued^{ed}



Adapted Social Stories

Hutchins & Prelock, 2018

Using Story-Based Interventions to Improve Episodic Memory in Autism Spectrum Disorder

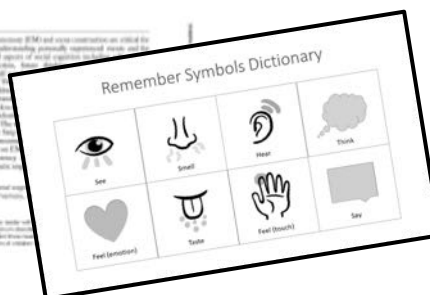
Yikony L. Kavanagh, Ph.D.¹ and
Pamela A. Prelock, Ph.D., CCC-SLP, BCBA²

ABSTRACT

Episodic memory (EM) and story construction are critical for organizing and understanding personally experienced events and for identifying, interpreting, and predicting social interactions. For children of school age, EM is a critical component of social competence. Children with autism spectrum disorder (ASD) are characterized by deficits in social skills and communication skills, which may be related to deficits in EM. The current study examined the effectiveness of a story-based intervention designed to improve EM in children with ASD. The study included 10 children with ASD, ages 7-10, who were assigned to either the intervention group or the control group. The intervention group received a story-based intervention designed to improve EM. The control group received a standard social skills training program. The results of the study showed that the intervention group showed significant improvement in EM compared to the control group. The results also showed that the intervention group showed significant improvement in social skills and communication skills compared to the control group. The results of the study suggest that a story-based intervention may be an effective way to improve EM in children with ASD.

KEYWORDS

Autism spectrum disorder; episodic memory; story construction; social skills training



Gray, 2010/2015

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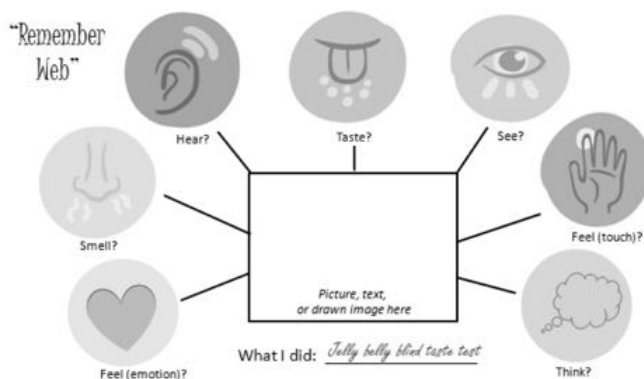
Adapted Comic Strip Conversations



Gray, 1994

Hutchins & Prelock, 2018

Remember Web



Hutchins & Prelock, 2018

Memory Box Scavenger Hunt

- **BEFORE:** collaborate with child to identify objects for stimulating each sense and where these could be located around the house/school.
 - Sight: colorful painting
 - Smell: cinnamon rolls in the cafeteria
 - Sound: a sea shell to 'hear the ocean'
 - Touch: clay from art class
- **DURING:** when you find an item, talk about the experience (including thoughts and feelings and sensations (e.g., "I was surprised by the sea shell and how much it really did sound like the waves at the beach")).
- **AFTER:** ask the child to draw a picture of each object on a card and write a memory associated with it on the back. Put all the cards in the memory box (which are kind of like our brains!) so we can pull them out for a later reminiscing session.



Creating a Storyboard

(Westby, personal communication, 2019)

- Identify the event
 - Exciting, high interest, personal, memorable
- Document the event
 - Photograph, videotape, take notes
 - Save artifacts from the event
- Bring artifacts from the event into the play
- Keep the story board where children can see/refer to it



ADHD & EM

"I have no idea why my Vance is failing in school. He has the best memory of anyone in our family... We might go to a restaurant where we haven't been for several years. He remembers where we parked and can even recall what he ate and where the men's room was. But that kid can't ever remember his vocabulary or spelling words from last night."

~Mother of a son with ADHD (Levine, 2002, p. 115).

ADHD & EM

- Working and semantic memory are impaired
- EM (number, details, specificity) may be intact or even superior (Klein et al., 2011; Skowronek et al., 2008)
- Nature of EM will vary with ADHD type, severity, and comorbidity (Fabio & Capri, 2015)
- Quality of EM likely reflects high emotional impulsivity (Krauel et al., 2007)
- First person perspective intact but EM appears less well organized and likely reflects quality of attention at encoding (Klein et al., 2011)
 - Also consider the effects of behavioral disinhibition on long term memory (Barkley, 1996)

Practice Recommendations: ADHD

SEMANTIC MEMORY



General knowledge for facts – can be effortful to learn

EPISODIC MEMORY



Memory of personally experienced events – remembering 'just happens'



- Focus on general SM?
- Focus on EM: Narrative therapy to support memory organization?
 - Cohesion?
 - Story grammar?
 - Main aspect/gist/high point?
 - Temporal sequence of events?

Hearing loss & EM

“Every once in a while there is like a splinter of a memory that comes in. It just pops up out of nowhere. I didn’t even know it was there. I remember remembering, but the memories are not connected; they’re like floating unattached. How do you capture a memory that doesn’t have a time or place to attach it to? It’s just free floating.”

~ Emma (pseudonym) a woman with hearing loss reflecting on the quality of her memory.

(Brien, Hutchins, & Westby, in press).

A deaf or hard-of-hearing child is NOT a hearing child who cannot hear!

- “Global neurocognitive differences”

(Westby, 2019)

- Process information differently
- Stress and fatigue operate
- Depleted/disrupted EFs
- Reduced incidental learning

The Conversation Deficit Hypothesis (Peterson & Seigal, 1985): for CHL, social cognitive challenges are a result of a paucity of sociocultural and linguistic knowledge that is embedded language and social interaction

"You can't carry on a normal conversation. It's giving that instant comment. You can't catch the moment. By the time you have got his attention the situation might have passed. He doesn't say he misses anything, but he wouldn't know if he missed anything"

~Mother of Bobby, 20

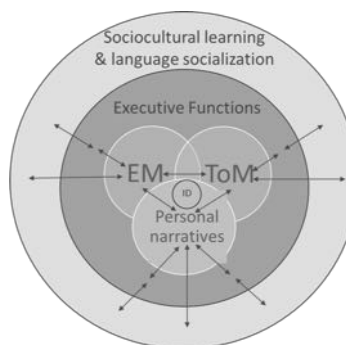
~Deaf Young People and Their Families;
Gregory et al. (1995)

Hearing Loss and ToM

- Not universal but common and can be severe
- Although CHL show the typical developmental sequence, many also evidence significant developmental lag (e.g., Courtin & Melot, 2005; Peterson & Wellman, 2009)
- Degree of impairment (length of lag) is highly variable and linked in complex ways to aspects of the child's social and hearing history
- ToM challenges often become MORE apparent with age
 - This is because the ToM dilemmas that the child is expected to master 1) increase in complexity and 2) the gap in their social knowledge continues to widen relative to hearing peers.

Hearing Loss & EM

- Narrative skills delayed
 - comprehension & production (Gray & Hosie, 1996)
- Less detailed narratives and notable problems with microstructure (Jones et al., 2016; Rathmann et al., 2007)
- Fewer, less detailed autobiographical memories (Brien, Hutchins, & Westby, in press).



The need for a broader view...

- Focus on language to the exclusion of other important processes is problematic
- Deficits in EM and personal narratives (and social pragmatics) in CHL are also related to challenges in ToM
 - All communication requires both interlocutors to take into account the background knowledge and presuppositions of the other person in the dialogue as well as their intentions for communicating (Searle, 1969)
 - This is area of specific deficits in CHL (Jones et al., 2016)

Practice Recommendations: Hearing Loss

- To support EM, build personal narrative skills and ToM:
 - Joint book reading that is rich in mental state talk (Chilton, 2017)
 - Desire terms (want, like, need)
 - cognitive terms (think, know, remember, suppose)
 - Affective terms (basic, complex, mixed, self-conscious emotions)
 - Causal talk (She was sad because she lost her dog)
 - Contrastive talk (Mom wanted her to eat her peas but Eliza thinks they're icky)
 - Evaluations (What did you like about that story?)
 - Conversation about self/other (Can you imagine if that happened to you? How would that make you feel?)

Q8

Practice Recommendations: Hearing Loss

- Use fictional narratives to support ToM (Beazley et al., 2015) and personal narratives
- Assessment of ToM
 - Theory of Mind Inventory (Hutchins et al., 2016)
 - Well-validated broadband measure yields detailed report of ToM strengths and weakness areas

Knowing, not
knowing

deception, persuasion

Range of 1st and 2nd
order ToM conceptsAdvanced: Multiple
embeddings,
deception

Surprise, false belief

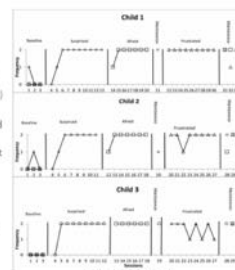
Q8

We can also...

- Reminisce with child about interesting past experiences
 - Tender Shoots (Reese & Schaughency, 2020)
 - Rich Reading and Reminiscing (RRR)
- Modified social stories (Richels et al., 2014; Raver et al., 2015)
- Rich varied social interactions that are **accessible**:
 - e.g., talking within the listening bubble or use of multiple modalities



- Data for correct responses to story prompts ("How did this make you feel?") are shown here
- Effects also observed for spontaneous utterances of correct emotion term use
- Generalization assessed via expressive and receptive picture ID tasks



Q8

Childhood Trauma & EM

"My memory was quite sparse."

"All of a sudden I am like, I do remember and there is this moment of where did that come from? It's almost like being slapped in the face when you're not expecting it."

"It made it very difficult for me in interpersonal relationships...because I just didn't know who I was supposed to be."

"What are we if we are not our life experiences?"

~Brien, Hutchins, & Westby (in press).

Childhood Trauma & EM

(Coster & Cicchetti, 1993; Siegel, 2012; Valentino et al. 2009; Visser et al. 2016).

- Traumatic memories: Maladaptively intrusive
 - Sensory rich, feels like the 'here and now'
- Non-traumatic memories:
 - Overgeneral, non-specific, details lacking
 - Fragmented, incomplete autobiographical memories
- More negative self-representations

Q9 

Childhood Trauma

- Associated with range of ToM challenges that vary in content, complexity, and developmental onsets (e.g., emotion recognition, overassignment of anger, false belief understanding, empathy, pretense/fantasy) (Gauthier & Hutchins, in preparation)
- Dysfunctional appraisals and maladaptive coping
- Broad low level biases in memory, attention, judgment that supports disturbed thoughts

Trauma & Personal Narratives

- Narratives tend to be:
 - less coherent (e.g., temporal markers blurred and distinction between then/now collapsed)
 - less dissociated (not narrated from the distanced perspective of the present)
 - more disorganized (e.g., chronological and event sequences disrupted)
 - more repetitive
 - may lack agency and 'authorship'

(Harvey & Bryant, 1999; Pickering & Knightly, 2009; Salmond et al., 2011).

Trauma & Personal Narratives

- **IRIS:** *"I left the house at Beresford Road and vowed never to go back. I had to leave him in the end. And it was just like y'know 'Great Expectations' and nothing had changed. And when he died, I had to go up to the house, nothing had changed. There were no cleaning or anything, or anything, done. Nothing! Nothing! It were just, nothing had changed. I said to my girls, 'I'm never going back up that house'. There's too many bad memories. By God there were. I said 'I'm never going back up'. But when he died I had to go up. Clear it out. I never ask help, but said 'I've got to have help this time. I can't do it'. Oh it was awful. It brought it all back. I wish the bugger would go, but it won't. Nothing had changed. It was if I'd just gone, that day. It was absolutely filthy. So where was social services and all his care workers? So I sold that. I was in a flat. I had to move out of that flat because they put the druggies up the top. So I had to go and lodge with this chap. Very kind of him. And got this. And that was it. It [needs a lot of work], but it's mine." (Pickering & Knightly, 2009, p. 8).*

Trauma & Personal Narratives

- **Interviewer:** Do you visit those memories of Victoria often?
- **Fiona:** *"Very rarely. It's not necessary at all...It was very sad. But I don't have any regrets about it. It was a very steep learning curve. It was a very valuable experience. I was devastated at the time but I went on to have two happy healthy children. It would be much more tragic if I hadn't. When you have two healthy children you don't have time to consider one that dies. It was a very important experience in my life. The only times I would possibly think about them now. If I think how old Georgina is, it occasionally pops into my head. Or if I knew someone who was going through a similar experience I would, I hope, be brave enough to share it if they needed to talk to somebody about it. But I don't need to do it myself. It was ghastly in lots of ways. I won't go into details because it would be hard for you."* (Pickering & Knightly, 2009, p. 8).

Trauma & Personal Narratives

- Narratives of trauma need not be disjointed.
Healthily integrated/resolved trauma narratives are:
 - Coherent, calm
 - Interpreted in retrospect – distanced in the past – clear temporal boundaries (then, now)
 - Meaningful (e.g., learning, appreciation)
 - Positioned in wider context of life story
 - Successfully integrated with conceptions of self

(Pickering & Knightly, 2009)




KIDNET

(SCHAUER ET AL., 2017)

- Theory: Hot and cold memories are not orchestrated. Children with trauma can meaningfully integrate their traumatic experiences into their life stories through a process of autobiographical narration.
- Procedure:
 - Assessment & psychoeducation
 - Lifeline exercise: identifying highly arousing positive and negative events (cold memory) along biographic timeline
 - Narrative exposure: chronological narration of whole life story including imaginal exposure of traumatic events
- Evidence: Reduction in trauma-related symptoms, depression, feelings of guilt




Childhood Trauma: Practice Recommendations

(C. Westby, personal communication, July 2020)

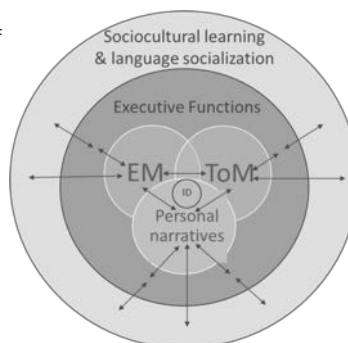
- SLPs can partner with mental health workers doing NET
 - Mental health professionals often recognize that trauma narratives are incoherent but they rarely understand the language factors involved
- Telling a coherent narrative (even for younger children) is requisite for success with NET
- SLPs can build foundation skills by targeting:
 - Narrative cohesion and completeness through use of elaborative reminiscing of positive events for which the clinician was present
 - Skills to build self-regulation
 - Emotion coaching and the ability to label emotions, perceptions, and behaviors

“The ability to remember personal events is at the heart of what defines an individual as a person with obligations, roles, and commitments in a given society. It enables us to draw lessons from our past and plan our personal future. It helps us to orient and participate in complex social communities. Autobiographical memory is therefore crucial for a sense of identity, continuity, and direction in life.”

~ Berntsen & Rubin, 2012, p. 1

Conclusions & Implications

- ABM (and EM especially) are crucial to identity and social cultural learning
- The linkages between ABM and a wide range of human-specific cognitive achievements are complex: functional and developmentally intertwined with ToM, personal narrative development, and EF
- This means there are multiple pathways to ABM dysfunction
- For different clinical conditions, ABM appears to have different origins, qualities, and features which, in turn, has implications for assessment and treatment planning
- We want to challenge SLPs to develop an awareness of and to think critically about ABM and believe this should be a priority for graduate training going forward



Q10



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Treatment Resources for Supporting ABM:

- Manualized:
 - Tender Shoots – focus on ER
 - Practical Strategies for Supporting ABM for Theory of Mind (Brien, Hutchins, & Prelock, in preparation; Brookes)
 - KIDNET (Shauer et al.)
- Available in peer reviewed tutorials:
 - Modified Social Stories for ABM and ToM (Hutchins & Prelock, 2018; 2016)
 - Modified Comic Strip Conversations (Hutchins & Prelock, 2018)
 - Joint book reading (Chilton, 2015)
 - Fictional book reading (Beazley & Chilton, 2015)

Treatment Resources for Trauma

- For children:
 - KIDNET (Schauer et al., 2017)
 - Trauma Focused Cognitive Behavior Therapy (TF-CBT; Knutsen & Jensen, 2016): includes multiple components: relaxation, cog coping strategies, emotion regulation, narration exposure
- For adults: Memory specific training (MEST: Neshat-Doost et al.) employed with adolescents and adults who exhibit depressive symptoms asst with trauma