

Trauma-focused Cognitive Behavioral Therapy



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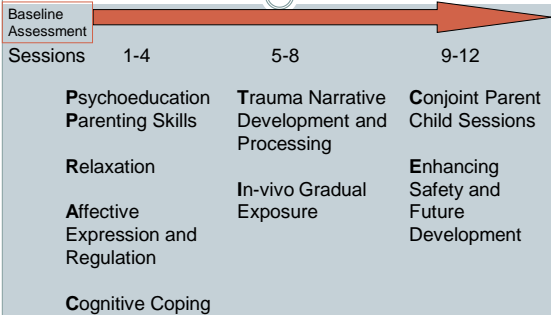
TF-CBT Components

A...PRACTICE

- Assessment
- Psychoeducation and Parenting Skills
- Relaxation
- Affective Modulation
- Cognitive Coping
- Trauma Narrative and Processing
- In Vivo Desensitization
- Conjoint parent-child sessions
- Enhancing safety and social skills

TF-CBT Sessions Flow

Entire Process is Desensitization





<http://ctg.musc.edu/>



www.musc.edu/tfcbtconsult

Trauma-focused CBT: The Evidence

- Multiple randomized clinical trials¹
- Equally effective with boys/girls, different ages, different ethnicities/races
- All trials have included some youth with Complex PTSD and many youth with some symptoms of Complex PTSD
- Evidence for sustained benefit: 6 mo, 1-year, 2-years
- On average, 80% effectiveness

¹Cohen, Deblinger, Mannarino, & Steer, 2004; Cohen & Mannarino, 1996; Cohen & Mannarino, 1998; Cohen, Mannarino, & Iyengar, 2011; Deblinger, Lippmann, & Steer, 1996; Deblinger, Mannarino, Cohen, Runyon & Steer, 2011; Deblinger, Stauffer, & Steer, 2001; King et al., 2000, etc.

TF-CBT in Tanzania

Groups

Ages 7-10; 11-13

Divide by gender

Guardian group



TF-CBT Sessions

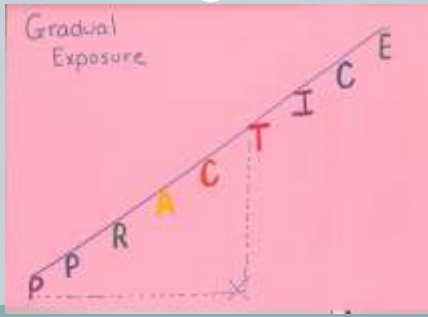
- Individual sessions for both child and caregiver
- Caregiver sessions - generally parallel child sessions
- Same therapist for both child and caregiver

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Gradual Exposure even in Early Skills



Rationale for TF-CBT

- Discuss avoidance, hypervigilance, re-experiencing
- Analogies
 - Wound
 - Splinter
 - Glass in foot
 - After the rain the flowers/rice comes
- Facing your fears, looking at your thoughts and feelings and meaning you make of what happened is what helps you get better
- Skill focused

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What are the KEY Goals of Psychoeducation?

- You are normal/not crazy
 - What you're feeling/experiencing—normal reactions
- You are not alone
 - You aren't the only one this has happened to
- There's hope
 - We know how to help you/your child feel better
- It's not your fault



Psychoeducation Goals (cont.)


- Normalize child's and caregiver's reactions to severe stress or an anxiety stimulus
- Provide information about psychological and physiological reactions to stress or triggers
- Instill hope for child and family recovery; empowerment.
- Educate family about how to support the child and about the benefits and need for early treatment

PSYCHOEDUCATION GOES ON THROUGHOUT THERAPY

Psychoeducation: How do we do it?


...without talking at/delivering a lecture to the child?

- Read a book together
- Give the caregiver a handout, ask questions about what they read
- Play a game with the child: What do you Know? Open-ended questions, expand and clarify... praise all the while



Not JUST when you win
(tower falls down, get a match,
etc., but questions AS turn
taking)

Creativity with Psychoeducation: 6-year old



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Parenting Skills

- Caregivers: central therapeutic agent for change
- Establish caregiver as person the child turns to for help in times of trouble
- Emphasize positive parenting skills
- Enhance enjoyable child-caregiver interactions
- Maximize ability to support child around traumatic events

Basics of Parenting

- Praise
- Selective Attention
- Time out
- Contingency Management



CONSISTENCY, PREDICTABILITY,
FOLLOW THROUGH



And now...the rest of the PRAC Skills

Commonalities Across Relaxation,
Affective Modulation, Cognitive Coping

RAC (of Practice) Commonalities:
Coping Skills



- Symptom alleviation
- Ability to benefit from environment
- Ability to make new meanings, form new relationships
- Increase autonomy / power
- Support healthy psychobiological development
- Prepare for the future

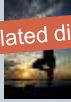
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Techniques

- Progressive Muscle Relaxation
- Guided Imagery
- Breathing work
- Mindfulness
- Meditation
- Yoga
- Games
- Bubbles
- Dance
- Singing
- Listening to Music
- Pleasant Activity



For TRAUMA-related distress

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Affective Modulation

a.k.a. Feelings Identification

Goal Be able to express feelings and rate them (intensity)

Why? May have limited vocabulary, need for moving toward trauma narrative



How?

- Games (e.g., Emotional Bingo, charades, "hide and seek")
- Books
- Feelings brainstorm / pie chart
- Color My Life or Person

Feelings Brainstorm

- Tell me all the feelings words you know
- Tell me about a time you felt...
- What makes you feel...
- Pick a color, and circle or put an X by all the feelings you had when [traumatic event]
- Normalize and validate

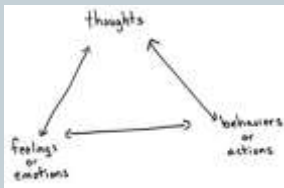


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Cognitive Triangle (Foundation for Cognitive Coping)

- Help children distinguish between thoughts, feelings, and behaviors
- Help children and parents how they are connected
- How CHANGING thoughts can CHANGE feelings & behavior



○

Direct Discussion of Traumatic Events

Why do we avoid it?

Direct Discussion of Traumatic Events

○

Reasons we avoid this with children

- Child discomfort
- Parent discomfort
- Therapist discomfort
- Legal issues

Reasons to do it

- Gain mastery over trauma reminders
- Resolve avoidance symptoms
- Correction of distorted cognitions
- Model adaptive coping
- Identify and prepare for trauma/loss reminders
- Contextualize traumatic experiences into life

Gradual Exposure/Desensitization

○

- **Rationale**
 “To gradually expose client to thoughts, memories, and other innocuous reminders of the abusive experience until they can tolerate those memories without significant emotional distress and no longer need to avoid them.” (Deblinger & Heflin, 1996, p. 71)
- Comes from Anxiety Framework (e.g., public speaking, spiders, germs)
- Imaginal vs. in-vivo exposure

Creating the Trauma Narrative

- **Introduce the child to the rationale for the narrative**
 - Getting buy in is KEY
- **Can introduce the TN by reading a book**
- **First "chapter": all about the author**
 - Information about the child (name, age, school, hobbies, etc)
 - Not a requirement, but an engagement technique
- **Next "chapter": Can be about "before"**
 - For example, what the relationship was like with the person before the trauma started (if interpersonal trauma); or what life was like before the index traumatic event

Books for Introducing the Trauma Narrative



Trauma Narrative (Cont' d)

Alternative methods for creating a trauma narrative

- Cartoon strip
- Poem
- Computer (Storybook Weaver Deluxe)
- Talk Show Interview
- Song
- Drawings
- Instant message/text message
- Other ideas?

Creating the Trauma Narrative (cont' d)

- **Event chapters: Encourage the child to “tell what happened” and “face their fears” during the trauma(s) itself**
 - Use expressive arts techniques
 - Give choices for which chapter they can work on
- Can set up using a timeline or a table of contents, at the beginning (lay out all the chapters)
- Or just present limited choices each week
- Clinical decision: what’s best for this kid?



Creating the Trauma Narrative (cont' d)

- Usually, there is more than one event to write about
- Can be multiple episodes of one type of trauma (e.g., CSA)
- Or multiple traumas
 - E.g., CSA, CPA, DV, caregiver loss
- Child needs to write/talk about those that are the hardest/most anxiety producing, but you don’t start with that one

Creating the Trauma Narrative (cont' d)

- **First go, or draft, let the child do as much as they can on their own**
- **Review the child’s description**
 - Help the child to describe more details after the “first draft” of each telling
 - Encourage child to describe thoughts, feelings, and body sensations related to the trauma
 - Desensitize child to talking about the event (read it over to them)
 - In following sessions, you read past chapters to client until desensitized, and client writes a new chapter

Creating the Trauma Narrative (cont' d)

- Final Chapter: include the following:
- What have you learned? Advice to other kids?
- What would you tell other kids who experienced this?
- How are you different now from when it happened/when you started treatment?

Developing the Trauma Narrative

First Draft: What kid told on his/her own

I got up in the morning and had breakfast. My teacher was about to start teaching when someone came into the room. We had to wait until our parents came. It took a long time to go home. Now I don't like the sound of planes.

Adding Details to the Narrative

Second Draft: Therapist elicits more details

I got up in the morning **on September 11, 2001** and had breakfast. **I went to school on the subway.** My teacher was about to start teaching when someone came into the room **screaming that the World Trade Center had been attacked by terrorists.** I was scared. **I started crying. I was thinking my father might be there because he works downtown and he goes there sometimes for work.** We had to wait until our parents came. **When my father came to school I was so relieved I started shaking and crying.** It took a long time to go home **because the subways weren't working. I thought the terrorists poisoned the subway systems.** Now I don't like the sound of planes **or riding on the subway because they remind me of September 11 and all the people who died.**

Sharing the Trauma Narrative with the Parent/Caregiver

- Caregiver may not know details of what happened
 - Avoidance
 - Legal issues
- Explore what parent knows about the traumatic event
- Share with parent what child has said in therapy, first with the parent/caregiver alone
 - Confidentiality
 - Developmental issues

Parent Exposure

- Get permission from child
- Read child's story (or what you got permission FOR) to caregiver
- PARENT'S time to say what felt, heard, thought...
 - Become more comfortable
- THEN after parent becomes more comfortable— what can parent SAY to support the child?

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Cognitive Processing of the Trauma

- Explore inaccurate or unhelpful cognitions about the trauma and the feelings that accompany them
 - Inaccurate thoughts (ex: "the sexual abuse was my fault")
 - Unhelpful thoughts (ex: "you can never tell when a drive-by shooter might hit you")
 - Inaccurate AND unhelpful thoughts (ex: "it's my fault my mother was killed in the hurricane. I should have made her evacuate sooner.")
 - Responsibility vs. Regret ("it was my fault that I got raped b/c I drank too much vs. I regret that I drank too much, but it wasn't my fault")
- Replace distorted cognitions with more accurate, realistic, or helpful ones

Ways to Identify Cognitive Distortions

- Trauma Narrative
- Assessment measures
- Attending to child's attributions in session
- Parent's perspective
- Child's responses in role plays, puppet shows, etc.
- Talk about how child/parent felt when thinking about trauma over the past week and elicit problematic thoughts

Be a thoughts collector...

How to Re-train Yourself...

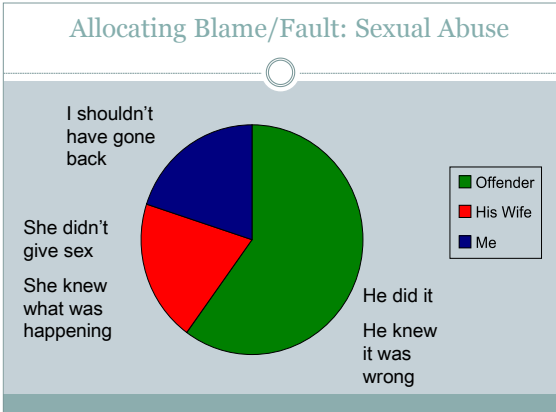
Old Thought: *it's my fault we're in foster care. I never should have told.*
 Possible Endpoint: *when I told, I kept my siblings safe.*

What I want to tell her

Turn into eliciting questions

- *Telling doesn't put you in FC, abuse does*
- *Your parents knew it was against the law, that's why they said don't tell*
- *Your parents were hitting the other kids too, something really serious could have happened*

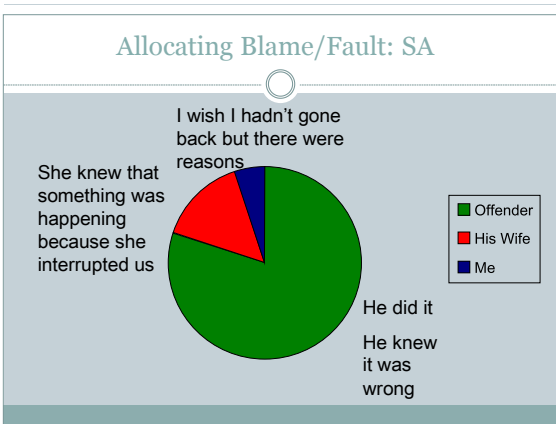
Allocating Blame/Fault: Sexual Abuse



If unacceptable...

What questions do you want to ask?
How do we help the child re-allocate blame?

Allocating Blame/Fault: SA



Final Chapter
James' s Letter of Advice to His Imaginary Friend

Dear Friend,
I know how you feel because it happened to me too. My mom died and your mom did too. I probably feel the same way as you. Sad, angry, shocked, and confused. I was confused from when my sister told me my mom died—I just looked at her like she was crazy. My mom was just alive for six days after the accident. I felt angry at my sister for telling me about it because I did not want to know. I felt sad because I loved my mom so much and I know that you love your mom too. That was the most saddest moment of my life because I love my mom so much and it was hard to let her go. You probably feel guilty. I used to feel guilty, but you' ll get over it. Not so quickly but you will because you' ll get somebody that will help you get through it and stuff.
I dealt with it by talking to my family members and talking to my friends about my feelings. But my counselor helped me out the most because she worked with me every Wednesday. We talked a lot and she worked with me on my feelings and she helped a lot. I am doing a lot better since my mom has died because people have been helping me out. I have been getting over the stuff that has happened. I know you won' t like to talk about it, but it helps to get out your feelings to talk about it with people. I hope you feel better just like me because I know how it feels to be sad. Maybe in the future you can help other kids out with this problem too. I hope you get over your mom' s death quicker than I did because it' s hard to go through. If you don' t then at least you' ll have people to talk to about your feelings. If you would ever like to talk about your feelings you could write me a letter or call me.
By James Edwards

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Example Case; In Vivo

11 year old Julia saw her cousin killed on the bicycle when she was crossing the street. Now she is afraid of crossing ANY streets (street crossing is a trauma trigger for her) no matter whether it is safe or not.


DISCUSS: what are possible activities for a child with this trigger, to start working on her fear?

What can you do in session? What does she have to do in between sessions?

How can her mom help/be involved?

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Enhancing Safety Skills

- May be done individually or in joint sessions
- Develop children's body safety skills
- Develop a safety plan which is responsive to the child's and family's circumstances and the child's realistic abilities
- Practice these skills outside of therapy
- For sexually abused children, include education about healthy sexuality
 - Books often help 
- For children exposed to DV, PA, CV, may include education about bullying, conflict resolution, etc.

Books for Introducing Sex Education



Demonstration of Safety Skills

- Establishing a "personal safety space"
- Saying "no" to invasions of personal space
- Leave, escape, report ("NO, GO, TELL")
- Assuming an assertive stance
- Being vigilant without being hypervigilant

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