

Trauma-Focused Cognitive Behavioral Therapy

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Trauma-Focused CBT

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What is TF-CBT?

- A hybrid treatment model that integrates:
 - Trauma sensitive interventions
 - Cognitive-behavioral principles
 - Attachment theory
 - Developmental neurobiology theory
 - Elements of family, humanistic and empowerment theories



TF-CBT Goals

- Resolve PTSD, depressive, anxiety and other trauma-related symptoms in children
- Optimize adaptive functioning
- Enhance safety, family communication and future developmental trajectory



TF-CBT parameters

- Interrelated component-based model
- Intensity and duration will be determined by each client and family's needs (generally around 12-16 sessions)
- Gradual exposure model
- Parental involvement is optimal, siblings may be included as clinically appropriate
- Interventions tailored to fit each client/family

When do I use TF-CBT?

- Target symptoms: PTSD, depression, anxiety, and behavioral symptoms secondary to trauma.
- Children presenting with predominance of behavioral problems may benefit from a different treatment.
- TF-CBT has been used for all types of traumas
- TF-CBT has been used for children ages 3-18, with and without parental participation, in schools, group homes, foster homes and in-home settings.

TF-CBT benefits

- Course of treatment is brief, symptom reduction rapid
- Improvement in parent-child interactions: increased communication, closeness
- Flexibility and Creativity
- Evidence-based: Currently about 15 randomized clinical trials supporting the efficacy of TF-CBT

International Settings

- **Western European Countries** (Germany, Norway, Sweden, Italy and the Netherlands)
- **Africa** (Zambia, Tanzania, and the Democratic Republic of Congo – DRC)
- **Southeast Asia** (Cambodia)
- **Japan**
- **China**

TF-CBT timeframe exceptions

- Child is emotionally unstable and needs many sessions to learn to tolerate trauma-related feelings
- Complex trauma case
- Child has repeated crisis situations during therapy which prolongs the course of tx
- Child has prominent dissociation symptoms
- Child's living situation is still unsafe

TF-CBT applications

- TF-CBT can be used with children with special needs or developmental delays
- TF-CBT can be used with children from a variety of cultural backgrounds:
 - Adaptation for Latino families
 - Adaptation for Native American families
- TF-CBT can be used in residential treatment settings and/or situations where no caregiver is present

TF-CBT for Developmental Disabilities

- Children with disabilities are at higher risk to experience abuse than those without disabilities (Ryan, 1994)
- 22-70% of abused children have developmental disabilities (National Research Council, 2001)
- Rates of abuse & maltreatment thought to be higher than statistics due to underreporting and/or communication issues
- Children with developmental delays present unique challenges to traditional verbal therapy and CBT (Moree & Davis, 2010; Reaven, 2009).

Difficulties Addressed by TF-CBT

- **CRAFTS**
 - Cognitive Problems
 - Relationship Problems
 - Affective Problems
 - Family Problems
 - Traumatic Behavior Problems
 - Somatic Problems

Core Values of TF-CBT

- **CRAFTS**
 - Components-Based
 - Respectful of Cultural Values
 - Adaptable and Flexible
 - Family Focused
 - Therapeutic Relationship Central
 - Self-Efficacy is emphasized

Core Concepts consistent w/ Developmental Issues

- TF-CBT provides structure, helps parents create consistent routines
- Flexibility for shorter sessions; model focuses on one component at a time
- Use of art and visual aides is encouraged; children w/ DD are “visual thinkers”
- Use of play and movement often central for telling stories
- Repetition and homework facilitate learning

TF-CBT Assessment

- Trauma Assessment
 - What is it?
 - In other words... Why isn't the DMH Intake Assessment enough?
 - How does this help my client?
 - How does this help me?

Impact of Trauma

- Posttraumatic stress disorder
- Depression
- Substance abuse
- Behavioral problems
- Anxiety
- Suicidal ideation
- Nightmares, sleep problems
- Academic difficulties
- Poor peer relationships
- Developmental Issues
- Attachment problems



Trauma Assessment: How is it Helpful?

- DSM-V Diagnosis
- Symptom Severity
- Trauma Exposure
- Developmental Issues
- Simple vs. Complex Trauma
- Inter-generational Issues
- Culture, Religion, Strengths

Clinician Benefits

- Identify high risk clients and salient symptoms
- Help guide treatment planning and select appropriate evidence-based interventions, develop goals
- Gather information not disclosed during an interview
- Confirm clinical observations and validate need for treatment
- Assess changes in symptoms over time
- Identify systemic and family needs

Client Benefits of Assessment

- Guides treatment planning, goals
- Helps clients see they are making progress, or if not working- can reevaluate treatment
- Helps clients identify difficult themes (normalize that it happens to other children and makes it easier to endorse)
- Rapid Identification of Specific Treatment Issues
- Confirm caregiver's concerns and observations

Traumatic Event

- Sudden or unexpected events
- Shocking nature of such events
- Death or threat to life, bodily integrity
- **Subjective** feeling of intense terror, horror or helplessness

Examples: Yes or No?

- Natural disasters (earthquakes, hurricanes)
- Sexual Abuse, Physical Abuse, DV
- Divorce of Parents
- Car accident
- Medical trauma or life threatening illness
- Death of grandmother who was ailing
- Death of loved one by shooting

Factors that Mediate Response

- Developmental level
- Inherent or learned resiliency
- External sources of support (parental response)
- Age – protective or increased risk?
- Short-lived trauma of young child, provided parents cope well, likely won't cause serious or lasting traumatic symptoms. BUT, ongoing traumas that start early in life can alter children's development.
- Trauma-related attributions and perceptions
- Past experiences

Trauma Symptoms

- Trauma symptoms include: behavioral, cognitive, physical and/or emotional difficulties directly related to traumatic experience.
- There are also psychobiological changes. Neural pathways can be altered: brain becomes "wired" to expect danger.
- Traumatized children may have higher resting pulse rates and blood pressure, greater physical tension and hypervigilance.
- [Trauma video](#)

Complex Trauma

- Term coined by Herman, 1992
- Traumas are multiple, chronic, interpersonal in nature and begin at an early age
- Simultaneous or sequential occurrence of child maltreatment- including emotional abuse, neglect, physical & sexual abuse & DV ("layers" of abuse)
- Emotional dysregulation is the hallmark characteristic of children and adolescents with complex trauma (Spinnazola et al., 2005)

Complex Trauma (ABCDs) domains

- Affective regulation
- Attachment
- Biology
- Behavior problems
- Cognition & Attention Problems
- Concept of self
- Dissociation

Long Term Effects of Complex Trauma

- Addiction
- Physical conditions (e.g., chronic medical illness)
- Depression and Anxiety
- Self-harming behaviors
- Relationship issues
- Legal problems
- Vocational problems

Assessment Considerations

1. Self-report instruments
2. Suicidal thoughts, intents or plans (may transiently be worsened during TN)
3. Serious substance abuse (may need to stabilize or refer to other tx initially)
4. Psychosis:
 - True psychotic hallucinations or delusions (psychiatric referral)
 - OR flashbacks and intrusive thoughts as a result of trauma and PTSD

Assessment Considerations

5. Behavioral Difficulties
 - Linked to trauma onset
 - Long, pre-existing history (may need to consider other tx first)
6. Neutral/baseline narrative
 - To assess ability to provide a narrative with beginning, middle, end
 - To include thoughts and feelings
 - To assess for general vocabulary and feelings identification
7. Assessment of Parents
 - Assess their level of support
 - History of own, independent traumas
 - Substance abuse
 - Availability to participate in treatment

Caregiver Support Elements

- Caregiver support strongly mitigates development of PTSD symptoms and enhances a child's tx outcome
- 3 main elements in caregivers' responses (Cook et al., 2005)
 1. Believing & Validating child's experience
 2. Tolerating the child's affect
 3. Managing caregivers' own emotional response

Parental Support

- 1992 Olympics in Barcelona



Assessment for Complex Trauma

- Attachment problems & distrust may interfere
- Assess secondary adversities (e.g., placement)
- May need to conceptualize assessment as peeling an onion; therapist should follow pace of clients, obtaining what information is available layer by layer (Ford et al., 2005)
- May not have a caregiver to give pertinent information at intake (get from school, CSW, etc.)
- May under-report experiences because they view chronic trauma as normal fabric of life

Assessment Feedback

- Establish rapport-Family Engagement
- Communicate Results at their level
- Normalize and validate experience, symptoms
- How will TF-CBT specifically address difficulties presented during assessment (behavioral focus can help hook parents into tx)
- Reinforce child and parent strengths
- Allow time for the client to ask questions

Assessment Measures

- UCLA PTSD Reaction Index (Pynoos, Steinberg)
- Traumatic Events Screening Inventory, Child Version
- Trauma Symptom Checklist for children (Briere & Elliot)
- Child PTSD Symptom Scale (CPSS): (Foa, Johnson, Feeny, & Treadwell, 2001)
- Young Child PTSD Checklist (YCPC): Scheeringa, MS & Cohen, JA.

Developmental Disability Challenges w/ Assessment

- Overlapping symptoms of trauma and developmental delays
- Difficulty understanding language of assessments
- Limited capacity for sequencing and difficulty understanding frequency
- Difficulty engaging and responding to others

Developmental Considerations for Assessment

- Rain Cloud Likert Scale (Grosso, 2011).
- Visual Cues for assessment & trauma identification (can draw a mountain with the top being the event that “bothers me the most.”)
- A doll or picture of a person can be used to have children point to areas that have tension/feelings (this can help with symptom identification as well as in the affect component)

Developmental Considerations for Assessment Cont.

- Shorten sessions- complete over multiple sessions to help w/ pacing, maximizing attention and minimizing agitation
- May need to reframe or explain questions while maintaining integrity of the measures
- Have paper, crayons, markers or dry-erase board for children to write responses
- Nodding “yes” or shaking head “no,” either picture cues for this or allow for responses

Case Example - Ellen

- 13 year old, Latina female receiving TF-CBT
- Sexual Assault by older male adolescent from the neighborhood resulting in client's pregnancy
- Living with relatives/other family for entire life (grandparent & other adult relative); Primary language in the home is Spanish
- Father killed by gang violence, mother on drugs and uninvolved in client's life

Case Example: "Ellen"

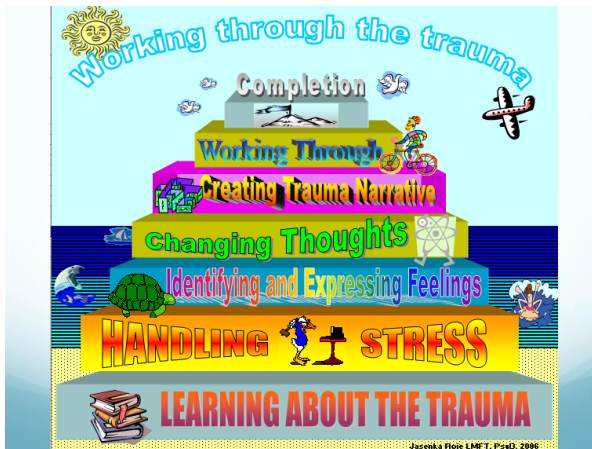
- Presenting Indicators of Severity of Problems: Some academic and behavioral problems at school; Some difficulty with attachment/forming relationships
- Initial Clinical Evaluation: Post-traumatic Stress Disorder, with possible rule-outs for Traumatic Grief, Somatization, Generalized Anxiety, Depression, Sleep Disorder

PRACTICE Component

- **Psychoeducation and parenting skills**
- Relaxation
- Affective expression and regulation
- Cognitive coping & processing
- Trauma narrative development & processing
- In vivo gradual exposure
- Conjoint parent child sessions
- Enhancing safety and future development

Psychoeducation

- Begins during first session or initial contact and continues throughout treatment
- Provide information about trauma, common reactions, triggers, prevalence
- Use names of trauma experiences (i.e., SA instead of "that thing that happened") in order to model openness and acceptance
- Explain treatment plan and rationale for gradual exposure



Psychoeducation key elements

- What is it? Define
- You are not alone – Normalize (speak of the unspeakable)
- You are not crazy/strange (make sense of the unexplainable)
- It is not your fault
- There is hope

Psychoeducation Interventions

- **Books:** A Terrible Thing Happened, Brave Bart
 - Ready to Remember (CTG)
 - Please Tell (SA)
 - When They Fight (DV)
- **Games:** What do you Know? Cards
 - Jeopardy, Jenga
 - Cootie Catchers
 - Survivor's Journey (SA)

Creative Psychoed

- Use of Music, Movies, Videos
- Flashcard [video](#) for bullying (Haley)
- Colbie Caillat song – [Try](#)
- [Halfopus.com](#)
- Cycle of Violence Wheel for kids
- [Love The Way You Lie](#)

Children with Developmental Disabilities

- Have poor comprehension and retention
- Decreased capacity for generalization: are “black-and-white” thinkers
- Have fixations or special interests
- Limited attention spans

Grosso, C.



Psychoed for Developmental Disabilities

- Use visuals to illustrate concepts and aid in communication (i.e., Sherman the raccoon has a black cloud floating over his head to represent the “terrible thing” that happened)
- Use favorite characters, cartoons, fixations (Goku from Dragon Ball Z: odd, monkey-tailed boy who had superhuman strength)
- Use active play and games to engage & maintain attention (What Do You Know? Cards)
- Biotherapy

Grosso, C.

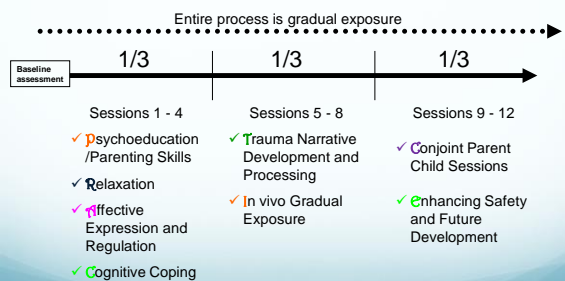


Initiating Treatment with Caregivers

- Engagement is key: what will hook them in?
- Mary McKay strategies
 - Previous therapy experiences?
 - Real life needs/transportation support?
- Provide overview of treatment model
- Establish time-frames
- Highlight the caregiver role



TF-CBT Sessions Flow



Parent Skills Training

- Emphasize powerful parental influence in improving child behavior patterns
- Observe parent-child dyad
- Refocus parental attention on child's strengths and encourage use of praise
- Provide support for difficult child behaviors parent is dealing with- hook them into tx
- Connect behaviors to trauma

Parenting Skills Training (cont'd)

- Reasonable developmental expectations
- Create or re-establish structure, rituals and rules
- Decrease negative attention to problem behaviors (i.e. reduce yelling)
- Utilize effective negative consequences (e.g. time out, loss of privileges)
- Create incentive plans

Challenges for DD

- Increased stress and overwhelm due to:
- Increased supervisory demands
- Lack of education and preparation to deal with disability
- Lack of appropriate educational and treatment services for their children
- Lack of response from child to traditional means of discipline and reinforcement

Recommendations for DD

- Provide structure & create routine (set time for meals, homework, bed)
- Provide repetition (repeat skills and concepts in session)
- Assign homework to practice skills taught in session
- Use consistent praise and rewards
- Engage multidisciplinary team if possible

Praise

- Praise a specific behavior
- Provide praise immediately after behavior
- Do not qualify your praise
- Praise with much greater intensity and frequency as compared to the intensity and frequency of criticism
- Catch your child being good
- Offer global praise generously (i.e. I love you)

Selective Attention

- No reaction to certain negative behaviors
 - Defiant or angry verbalizations to parent
 - Nasty faces, rolling eyes, smirking
 - Mocking, mimicking
- Walk away, busy oneself with an activity
- Remain calm, unfazed
- Expect a reaction of more provocative behavior initially

Time Out

- **Purpose:** Interrupt child's negative behaviors and allow him/her to regain control
- **2 kinds:** automatic or warning
- **Location:** quiet, least stimulating
- **Duration:** 1 minute per year of age
- Timer starts when child is calm
- parent should refrain from comments
- **Variations:** "Thinking time"
"Meeting on the Couch"

(Playful Parenting by Lawrence J. Cohen)

Contingency Reinforcement Program

- **Purpose:** Decrease unwanted behaviors and increase desired behaviors
- Select only a few behaviors to target
- Explain process to child
- Involve child in decisions about rewards
- Add stars and give rewards weekly
- Be consistent!

Themes & Barriers to Parenting

- Self-blame or blame towards child
- Overprotective
- Over permissive
- Caregiver PTSD symptoms
- Sees child's acting out as intentional
- Concern about sexual acting out behaviors
- Reinforcing regressive behaviors

Sexual behavior problems

- Treat like any other behavior problem
- Develop understanding of behaviors (is it to gain control, escape anxiety, get attention)
- Learn the patterns and triggers
- Use verbal reminders and cues
- Identify replacement behaviors & praise
- Encourage continued use of appropriate physical affection between parent-child

Sexual Reactivity Resources

- [Understanding sexual behavior problems](#)
- Treatment Exercises for Child Abuse Victims and Children with Sexual Behavior Problems, Toni Cavanagh Johnson, 2002.

PRACTICE Component

- Psychoeducation and parenting skills
- **Relaxation**
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Relaxation Goals

- Reduce physiological manifestations of stress and arousal associated with trauma reminders
- Understand body response to stress (shallow breath, muscle tension, headaches)
- Practice relaxation exercises during calm states so that clients can easily apply them when triggered, during in vivo work, or when working on trauma narrative later in treatment.

RELAXATION Activities

- Deep Breathing
- Progressive Muscle Relaxation
- Guided Imagery
- Books, Games
- Music
- Yoga, Meditation, Prayer
- Grounding, mindfulness activities

Relaxation Interventions

- Toy soldier vs. Rag doll, Octopus vs. Robot
- Safe place activity
- Relaxation Coloring Book
- Relaxation basket
- [Elmo Video](#)
- <http://marc.ucla.edu/body.cfm?id=22>

Challenges for DD

- Sensory Sensitivity
- Impulsivity
- Agitation and greater proneness to anxiety
- More behavioral issues; may be quick to hit, punch, kick when agitated
- Difficulty identifying emotions in self & others

Relaxation skills for DD

- Bubble Breathing, Pinwheels
- Goku Squeeze
- Grounding exercises
- Sensory Toolkit (with soothing items such as bubble wrap, PlayDoh, water or sand)
- Pocket Pal (case example where Johnny relied on milieu counselor Pat to prompt relaxation skills).
- Songs: Hokey Pokey, Shake your Sillies Out

Grosso, C.

NCTSN The National Child Traumatic Stress Network

Relaxation

- Vignettes – small group exercise
- Come up with at least 3 Relaxation techniques you would utilize with this case
- Are there any cultural considerations or developmental issues you would need to address in this component?

NCTSN The National Child Traumatic Stress Network

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NCTSN The National Child Traumatic Stress Network

Rationale for Teaching Affect Regulation Skills

- Children often do not have the vocabulary to express feeling types or intensity of feelings
- Children frequently rely heavily on their avoidance as a way to cope
- \uparrow use of skills = \uparrow effective expression and management of feelings = \downarrow need to use avoidance strategies
- Wound analogy, Bear & Thorn Story

NCTSN The National Child Traumatic Stress Network

Affect Regulation Goals

- Label/define feelings
- Learn about connection w/ body
- Express feelings safely
- Understand causes/triggers
- Assess intensity (SUDS)
- GE: general feelings then trauma related
- Cope w/ feelings in adaptive way



My Feelings Thermometer

Feelings Identification Exercises

- Feelings Brainstorm - Name as many feeling words as you can in one minute
- Games (Emotional Bingo; Talking, Feeling, Doing Game; Mad, Sad, Glad game)
- Heart Chart
- Color Your Life Technique
- Feelings Charades
- Feelings Wheel

Affect Interventions for Avoidance

- Art Therapy (masks)
- Worry Wall (or Anger Wall)
- Letter to the perpetrator
- Bottling Anger, Volcano in my Tummy
- Paper bag activity
- Life Jacket Analogy

Feelings activities for developmental delays

- Mirroring & labeling facial expressions (Charades)
- Distraction: “turn down the volume” of difficult emotional states
- Favorite characters, puppets & cartoons can be used (How would Goku feel if his friend hurt him?)
- Personalized photo feelings cards or “selfies”
- Music: “If you’re happy and you know it, clap your hands.”

Grosso, C.



Coping Skills

- **Goals for children**
 - Find adaptive ways to cope
 - Reduce anxiety
 - Help children to tolerate extremes of emotions
- **Goals for parents**
 - Highlight importance of modeling healthy coping
 - Enhance their ability to cope with stress from the incident, and for the GE process
 - Prepare parents to help their children with coping strategies at home and following termination



Coping Skills “Toolkit”

- Can make client “coping card”
- Relaxation skills (one public and one private)
- Distraction techniques
- Mindfulness activities or grounding skills
- Thought stopping techniques
- Create your own



Caution About Distraction Skills

- Many coping skills could be considered brief distraction techniques
 - Listening to music
 - Calling or texting a friend
 - Playing video games
- While we want to reinforce use of effective skills, we also want to refrain from reinforcing avoidance
- Depending on how children use the skills, may need to address overuse of distraction



Coping Skills

- **For Parents**
 - Self-Soothing activities
 - Positive Self-Talk
 - Exercise
 - Prescribed worry time
 - Support system

More About Coping for Parents

- Parents may use session with therapists to vent about their own reactions to trauma
- Parents learn appropriate ways of seeking support without involving children directly
- Therapists teach coping to parents and encourage them to prompt child at home
- Therapists use collateral sessions to give parents a jump start on cognitive restructuring

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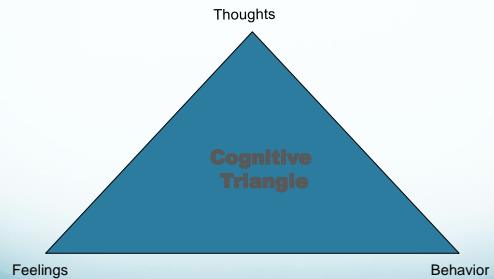
Cognitive Coping Goals

- Help children **distinguish** between thoughts, feelings & behaviors
- Help children and parents **understand connections** between thoughts, feelings & behaviors
- Help child/parent cope and improve functioning when overwhelmed w/ trauma reminders & thoughts

Cognitive Coping

“Learning to be in control of your own mind, instead of letting your mind be in control of you” (Linehan, 1993)

The Cognitive Triangle



The Cognitive Triangle

- Identify neutral or non-abuse situation (i.e., client who received an F in science)
- Initial thoughts: “I’m stupid,” “I’ll never graduate”
- Initial feelings: hopeless, self-defeated, depressed
- Behaviors: giving up, focusing on other aspects of school

The Cognitive Triangle continued

- Alternative thoughts: I need more help in Science because it’s not my best subject, I have had trouble focusing due to the trauma.
- Connected feelings to alternative thoughts: more hopeful, less self-blame.
- Likely alternative actions: get a tutor, ask teacher for additional assistance or extra credit opportunities.

Cognitive Component - GE

- This is one exception- children are not asked about their trauma-related cognitions until after their TN
- May discourage child from sharing parts of their experience – social desirability
- May alter trauma narrative
- If it comes up, don't be too quick to restructure

What Can I do Instead?

- Listen, reflect & validate
- Ask what child has heard from others
- Review what was learned in psychoeducation
- Review cognitive coping strategies
- Tell child you are going to write this down and revisit later

Cognitive Coping Strategies

- Remote control, Change the channel
- Replacement positive thought or song, change the tune
- Fly away balloons
- Stop sign visualization
- Say: "Go away" or "Stop it, I'm safe now."
- Write & wipe board
- Engage in positive activity

Changing the Tune

- [My Fight Song](#)
- *"I wrote Fight Song when I was at a crossroads in my life: on the outside there was a lot of hard stuff going on and a lot of reasons to give up on myself....but through writing the song, I made the decision to not listen to that small mean voice that was telling me I wasn't good enough. I decided to keep believing in myself no matter what."* - Rachel Platten

Creative Cognitive exercises with Children

- Tape Triangle on floor & play musical corners
- Picture Cues (Heart, head, hands)
- Thought, feeling, behavior Bags/Boxes
- Problem solving baseball
- TF-CBT Triangle of Life App
- Boundin' Video

Cognitive Component challenges w/ DD

- Abstract thinking
- Critical thinking
- Sequencing events
- Prioritizing
- Task breakdown
- Ambiguity

Cognitive Coping skills w/ DD

- Visual Cues
- Bubble People
- Bibliotherapy:
The Little Engine That Could (Piper, 1990)
Pete the Cat and his Magic Sunglasses:
[Pete the Cat video](#)

Cognitive Processing - Caregiver

- Help parent(s) identify own cognitive distortions
 - "My child will never recover from this."
- Help parent challenge his/her own distortions and replace them with more accurate, helpful cognitions
- Identify where you want the caregiver to get (healthy perspective) and what questions can get them there.
- Questions as your bridge
- Cognitive processing can be done with parents early on, but should be done later in treatment with children.

Cognitive Processing of the Trauma

- 3 Common thinking errors (3 P's)
 - **Too Personalized** (i.e., "It's my fault my child was abused" or "I should have known better than to have trusted him")
 - **Pervasive** (i.e., "The world is not safe" or "I can't trust anyone")
 - **Permanent** (i.e., "My family will never be happy again" or "My child will never recover from this")

Cognitive Processing Goals

- Identify maladaptive thoughts and beliefs about why the traumatic event occurred and the feelings that accompany them
- Promote the notion that thoughts can be changed
- Replace distorted cognitions with more accurate, realistic, or helpful ones
- Develop optimal understanding of the trauma within the context of the child's life



My fault child was abused



Cry | Isolate Sad | guilt

Perpetrator tricked us all



Talk About It Less guilt

Socratic Questioning for parents

- Is the thought _____ true? Always true? What evidence supports this idea? Any times it's not true?
- Does thinking this lead to positive or negative emotions and behaviors?
- Does thinking this help you feel good about yourself?
- Does thinking this help you in your relationships with friends and family?
- Does thinking this help you in your daily life?
- Does thinking this help you accomplish your goals?
- How would your child feel if she heard you saying that out loud?
- If your best friend had a child who experienced a similar trauma, would you say to her what you are saying to yourself?

CBITS Hot Seat Activity

- **Other ways to think about it:**
 - Is there another way to look at this?
 - Is there another reason why this would happen?
- **What will happen next:**
 - Even if this thought is true, what's the worst thing that can happen?
 - Even if this thought is true, what's the best thing that can happen?
 - What is the *most likely* thing to happen?

CBITS Hot Seat Activity example

- **Negative thought:**
 - If I fall asleep, I'll have nightmares
- **Hot (helpful other thoughts) seat thoughts:**
 - I don't have nightmares every night, so I might not have them tonight.
 - Nightmares aren't real, they can't hurt me.
 - I need to get some sleep for school tomorrow, even if it means I have nightmares.

Cognitive challenges: Scenarios for small groups

“When we fill our thoughts with the right things, the wrong ones have no room to enter.” – Joyce Meyer

PRACTICE Component

- Psychoeducation and parenting skills
- Relaxation
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- Cognitive coping and processing
- **Trauma narrative development & processing**
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Trauma Narrative

- A form of **gradual exposure** therapy
- Client can face fears in a safe, controlled environment
- Unify fragments of trauma memory into integrated whole
- Client can gain a sense of mastery and control over the trauma
- Tolerate trauma reminders w/out avoidance

“Name it to Tame it”

(Siegel and Payne Bryson, 2011)

- After a traumatic or scary event, emotions and bodily sensations flood to the right hemisphere of the brain
- Children may develop specific or generalized fears and avoidance of reminders of the event
- Parents can help bring the left hemisphere into the picture so the child can begin to make sense of what happened
- Promote *integration* by helping retell (over and over) the story of the painful or frightening experience
- Personal example

The Trauma Narrative “in a nutshell”

- At the client’s pace
- Get the general story
- Re-work and prompt for thoughts and associated affect
- Impact of the event & meaning making
- Telling the story – parental inclusion

Trauma Narrative Considerations

- Age and developmental level of the child
- Verbal, abstract reasoning, writing abilities of child
- Can assess with neutral narrative
- What engages child
- As long as children are facing their fears, TN can take *any* form

Possible Forms of TN

- Talk show format, videotaped
- Picture book, story board, cartoon strip
- Poem, song lyrics
- Newspaper article
- Collage
- Play, puppet show
- Sand tray representation

Possible Chapters

- About me, general information
- Non-abusive interactions w/ perpetrator or life before trauma
- First episode (if multiple) or last, others that stand out
- Disclosure & investigation, medical exams, foster home experience
- Worst, most disturbing or embarrassing detail

Organizing Trauma Narrative

- Can create Title Page, Table of Contents
- Best not to interrupt 1st draft
- Help client put in chronological order
- If multiple episodes or traumas, ensure that child writes about the “worst.”
- Re-read what they have done prior to each session for GE

TN Formats to use with DD

- Visual narrative, pictures (Johnny drew father as a fire-breathing Godzilla)
- Storyboarding w/ multiple frames (capture detail & sequence visually)
- Index card trauma timeline
- Use of dolls, puppets, sand tray
- Collage

More detail

- What happened just before/after/next?
- Prompt for thoughts, feelings (“What were you telling yourself when....?”)
- Prompt for sensory details (Time of day, smells, sights, what child was wearing)
- Ask questions to “fill in the blanks”
- What is one thing you could add to your TN that you haven’t told anyone else?

Let’s Practice

- **First:** presenting rationale for TN
 - Can use analogy of riding a bicycle
 - Band Aid/Wound analogy
 - Climbing a mountain, GE
- **Second:** getting details

Meaning-Making

- Re-telling the traumatic event in small doses in a safe, controlled environment
- Linking trauma events and current reactivity
- Reflect on impact of the event(s)
- Identify & challenge maladaptive beliefs
- Develop a future orientation
- [Po’s story \(Kung Fu Panda 2\)](#)

Final Chapter

- What have you learned?
- What would you tell other kids who experienced this?
- How are you different now from when the abuse/trauma happened?
- How are you different from when you started treatment?
- Future goals

When to hold off on TN

- Immediate safety concerns (i.e., client suicidal or homicidal)
- Stability significantly compromised- imminent disruption in living environment or treatment ending within next 2-4 weeks.
- Substance abuse
- Concept of “stably unstable” – TN leads to better integration of experiences

Troubleshooting, Resistance

- Bibliotherapy: *Please Tell* (Ottenweller, 1991)
- Revisit earlier components, cognitive triangle
- Structure session to include focused work on narrative and fun activity after
- Small incentives
- One more detail and we're done for today
- Work through the “hot spot”
- If you delay the TN, you are delaying progress
- 20 ways to get started

What to do w/ TN?

- Case by case basis or clinic policy?
- Maintain in clinical file
- Send home with client, consider pros/cons, possibly only final meaning making chapter
- Destroy as cathartic exercise
- Creative ideas? (e.g., mulch around tree in honor of deceased)
- TN disclaimer

Cognitive Processing of the Trauma

- Thought Classifications
 - **Inaccurate thoughts** (i.e., “The sexual abuse was my fault.”)
 - **Accurate but unhelpful thoughts** (i.e., “You can never tell when a drive-by shooter might hit you”)
 - **Inaccurate AND unhelpful thoughts** (i.e., “It’s my fault my dad hurt my mom. I should have protected her.”)

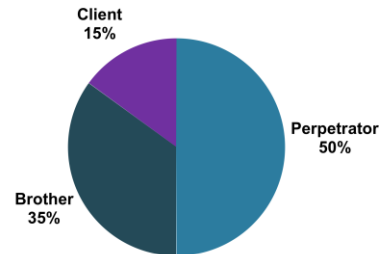
Ways to Identify Cognitive Distortions



- Assessment Measures
- Cognitive Triangle
- Responsibility Pie
- Trauma Narrative
- Parent's perspective
- Child's responses in role plays, puppet shows, etc.
- Worry Brain



Responsibility Pie



Techniques for Challenging Cognitive Distortions

- Psychoeducation: corrective information
- Examine the evidence and generate alternative cognitions
- The "Best Friend" role play (Goku)
- "You be the Therapist" role play
- Encourage "experiments"
- Progressive logical or Socratic questioning
- Differentiate responsibility vs. regret



Developmental Considerations for Cognitive Processing

- Children with developmental disabilities may have more cognitive distortions related to feelings of blame, guilt and fear of recurrence
- Feelings of blame may occur as a result of their limited capacity for critical thinking
- Johnny: Felt "bad" that his family went away; if he wouldn't have told, his family would still be together. If Goku had stayed in a home where he was being hurt, he would never have been able to become a strong superhero.

Cognitive Processing with young children

- Thought bubbles
- Healthy eating analogy
- Fill in the blank: "I think this happened because..."
- Books: Tiger, Tiger, is it True? Little Engine that Could, Mr. Worry
- [Kung Fu Panda Clip](#)

Cultural/Religious Considerations



- Explore possible culturally-related or religious beliefs/distortions
- Focus on healthy and helpful aspects of cultural values vs. unhealthy/unhelpful aspects
- Use progressive logical questioning and reframing
- Spiritual leader participation

Cultural consideration examples

- Patriarchal father (in my country, father is the boss= right to engage in DV)
- Latino culture rape victim: having sex before marriage= impure, loss of virginity. Implications for Quinceañera, womanhood & marriage
- Machismo: Difficulty of male sexual abuse victims discussing their victimization or related feelings that might make them seem weak.
- Marianismo: suffer & endure attitude

Let's Practice



Dear Dad,

I will never get over what you did to me. It hurt me that you thought I was nothing but a piece of garbage. Now everyone knows what happened to me. Although you called me a liar in court I know I told the truth. I will never know whether you forgive me for testifying. I know you will pay for this because we have both sinned.

The daughter you hate



- What are some cognitive distortions you see in this letter?
- How would you challenge these distortions with the client?

PRACTICE Component

- Psychoeducation and parenting skills
- Relaxation
- Affective expression and regulation
- Cognitive coping and processing
- Trauma narrative development & processing
- **In vivo gradual exposure**
- Conjoint parent child sessions
- Enhancing safety and future development

Generalized Avoidance Related to Trauma

- Trauma Narrative is one way of helping child master traumatic memories
- Some kids continue to suffer from generalized avoidant behaviors related to the trauma: avoiding places, people, or things that remind child of trauma (i.e. school refusal, fear of bathrooms)
- Avoidance interferes with child's functioning and healthy adaptation
- Example of sexual abuse case

In Vivo Considerations

- Trauma cues are inherently innocuous – reminders of past trauma that don't serve a purpose vs. cues that present situation is unsafe
- Avoidance is a powerful self-reinforcer: child comes to believe that avoidance is only way of coping with fear
- Child must be gradually exposed to feared situation to overcome it
- For younger children, use of transitional rituals, and imagination



In Vivo Mastery of Trauma Reminders



Steps:

- Identify and assess the feared situation/triggers
- Can use mountain visual, traffic cones or SUDS scale to identify steps 1-5 or 1-10
- Create a specific behavioral desensitization plan to gradually approach feared situation



In Vivo Mastery of Trauma Reminders (continued)

- Goal: improved adaptive functioning for child and child regains sense of competence and mastery
- Ensure parent is committed to follow through with plan; parent uses praise and rewards
- Make sure that each step of plan is tolerable for child and parent

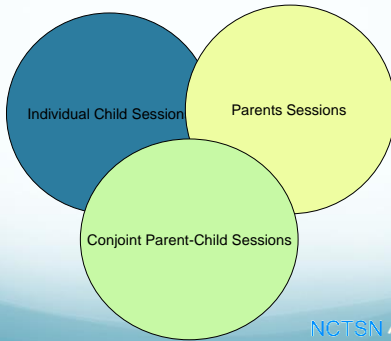
In Vivo Mastery of Trauma Reminders w/ DD

- Smaller increments of escalating stimuli
- Visuals to rate/order increments
- Rote behavior when anxious and discomfort w/ change, so *In Vivo* plan needs to incorporate daily rituals and comfort items
- Address avoidant bhxs as soon as noticed so they are not further ingrained

PRACTICE Component

- Psychoeducation and parenting skills
- Relaxation
- Affective expression and regulation
- Cognitive coping and processing
- Trauma narrative development & processing
- In vivo gradual exposure
- **Conjoint parent child sessions**
- Enhancing safety and future development

Conjoint Parent Child Sessions



Conjoint Session Considerations

- Evaluate children's and parents' readiness to participate in joint sessions
- Help parents to develop skills for responding appropriately when children discuss traumatic events
- Promote positive, healthy communication between parents and children
- Review gains/progress, PRAC skills to be utilized long after treatment ends

Goals for Sharing Narrative

- Resolve avoidance, shame and negative cognitions associated w/ trauma
- Allow child to become more comfortable in discussing thoughts and feelings with parent, even when upsetting
- Parent should be the one that the child can come to with any worries in the future
- Majority of families say that creation of the TN was the most helpful part of treatment

Conjoint Parent Child Sessions

1. Prepare the parent: therapist reads narrative w/out client present first, more than once if needed, in order to reduce reactivity
2. Can have parent prepare and practice response through role plays
3. Can have parent think of a list of questions they want to ask or compose letter to child
4. Can have parent describe their experience of the trauma apart from child's version
5. Prepare the child: "dress rehearsal"

Troubleshooting

- What do you do if there is no caregiver to share the narrative with? (Launch balloon)
- What if parent continues to be in denial or not appropriately supportive?
- What if you encounter resistance from the child?
- Can always stop session if it goes awry

PRACTICE Component

- Psychoeducation and parenting skills
- Relaxation
- Affective expression and regulation
- Cognitive coping and processing
- Trauma narrative development & processing
- In vivo gradual exposure
- Conjoint parent child sessions
- **Enhancing safety and future development**

Challenges w/ children who have DD

- May have a lack of boundaries, intrusive bhx
- May be overly compliant w/ authority figures
- May have increased dependency on caregivers for physical needs
- May have impaired communication and/or ability to disclose abuse
- Have limited access to sexual education & personal safety skills

Enhancing Safety with DD children

- Repetition and practice
- Experiential learning/ Role Playing
 - Role playing: Say No, get away, tell
- Safety Bubble, Hoola hoops
- Practicing implementation of boundaries with others (i.e., ask for hand shake or hug when in need of physical comfort)

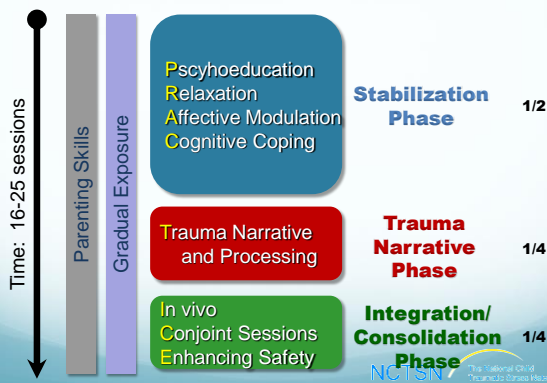
Enhancing Safety and Social Skills

- Review Sexual Abuse Safety even with cases that do not involve sexual abuse
- My Body Belongs to Me [video](#)
- Conflict resolution skills & Safety Planning for DV cases or community violence
- Boundary and Assertion Skills (bullying)
- Evaluate and Increase Support System
 - Where to turn grid

TF-CBT with Complex Trauma

- Adjust proportionality, half of sessions needed for coping skills and regulation
- Treatment length longer
- Can help child find unifying theme(s) and integrate traumas
- GE to trusting relationships; caregiver involvement?
- Blunted affect: previously punished, ridiculed and/or dangerous to express feelings
- May help to limit number of sessions on TN

TF-CBT Pacing – Complex Trauma



Possible Complex Trauma Themes

- Blame & shame, betrayal, being damaged
 - People who should keep me safe hurt me.
 - It's hard to trust people when they always leave.
 - How can I feel safe when people in my family hurt each other?
 - No one will ever love me, my own parents didn't.

Traumatic Grief

- Do neutral or positive memories of the deceased segue into traumatic memories or thoughts?
- Grief components after processing trauma (PTSD symptoms interfere w/ normal grieving process)
- Interrupts developmental tasks or usual activities (i.e., avoids baseball because father not there to watch)
- Contextualize trauma: how is client stronger or moving forward

Bereavement Tasks

- Psychoeducation: communicating about death
- Mourning the loss; ambivalent feelings (letter)
- Preserving positive memories (scrapbook, alter)
- Redefining the relationship (convert from one of interaction to one of memory)
- Recommitting to new relationships
- Making meaning of the death (help others)

Cognitive processing of loss

- Explore thoughts & feelings related to the intentionality or fairness of act (i.e., if homicide or sudden death)
- Normalize thoughts, but emphasize that no one can change the past
- Focus on how we can change things in the present and future by our own actions
- We can change our own thoughts, feelings & behaviors (cognitive triangle)

Future functioning

- Assess for rescue or revenge fantasies ("If you had special powers and could have made things turn out differently, what would you have said or done to change what happened?")
- How can child achieve symbolic corrective action? (i.e., letter to deceased, gang prevention cause, MADD)

Future functioning – 3 Ps

- **Predicting:** client will experience painful reminders in the future
- **Planning:** address how client can cope with reminders in the future
- **Permission:** give permission to self and others to have difficulties
- * **Termination:** relationships can come and go in their lives, not the same as someone dying

Fidelity vs. Flexibility

- Find a balance
- Use all components, techniques can differ
- Generally use in PRACTICE order, but can vary as clinically appropriate
- Use in reasonable amount of time
- Fidelity checklists
- Recipe analogy

Ending Treatment

- Are trauma symptoms extinguished or greatly reduced?
- Can parent manage child's behavior and any remaining symptoms?
- Has child-parent communication improved?
- Treatment graduation: certificate of completion, celebration

LA County DMH Requirements for TF-CBT

- Web-based training
- 2-Day basic training w/ National trainer
- Track symptoms w/ outcome measures
- Completion of 5 cases
- Consultations with a national trainer (16)
- Booster Training
- Up to 2 audio recordings

<http://etl2.library.musc.edu/tf-cbt-consult/>

