CBT+
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What is CBT+?
- CBT for Anxiety
- CBT for Depression
- TF-CBT
- Parent Behavior Management (or Behavioral Parent Training) for Behavior Problems

EBP = Treat to the Target

Follow the Flow Chart

In the Beginning
- Follow the steps exactly
- Have the right ingredients; systematically apply within the model

Once you have Done it by the Book
2536 EBP Bill
- Children’s mental health, juvenile justice, child welfare
- Inventory
- Evidence-based
- Research-Based
- Promising
- Help with EBP adoption/sustainment
- Expectations for documentation of adoption

Day 1
- Set up and CBT Recap
- Engagement-Motivation-Assessment
- Psychoed
- Emotion Regulation
- Depression
Day 2
- Behavior Problems
- Anxiety
Day 3
- TF-CBT

Application to Real Life
- Think about your caseload; use your cases for the practices
- Give us your hardest case:
  - Thumbnail description
  - Why in tx (e.g., what are the mental health sx or bx)
  - Dx

CBT Recap
- It’s the thought that counts

WHY change unhelpful thoughts?
- Because they cause hard feelings
- or make feelings worse than need to be
Unhelpful Depression Thoughts?
- I suck at everything
- No one really care about me
- I can’t do anything well
- Nothing is ever going to change for the better
- There is no point in trying
- I’m unlovable
- I might as well be dead
- I’m a loser
- No one loves me
- No matter how much I try nothing ever works out
- No one would even notice if I weren’t around
- I’m ugly

Unhelpful Anxiety Thoughts?
- Something bad is going to happen
- Those kids are laughing at me and think I’m dumb
- I’m going to make a mistake
- My mother is not going to pick me up from school
- My caregiver is going to be hurt/will die
- I’m going to fail this test

Unhelpful Thoughts about Behavior?

Child- ???????
- She is trying to ruin my life
- He did that on purpose
- This isn’t fair
- She cares more about my sister than she does me
- She doesn’t want me to have any fun
- She doesn’t love me

Caregiver--????
- She is a spoiled brat
- He did that on purpose
- She does that just to make me mad
- She is never going to learn
- He always does this at the worst times
- We are never going to have a good relationship
- He’s going to be just like his father
CBT Cognitive Focus

CHANGING Thoughts

Intervention Target

To Change: Behavior

To Change: Feelings

Changing Unhelpful Thoughts

Old

I suck at everything

Isolating, hitting walls

Sad, frustrated

New

I'm pretty good at a few things

Out and about

Proud, confident

What to do?

- Give new information to change thoughts
  Easy but only works if thought is not stuck

- Help client talk self into new thoughts
  Hard, but works because it comes from the client

CBT Recap

Behavior happens for a reason

Unhelpful Depression Behaviors?

- ??????

Because it keeps clients stuck and can make situation worse
Unhelpful Depression Behaviors
- Isolating from friends and family
- Too much/not enough sleep
- Self harm behaviors (e.g., cutting)
- Stop doing fun activities
- Under eat/Over eat
- Not taking care of day-to-day necessities

Unhelpful Anxiety Behaviors
- AVOIDANCE
- Reassurance seeking
- Tantrums
- Compulsive behaviors (hair pulling, repeated locking of doors, hand washing, etc.)
- Crying/whining

Unhelpful Behavior Problems
- Tantrums
- Whining/Pouting
- Screaming/Yelling
- Hitting
- Cursing/Foul language
- Destroying toys
- Stealing
- Lying

CBT Behavior Focus
To Change: Thoughts
Intervention Target
CHANGING: Behavior
To Change: Feelings
Basic Principles for Bx

- Behavior happens because it works:
  - Achieve desired goal (attention, reward)
  - Avoid unwanted outcome (boredom, anxiety, punishment)

- It will change, or persist based on:
  - Reinforcement (+ or -)
  - May get worse before it gets better

Treatment Engagement:

- Engagement
- Motivational enhancement
- Assessment with feedback

Engagement vs. Motivational Enhancement

- **Engagement** is effective for:
  - Attendance at first session
  - Client returning the next week
  - Active tx; in session and in between

- **Motivational Enhancement** is effective for:
  - Helping clients who are ambivalent decide to take steps for change

Initial Engagement

- **Telephone**:
  - Say “How can we help you”?
  - Give message “we can help you”
  - Tell a bit about program
  - Proactively address barriers to attendance
    - Logistical
    - Assumptions/past experiences

Initial Visit Really Counts

- **Steps that matter (in this order!)**

  1. Elicit concerns
     - “I know Raul was referred for his anxiety, but why do you think he needs treatment?”
     - “What are you most concerned about?”
     - “We can work on that.”

  2. Communicate hope and confidence
     - “I think treatment can really help your son.”

Initial Contacts Really Count

- 3. Ask about previous counseling experiences or attitudes toward therapy
  - “Has anyone in your family been involved in therapy before? Tell me about that. Would you like to hear about how therapy works here?”

- 4. Problem solve concrete barriers
  - “I know you’re busy, what are some of the things that might get in the way being able to come to therapy? What ideas do you have about how to handle these?”

- 5. Do one thing, that session, that is helpful
  - “I have a handout that you might find useful. Would you like to look at this together?”
How to tell if motivation is an issue?
- Sporadic attendance, frequent cancellations
- Incongruent words and actions –
  - “I really want things to get better w/ Madison”/ “I was just too busy this week to try that”
- Client reports ambivalence
  - “I know avoiding is not the best way, but I just don’t know if I am ready”
- Does not do homework practice
- Client gives many reason why something won’t work (“Yes, but!”)

Ambivalence
- \textit{Ambivalence} = not yet being committed to steps for change (on the fence)
- Status quo must have advantage
  - otherwise change would have happened
  - Identifying a problem isn’t hard, solving it \textit{IS}
- \textbf{Key:} agree on the problem AND agree on the steps for the solution

Change Talk
- Attend (pay attention and respond) to change talk
  - “You said you’re tired of feeling sad all the time. Tell me more about that.”
- Elicit disadvantages of keeping things the same
  - “What will happen if you don’t change?”
- Identify advantages of change
  - “What will be better if you do change?”

Decisional Balance Scale
- Reasons not to change
  - Identify but don’t over focus on
- Results of not changing
  - Highlight discrepancy with personal goals
- Reasons to change
  - Identify and focus on
- Results of changing
  - Highlight advantages

MI Practice #1
- Work in groups of 2, one person expresses ambivalence about a situation they are dealing with.
- The interviewer initially listens and then responds as follows:
  - Tell interviewee 3 reasons why they should change
  - Give interviewee 3 suggestions for how to change

MI Practice #2
- Ask client reasons to change
- Ask client what are ways they have thought about changing
- Using same ambivalent situation:
  - Interviewer now uses 3 reframes (emphasis on moving client forward) to 1 open ended question
**Motivational Interviewing**

<table>
<thead>
<tr>
<th>Inconsistent with EBP</th>
<th>Consistent with EBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telling client they need to change</td>
<td>Expressing empathy for situation</td>
</tr>
<tr>
<td>Giving client many reasons why they have a problem, need to do something</td>
<td>Using open-ended questions, reflecting, summarizing</td>
</tr>
<tr>
<td>Arguing or challenging when client rationalizes, makes excuses, is resistant</td>
<td>Inquiring about pros and cons of changing</td>
</tr>
<tr>
<td>Allowing client to use session to talk about the benefits of not changing or why it's too hard</td>
<td>Assessing importance and confidence about change</td>
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<tr>
<td></td>
<td>Attending to and reinforcing any change talk</td>
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<tr>
<td></td>
<td>Ending on good terms</td>
</tr>
</tbody>
</table>

**Screening and Assessment**

**Why screen all kids for trauma??**

**Child Victimization Rates**

- **Past year**
  - Any = 60.6%
  - Assault = 46.3%
  - Sexual assault = 6.1%
  - Child abuse = 10.2%
  - Bullying = 15.2%
  - Witness = 25.3%

- **Lifetime**
  - Any 80%
  - Assault = 56.7%
  - Sexual assault = 9.8%
  - Child abuse = 18.6%
  - Bullying = 21.6%
  - Witness = 37.8%

**TRAUMA EXPOSURE IS VERY, VERY PREVALENT**

**Trauma Screen**

- List of traumatic events
  - Not scored
  - Self-report kids 7/8+

**Trauma Screening is Clinical Encounter**

- Engagement
- Therapeutic alliance
- Psychoeducation
- Exposure
Case Examples

- 9 year old Jayden was physically abused by his stepfather, who also beat his mother. His grandfather died of a sudden heart attack this past year.
- He lives with his mother and younger sister. The stepfather is her father.

- 14 year old Maya was sexually abused when she was younger by a baby sitter. Recently she was raped at a party when she was drinking. They live in a sketchy neighborhood. A boy at her school was shot last year.
- She lives with her parents and older brothers.

Practice Trauma Screen Feedback

- Validate
- Normalize
- Gradual Exposure

Standardized Measures

- Why use them?
  - Complement to clinical interview and observation
  - Yardstick for clinical target
  - Baseline to mark change over time
    - Is client getting better?

CBT + Assessment Measures

- Trauma Checklist
- Exposure to trauma
- Pediatric Symptom Checklist-17
  - Externalizing (acting out behavior), Internalizing (feelings), Attention
- SCARED brief version
- Anxiety and PTS
- Child PTSD Symptom Scale (CPSS)
- PTS
- Moods and Feelings Questionnaire/PHQ9
- Depression

Overall Problems

- PSC-17
  - Clinical Cutoffs
    - Overall Problems ≥ 15
    - Individual Areas
      - Internalizing ≥ 5
      - Externalizing ≥ 7
      - Attention ≥ 7

Anxiety

- SCARED
  - Generalized anxiety: Clinical = 3+
  - PTS: Clinical = 6+
Case Formulation
What is the counseling focus?
- Choose a primary clinical target
  - Depression
  - Anxiety
  - PTS/trauma distress
  - Behavior
- Comorbidity is the rule, so pick a place to start:
  - what is driving the train
  - what needs the most immediate attention

Get Agreement on Clinical Formulation
- Share results (interview, observation and checklists)
- Encourage feedback/input
- Convey confidence and hope
  - “We have a treatment that changes this, are you interested?”
- Give practical information (# sessions, who comes, expectations between sessions—practice required)

Principles of Active Therapy
- Focus on the clinical target
- Measure it every time (standardized measures, ruler, thermometer)
- Review homework
- Teach and practice a skill
- Give homework

Assigning Homework
- Get Specific! (what, when, where, who, what needed, how long...)
- Can you start it together?
- Use Reminders! (write it down! set alarm!)
- Give Strong Rationale! (why is this important? Get buy-in)
- Be Collaborative! (so they own it)
- Anticipate and Problem-Solve Obstacles!
- Especially for older teens, respect it’s their job to decide whether HW is worthwhile (but assert your belief that real change requires practice)

What does research say about assigning HW? (Jungbluth & Shirk, 2012)
- What early therapist behavior predicts better HW adherence?
  - Spend time on this
  - Give strong rationale (esp if resistant or not adherent)
  - Trouble-shoot obstacles if not adherent
Reviewing Homework
- ALWAYS review!
- Praise/shape effort
- If not done—do together!
- If not done...
  - Not a failure
  - Steps weren’t small enough?
  - Identify obstacles and problem solve
  - Interfering beliefs? (Maybe you didn’t think it would help?)
  - Bad HW?
  - Remember—not a tug of war

Psychoed: What is it and Why Do It?
- Why: Lower distress and increase self efficacy
  - You are not alone
  - You are not crazy
  - There’s hope—we’ve got a treatment that works
- What: Provide information
  - Target condition
  - Tx process
  - CBT Triangle (underlying principle)

That’s Not All: Get Creative
- Internet search
- Conduct interviews
- What else?

Have an Agenda

CBT Plus Psychoeducation
Handouts
- Review with caregiver and/or youth
- Ask questions
  - “How does this fit with your understanding?”
- Discuss connection to treatment model
  - Cognitive Triangle
  - Who, what, expectations

CBT Triangle

Thoughts

Feelings

Actions
CBT Triangle Practice

- Personal Example
- From your caseload. Pick:
  - Depression
  - Anxiety
  - Behavior problem
  - Parent
  - Kid

- Be a kid on your caseload. Have a therapist and observer.
- Tell therapist the problem situation.
- START ROLE PLAY
  - Therapist explains Triangle
    - Therapist gets Thought, Feeling, Beh for problem situation
    - Therapist elicits a more helpful or different thought and fills out triangle

Emotion Regulation

- Brainstorm for relax, calm down, chill

Do You?

Guided Imagery
Breathing
Mindfulness
Meditation
Yoga
Games
Bubbles
Dance
Sing
Play w/ pets
Talk to friends
Take a walk
Listen to Music
Read

- Identify Feelings:
  - Rate Intensity

Depression

CBT for depression
Focus for Today
- Conceptualizing Depression
- Mood Monitoring
- Pleasant Activity Scheduling
- Problem Solving
- Goal Setting

(But don’t forget #1 is SAFETY)

Psychoeducation
- What were our goals?

Conceptualizing Depression

Mood Monitoring Sheet

<table>
<thead>
<tr>
<th>Day</th>
<th>High &amp; low mood ratings (0-10)</th>
<th>What events or activities were going on related to the highs and lows?</th>
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</thead>
<tbody>
<tr>
<td>Saturday</td>
<td>High</td>
<td>Low</td>
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<td>Tuesday</td>
<td>High</td>
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<td>Low</td>
</tr>
<tr>
<td>Sunday</td>
<td>High</td>
<td>Low</td>
</tr>
</tbody>
</table>

Pleasant Activity Scheduling
- WEEK REVIEW
- Past or upcoming
- Name activities that brought your mood UP
- Name activities that brought your mood DOWN
Pleasurable Activity Scheduling: Get Active!

- Brainstorm DOABLE activities to improve mood
  - Activity menu
  - What do you (did you) enjoy?
  - What are you (were you) good at?
- Should be active, fun, social, or helpful
- Commitment to schedule multiple during week
  - Aim for 3-5 (depending on the activity)
- Make mood monitoring sheet
  - Rate feelings before and after
  - Notice emotions changing based on trying activities
- Then...add more and new activities

PRACTICE!!

- Identify a DOABLE activity to improve mood
  - Activity menu
  - What do you (did you) enjoy?
  - What are you (were you) good at?
- Should be active, fun, social, or helpful
- Get SPECIFIC (who, what, when, etc.)
- Anticipate and prob-solve obstacles!
- Commitment to schedule multiple during week
  - Aim for 3-5 (depending on the activity)
- Make mood monitoring sheet
  - Rate feelings before and after
  - Notice emotions changing based on trying activities

Problem Solving

- Something they can control
- Hint: draw from mood monitoring, or ask what stresses them out

Goal Setting – small steps!

- Identify the goal
  - Make it specific
  - Feasible/possible (e.g., don’t set up for failure)
- List the steps; break into small, doable pieces
- Reinforce successes
  - Self-reward for taking a step
  - Pay attention to changes in thoughts and feelings:
    - mood (e.g., I’m pumped up, I am satisfied)
    - thoughts after (e.g., I did good, I am proud of myself, I am making progress)

Targeting Unhelpful Depression Thoughts

- Psychoeducation
  - Mood -> Thinking -> Mood -> ...
  - Teach them to look for common negative thinking traps

Negative Thinking Traps

- Black & White Thinking
  - Everything is all or nothing
  - Everything is a catastrophe
  - Everything is the worst that could happen

- Overgeneralization
  - Draw false conclusions about a single event

- Personalization
  - Draw false conclusions about a single event

- Mind Reading
  - Assume others know what you are feeling

- Emotional Reasoning
  - If you are feeling bad, then you must be a failure

- Substantiation
  - Use facts to support your thinking about a single event

- Emotional Reasoning
  - If you are feeling bad, then you must be a failure

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Targeting Unhelpful Depression Thoughts

- Psychoeducation
  - Mood -> Thinking -> Mood -> ....
  - Teach them to look for common negative thinking traps.

- Help them notice and challenge their negative thoughts
  - Explore negative thinking linked to specific events/situations from the past week.
  - Teach them ways to challenge their thoughts...
    - Examine helpfulness
    - Examine accuracy
    - If role play

Cognitive Restructuring

<table>
<thead>
<tr>
<th>Negative or Unhelpful Thought</th>
<th>Is the thought necessarily true?</th>
<th>This thought makes me feel...</th>
<th>This thought makes me want to...</th>
<th>Evidence For Thought</th>
<th>Evidence Against</th>
<th>What would you tell your best friend?</th>
<th>A more helpful thought is...</th>
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Rumination...

- Devise a plan for recognizing and interrupting the pattern of unproductive, negative thinking
- (But distinguish from reflection, where there is a productive problem-solving orientation)

Behavior Problems

CBT for Behavior Problems

CAREGIVERS
Parents
Teachers

Critical to get Buy In... but NOT easy
Focus for Today
- Function of Behavior
- Primary Behavior Management Strategies
- Ways to get Caregiver Buy-In
- Practice in Session
- Practice Outside of Session
- Trouble-shooting when practice doesn’t happen

Two Primary Functions...
- Get something you **WANT**
- Get **out** of something you **DON’T want**

To Change Behavior...
- Learn all you can about the behavior
  - Frequency, duration, intensity
- Understand the environment surrounding the behavior
  - What is the function? What is maintaining the behavior?
- Understand where you can change something in the environment to change the behavior

Who Has a Case?
- Behavior problem: not sure about the function

Understanding the Environment

<table>
<thead>
<tr>
<th>Antecedents</th>
<th>Behavior</th>
<th>Consequence</th>
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<tbody>
<tr>
<td>Asks to use the car. Told, “No.”</td>
<td>Will not accept. Argues.</td>
<td>Gets to use the car.</td>
</tr>
<tr>
<td>Told to do a chore</td>
<td>Mumbles, Complains.</td>
<td>Parent gets upset.</td>
</tr>
</tbody>
</table>

Questions for finding out the function
- What happened right before?
- After the behavior, what did you do?
- What did he do?
- Then what did you do?
- What happened next? What did he do?
- What did you do?
- Tell me about another time the behavior happened. What did you do? (repeat)
Changing Behavior

Positives First: Praise, Rewards, Positive Time with Child

Why Positives First?

Positive Strategies
- **Increase positive time together**
  - Planned child-lead, fun, parent-child interactions
  - All EBPs for behavior problems start here
- **Praise**
  - Attend to/praise what you WANT to see
- **Selective attention**
  - Actively ignore minor irritating (attention-seeking) behavior

Introducing Positive Skills
- Rationale for WHY we start with positives (active strategy for changing bx)
- Choose positive time or praise (can let parent pick)?
- Analogy: SHOW why even helpful/beneficial/appreciated for changing behavior in ADULTS

Getting Buy-in on Key Components
- Using **adult examples** to show why these components may be helpful for improving behavior
  - **Positive Time**
  - **Praise**
  - **Rewards**
How to Teach Parenting Skills

● UP and OUT of your chair!
● On the floor playing, throwing a tantrum, playing out a power struggle

● Just talking about how to deal with difficult behaviors isn’t enough. People need practice to learn a new skill
   ● Just ask coaches. Coaches…?
   ● Peanut Butter & Jelly Example

Steps

● Model Skill
● Discuss
● Caregiver tries it
● Discuss

● Talk about homework and plan
● Problem-solve loopholes

Rewards/Behavioral Plan

● Free or low-cost rewards?
● Creative, motivating?
   ○ Anything related to the power of making a choice
● Can be things kids have already, but now they have to earn them
   ○ Can get tricky, use consultation calls, so stays positive

● Tokens?
   ○ Depends on child age
   ○ Depends on frequency, duration, and intensity

Shaping: Does the child have to DO the final behavior, or can they be rewarded for small steps toward it?

● Great strategy if multiple steps (e.g., making the bus)
● Depends on frequency, duration, intensity

Time Out/quiet time (from attention)

Planned ignoring

Remove from situation (leave store) and have a time out at home

Logical consequence (remove toy; stop playing with peers)
Consequences: Older Children

- Removal of privileges
- Logical consequences – discussed with child ahead of time
- Behavioral Contracts
- Time out in their rooms or other quiet space. No playing in room during time out *(no Xbox)*

Caregivers: Engaged (you think) but not following through

- Yes-but....
- Not doing practice in between sessions
- Forgetting/No time to practice (but intends to)
- Not showing up to sessions
- Others?

Exploring Not-following Through

- FIRST: assume there’s a very good reason
- ASK about the reason
- Normalize not following through
- PUT a few reasons the parent might NOT have done it ON the table
- Want to know....
- Don’t think it’s a great idea
- Not perceived to be a good fit (culturally or individually)
- Didn’t understand
- Just didn’t have time

WHY not following through tells you more about which road you should take
- We often assume

Exploring Not-following Through

- Want to know....
  - Don’t think it’s a great idea
  - Not perceived to be a good fit (culturally or individually)
  - Didn’t understand
  - Just didn’t have time
  - WHY not following through tells you more about which road you should take

Not a Good Idea: Asking for a One-Week Experiment

- “What about trying it this week, how many days do you think you could try—you set that, JUST as an experiment!”
- “Since things have been so busy, why don’t we set a reminder?”
  - Cell Phone Alarm
  - Pre-set Text
  - [http://www.textem.net/](http://www.textem.net/)
  - Calendar
  - Friend/Partner
  - Therapist mid-week call?
Not a Good Idea: Other Strategies
- Two takes role play
  - YOU be parent, they are child...SHOW two different ways to address a behavior/support a child; they play child
  - Ask for their opinion
- Adult analogies
  - Things from adults' lives that are parallel, and we appreciate
    - Best boss, worst boss
  - See parenting Q&As (need to know)...
- Talking it through
  - Hear other things they think are more effective, find out how worked in the past

Not a Good Fit (Culturally or Individually)
- Explore—talk openly about cultural differences
- Ask about other language for same strategy
- Talk about GOAL you’re trying to accomplish, see if they have another way to get at that GOAL

Reflecting back what THEY say about why the HW is worth doing
Often an option....
- “So sounds like you feel two ways about this. On one hand—it’s been hard to do the things we’ve talked about at home, you’ve been busy, there’s lots going on. But at the same time, you’re saying you really want and need his behavior to change.”

Didn’t Understand
- Possibly means we didn’t explain, model, and role play with the parent
- We didn’t do enough planning for DOING homework
- Use session to do these steps. If no follow through STILL the next week, maybe one of the other reasons apply

NO Time? Doing Practice IN Session
- “The last few weeks have been really busy it sounds like. How about we use part of our time today for you to try the practice with your son?”

No Time? Setting Reminders
- “Since things have been so busy, why don’t we set a reminder:
  - Cell Phone Alarm
  - Pre-set Text
  - http://www.textem.net/
  - Calendar
  - Friend/Partner
  - Therapist mid-week call?”
Home-School Link
- Significant behavior problems at school, or only at school
- Regular caregiver-teacher communication
  - Can be through a “daily report card”
- Similar approach (e.g., positive parenting skills) at home and at school
  - Praise for appropriate behavior, rewards
  - Consequences for negative behavior, when needed
- Rewards/Consequences can happen at home (requires good communication)
  - Child can connect specific behavior at school to reward at home

Children with Sexual Behavior Problems: What We Know
- Sexual misbehavior in children is not always offending
  - Sexually aggressive youth referral not often the answer
- In children—diverse behaviors and reasons
  - Risks: often low
- Brief treatments work well
  - Similar to what we do for other types of behavior problems

Similar Components!
- Assessment
- Psychoeducation
- Emotion Regulation
- Cognitive Restructuring
- Skills Training
- Supervision

Anxiety
  - CBT for anxiety

Anxiety: Exposure
- Facing up to your fears:
  - Phobia (fear of flying) = go on plane
  - Social Anxiety (fear of social situations) = hang out with friends
  - Separation Anxiety (fear of leaving parent) = child goes to school
Addressing Over-accomodation
- Maladaptive thought: All dogs are dangerous
- Adaptive thought: Most dogs are friendly, some are dangerous

Accomplishing Exposure Behavior
- Explain how and why exposure works
- Imaginal and in vivo
  - Imaginal = imagining the feared situation
  - In vivo = facing real fears in the environment (going to school) or reminders (seeing a plane)
- Make a plan
- Gradual steps
- Reinforce safety
- Do feelings ratings before, during and after
- Never leave the session with high anxiety

Gradual Exposure:
Fear Ladder/Hierarchy
- Some Hard Ones
- Some Middle Ones
- Some Easy (but not TOO easy)

Exposure: Getting a Range of Rungs on the Ladder
- What would make that step a little easier?
- What would make that step a little harder?
- When a child experiences a challenge with an exposure—“step back without backing down”
  - “Sounds like that one was hard for you. Let’s try it again now, but with something that would make it a little easier.”

Accomplishing Exposure Behavior
- Explain how and why exposure works
- Imaginal and in vivo
- Imaginal = imagining the feared situation
- In vivo = facing real fears in the environment (going to school) or reminders (seeing a plane)
- Make a plan
- Gradual steps
- Reinforce safety
- Do feelings ratings before, during and after
- Never leave the session with high anxiety

Anxiety Disorders
When child will not do exposure, consider adding some:
- Cognitive coping
- Breathing/relaxation
- Exposure IS the effective ingredient. Skills are used to help the child DO exposure – not avoid exposure.
OCD: Response Prevention

- Target rituals (a form of avoidance of distress)
- Identify what they are
- Get agreement not to do them
- Set up a plan to delay use of rituals
- Form of in-vivo – (stay in until the distress comes down)
- Notice feelings, decrease in distress (thermometer)

Worrying Too Much (aka GAD)

- Interfering?
  - (Address avoidance, OCD type bx-calling parents too much)
- Productive or unproductive?
  - (solvable?)
- Realistic or irrational?
  - (placement vs. exploding earth)
- Creating a bx problem (e.g., function)?
  - Dealing w escalation as avoidance

Managing General Anxiety

- Addressing avoidance
  - Exposure
- Response prevention
- Problem solve if solvable problem
- Deal w thoughts
- Cognitive coping/distraction
- Structured worrying (worry box)
- Managing as a bx problem with:
  - Contingency management
  - Selective attention
  - Rewards/consequences

Dealing with Anxiety Cognitions

<table>
<thead>
<tr>
<th>Negative or Unhelpful Thought:</th>
<th>Is this thought necessarily true?</th>
<th>This thought makes me feel...</th>
<th>This thought makes me want to...</th>
<th>Evidence for Thought, Evidence Against</th>
<th>What would you tell your best friend?</th>
<th>A more helpful thought is...</th>
</tr>
</thead>
</table>

Impact of Trauma Experiences

- Acute distress almost universal
- Impact can be long lasting
  - Risk and protective factors
- Most recover naturally
  - Less than 20% meet criteria for a diagnosis
- Childhood trauma is risk factor
  - Health, mental health, relationships, socio-economic, revictimization

More ACEs = More problems
### Trauma Impacts
- Posttraumatic stress
- Depression
- Behavior problems
- Emotion dysregulation
- Attachment insecurity

### TF-CBT
- Rated highly, cost beneficial
- Boys, girls
- All kinds of traumas
- Diverse race/ethnicity (African American, Native American, Latino)
- All over the world (Europe, Israel, Tanzania, Cambodia, Thailand, Colombia)

### What is TF-CBT?
- CBT!
- +
- Trauma-focus
  - Thoughts
  - Feelings
  - Behaviors

### Trauma Focused Tx Manuals
TF-CBT Components Acronym
- Assessment/engagement
- Psychoeducation
- Parenting
- Relaxation
- Affect Regulation
- Cognitive Coping
- Trauma Narrative
- In-vivo Mastery
- Conjoint Child/family sessions
- Enhancing Future Safety

TF-CBT Sessions Flow
Baseline Assessment → Entire Process is Gradual Exposure

- Sessions 1-4: Psychoeducation, Parenting Skills, Relaxation, Affective Expression and Regulation, Cognitive Coping
- Sessions 5-8: Trauma Narrative Development and Processing, In-vivo Gradual Exposure, Conjoint Parent Child Sessions, Enhancing Safety and Future Development
- Sessions 9-12: Enhancing Future Safety

Goals of Treatment
- Reduce trauma-related sx/behavior problems
- Help child/family place trauma in perspective
- A bad experience
- In the past
- Effects but does not negatively determine life course
- Restore/maintain normal developmental functioning

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

Is TF-CBT the Right Treatment?
- Child exposed to a potentially traumatic event?
- Child has trauma-specific distress?
- Child is in a stable or “stably unstable” (e.g., foster care) environment?
- Contraindications?
  - Acutely suicidal?
  - Actively substance abusing?
  - Severe, out of control behavior problems (e.g., serious aggression, delinquency, on the run)?
Trauma Screen

- List of traumatic events
- Not designed to be scored
- Self report-kids 7/8+

Trauma Symptoms (CPSS)

- Self-report kids 7/8+
- Add up responses #1-17
- Score of 12+ = clinical
- Use DSM algorithm for probable PTSD
- Impairment questions (?) at the bottom) not scored

TF Screening/Assessment Feedback

- Explain trauma screen/CPSS (or other standardized measures)
- Give the score; explain clinical level
- Assess to see if makes sense to client
- Validate [if non-clinical for strength; if clinical for distress]
- Convey hope
- TF-CBT is tx that works
- Analogies for why

Screening/Assessment Challenges?

- Very anxious
- “I don’t know” or “I don’t remember”
- Every sx = zeros; every sx = 3s
- Special cases with teenagers
- Special cases with children 5 and younger
- Possible cultural barriers? What?
- Need for interpreter? How might that cause challenges?
- Parents who tell their children not to tell

Rationale for Trauma Focus

- Avoidance keeps intrusions/hyperarousal going
- Analogies for facing up
- Wound
- Splinter
- Glass in foot
- After the rain the flowers/rice comes
- Facing fears and getting better perspective is the cure to putting trauma in the past

Exercise

- Meet in groups of 3. One clinician, one client (use case example) and one observer.
- Using the CPSS Cheat sheet, provide feedback on the clinical measures
- Use metaphor for talking about the trauma
- Explain treatment
Engagement is Key

Making sure children and families walk in the door and, once in, come back again and do the work to change!

Getting started with active TF

Gradual Exposure all the Way

TF-CBT Components

A... PRACTICE
- Assessment
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- Affective Modulation
- Cognitive Processing
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KEY Messages of TF

Psychoeducation
- You are normal/not crazy
  - Everyone is upset after a trauma, trauma reactions makes sense
- You are not alone
  - Most kids (and adults too) have at least one trauma experience and still live good lives
- There’s hope
  - We know how to help you/your child put the past in the past
  - You have strengths you can build on

The “What” of Psychoeducation

- Info about trauma
  - Event(s) cause sense of threat; can be experience, witnessed or known loved one
- Common emotional and behavioral responses
  - Feelings at the time in the present (fear/anxiety, shame)
  - Feelings because of thoughts about what happened (depression, anger)
  - Coping and/or reactive behaviors
- Importance of “facing up”, mastering the memory and reminders
- CBT Triangle
- Steps in TF-CBT
  - Face-up every time
  - Practice new thoughts and behaviors
Cognitive Triangle

- Distinguish between thoughts, feelings, and behaviors

Questions for Psychoeducation

- Read a book/make a coloring book
- Pair questions with turns in a game (Jenga)
- Go through a handout, have them highlight things they think “other kids” should know
- Quiz questions for parents
- Online quiz game (www.alivetek.com/gameshow.php)
- HCSATS worksheets (next slide...)
- Open-ended questions, expand and clarify

Quiz for Parents (From Carly Jones)

- True  False  Some common feelings kids have after being touched are angry, embarrassed, scared, confused. It’s common for parents to have some of these feelings too.
- True  False  Most kids automatically tell an adult after they have been touched.
- True  False  Sexual abuse is usually committed by strangers.
- True  False  Many kids are afraid to tell their mom or dad when it happens. Sometimes because they think it was their fault or they are embarrassed/ashamed.
- True  False  Children who have been sexually abused have had their personal space violated.
- True  False  1 out of every 5 boys has been sexually abused in the US.
- True  False  It’s better to never talk about being touched and negative feelings will go away on their own.
- True  False  Most kids who have been touched will go on to lead happy and healthy lives.
- True  False  It’s important for parents to encourage their children to talk about it in counseling so the child doesn’t feel like it is a secret and be ashamed about it.

TF CBT Components

A...PRACTICE
- Assessment
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- Relaxation
- Affective Modulation
- Cognitive Coping
- Trauma Narrative and Processing
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Don’t have the WDYN cards?

- Read a book/make a coloring book
- Pair questions with turns in a game (Jenga)
- Go through a handout, have them highlight things they think “other kids” should know
- Quiz questions for parents
- Online quiz game (www.alivetek.com/gameshow.php)
- HCSATS worksheets (next slide...)
- Open-ended questions, expand and clarify

Cognitive Triangle

- Distinguish between thoughts, feelings, and behaviors
Why Focus on Parenting?
- Caregivers are support and security
- Caregivers are therapeutic agents for changing trauma thoughts and bx
- Children should be able to turn to caregivers when distressed re trauma

Trauma-Related Behavior Problems
- Minor-moderate
  - Bedtime difficulties
  - Separation
  - Whining and obnoxiousness
  - Attention getting
  - Temper tantrums
- Bigger
  - Inappropriate sexual behavior
  - Arguing and yelling
  - Defiance
  - Disobedience
  - Aggression: threatening, hitting

Remember FBA
- All behaviors serve a function (get something; get out of something).
- Need to understand the function.
- What is keeping it going?
- How can the responses be modified so bad behavior doesn’t “work?”

TF CBT Components
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TF-CBT RAC is Emotion Regulation for Trauma Distress
- Remember the brainstorm for relax, calm down, chill
Affect Modulation
- Identify Feelings:
- Rate Intensity

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

TF CBT Components
- **A...PRACTICE**
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Thought Stopping
- Short circuit cycle of negative or disruptive thinking
- Teaches control over thoughts
  - Changing the channel
  - Saying “go away” or “stop now”
  - Imagining/visualizing a stop sign
  - Change glasses
- Replace unwanted thoughts with positive ones

Positive Self Talk
- I am safe
- People will protect me
- He can’t hurt me now
- I know how to handle feelings
- I am strong

Practice!
- 1-2 sentences linking the skill to distress related to trauma
- What are your reminders
- When are you most likely to need this skill [particular time, situation?]
- Make a plan to use it
Child’s 1-2-3 Keeping Cool Plan

1. Stop
2. Tense and relax
3. Take a break

TF CBT Components

- **A...PRACTICE**
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  - Relaxation
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  - Cognitive Coping
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Direct Discussion of the Trauma

- 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
  - Correct of distorted cognitions
  - Model adaptive coping
  - Identify and prepare for trauma/loss reminders
  - Contextualize traumatic experiences into life

Rationale for TF CBT

- PTS is a form of fear/anxiety
- Memories/reminders are upsetting
- Avoidance/numbing are coping strategies
- Facing fears (memories, reminders) is mastery
- Being able to talk about what happened with thoughts and feelings
- Analogies
  - Wound: splinter or glass in foot
  - Beach ball in pool
  - After the rain the flowers/rice comes
- Narrative makes sense of what happened

Creating the Trauma Narrative

- Restate the rationale for the TN
- Getting buy in is KEY
- TN should not be huge jump... exposure has happened all along
- Set criterion for “proof” of recovery/resolution
- Talk about what happened with thoughts & feelings: details; & worst moments/hot spots
- Elicit or present options for method
- Possible “book” with chapters: TFCBT Work Book
- Vehicle is not what counts – what counts is:
  - Thinking about what happened without avoidance or distress
  - Creating a helpful narrative about the trauma
Creating the Trauma Narrative
- Write a newspaper account
- Make up a cartoon strip
- Poem/spoken word
- Short story
- Create a Power Point, slideshow to music
- Talk Show Interview
- Song/Rap/Musical montage
- Drawings/Sculpture/Dance/Skit
- Instant message/text message
- Other ideas?

Practicing Exposure
- "Tell me about Sherman, what happened to him, how’d he feel?"
- "Why didn’t Sherman want to play with his friends anymore?"
- "Why did he go see Miss Maple?"
- "What did he do with Miss Maple?"
- "How are you like Sherman, not like Sherman?"

Trauma Narrative Books

More Trauma Narrative Books

Doing the Trauma Narrative
- Use relaxation techniques as necessary
- Rate distress before, during, and after (SUDS, thermometer for children)
- Do not allow child to leave distressed
- Praise child’s progress and praise
- Reward child at end of session
- Review narrative, edit, add to

Trauma Narrative: Avoidant Children
- Ask for just one detail at a time “Just tell me about one part”
- Set a mutually agreed upon time limit
- Let child pick when during the session to focus on this topic
- Plan fun activity at the end
- Allow for humor
  - Review the Twenty Ways to Get Kids to Start the TN
Trauma Narrative: Complex Trauma
- Do a lifetime narrative instead of a trauma specific narrative
- Begin at the beginning and note key recalled events
- Identify both the bad and the good
- Explore what it was like during the good times

Tips for TN
- Practice naming the traumas during every session
- Make a list and rank order
- Ask for just one detail at a time: “Just tell me about one part”
- Set a mutually agreed upon time limit for TN
- Plan fun activity at the end

Creating the Trauma Narrative
- Rank order traumas or trauma episodes:
  - exposure to worst moments/hotspots is critical
- Begin with least distressing and check off when resolved:
  - Form of gradual exposure
  - Promote positive self cognition
- Review at subsequent sessions:
  - Elaboration of TN
  - More exposure

Traumatic Grief
- Processing the loss of a loved one while also dealing with traumatic images related to their death
- Targets: Traumatic stress + grief
- Traumatic grief: sadness + memories/intrusions of manner of death
- Strategies:
  - Help child experience normal grieving: sadness, longing, emptiness, sense of loss, memories of positive experiences
  - Help child manage traumatic memories, separating them from normal grief reactions

Encouraging Narrative
- Avoid asking “Do you remember…?”
- Instead encourage “telling the story”:
  - “I wasn’t there so tell me all about what happened…”
  - “What happened next…?”

Tell me about... Then what happened???

Group Exercise
PRACTICE! Groups of 5-6: 2 clinicians, 1 child/adolescent, 2-3 observers
1. Goal: Get buy-in from the child, introduce the idea of the trauma narrative (next step, not entirely new thing) using a “small bite” approach
2. Goal: Start with the traumatic event
   Different therapist, same child/adolescent
   (The child you’re working with will just happen to choose to talk first about a traumatic event)
Cognitive Processing Tools

- Responsibility Pie
- Best Friend/Therapist Role Play
- Lists and Definitions
- Socratic/Logical Questioning
- Examining the Evidence/Alternatives

Physical Abuse Example: Maladaptive
I got in her face
She did it
She knew it was going too far

She didn’t protect me
He was never there

Physical Abuse Example: Adaptive
I did talk back but that doesn’t make abuse OK
He didn’t protect me even though he saw things; a parent is supposed to protect their child

She did it
She knew it was going too far

Sexual Abuse Example: Maladaptive
I shouldn’t have gone back
She didn’t give sex
She knew what was happening

He did it
He knew it was wrong

Sexual Abuse Example: Adaptive
I wish I hadn’t gone back but there were reasons
She knew that something was happening because she interrupted us

He did it
He knew it was wrong

Practice: Challenging Cognitions

**PRACTICE!** 1 clinicians, 1 child/adolescent; 3-4 observers

**Goal:** Process a thought related to trauma, from a former or current client of someone in your group

**Choose:** Best Friend Role Play OR Responsibility Pie
Socratic Questioning

- Key to the strategy:
  - Therapist helps the client arrive at more accurate and helpful thoughts.
  - Therapist does not tell the client what to think.
- Methods:
  - Identify the thoughts in detail.
  - Examine the basis for the thoughts.
  - Gently challenge the accuracy and helpfulness of those thoughts.
  - Use “third person.”
  - Generate personalized alternatives.

Steps for the therapist:
- What is your end point/possible end point?
- What questions do you ask to get them there?
- If absolutely necessary, provide some information, but then go back to questioning technique.

Socratic Questioning: Example

Old Thought: It's my fault we're in foster care. I never should have told about the DV and abuse.

Possible Endpoint: When I told, I kept my siblings safe and helped get my dad help.

What I want to tell him

- 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.

Socratic Questioning: Example

Old Thought: We will never be safe, there is danger everywhere and no one can be trusted.

Possible Endpoint: We survived great danger and got ourselves here to begin a new life. Here we can trust others and the government to protect us.

What I want to tell her

- It was only really bad during the civil war when there was no government.
- Some people looked out for us.
- There are people who care; they helped get us here.
- The government has laws that are followed here.

Socratic Dialogue Practice

Where kid starts

- No one will want me; I am gross and disgusting.
- There is no point in trying because nothing will ever change for the better.
- I will never be able to put my past the past.
- My parents are stuck in their trauma from the past and will never be able to get over it.

Goal

- ?
- ?
- ?
- ?
- ?

Lists and Definitions

- “You can’t trust anyone.”
- “No one will want to marry me.”
- “My life is useless and I can’t do anything about it.”
- From a displaced Burmese girl.
Lists and Definitions
- Define the words; usually best to define the POSITIVE one
- Tell me, how would you define ‘trust’?
- “How would you describe or define a ‘worthless life’?”

OR
- Get LISTS of qualities/characteristics of other words
  - “No one will want to marry me”
  - “Let’s make a list of characteristics of a good wife”

Shame or Self-Blame Thoughts?

Exaggerated, unhelpful thoughts about self, future, world, others?
Cultural Considerations for Cognitive Processing

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

TF-CBT Components

**A...PRACTICE**

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In Vivo

- Mastery of trauma reminders in the natural environment
  - Critical for resuming normal developmental trajectory
- Only if the feared reminder is innocuous/harmless
  - Never desensitize to actual danger
- Hierarchical exposure:
  - Create fear ladder of most innocuous to most distressing

Developmental and Cultural Considerations for In Vivo Mastery

- Educate parent on how avoidance interferes with child’s development
- Plan takes into account child’s developmental stage and family’s cultural beliefs and practices
- For younger children, use of transitional objects, rituals, and imagination!

How do you do it?

- Find out as much as you can about the feared situation
- Get ‘buy in’ and involvement from key participants: (parents, school personnel, etc.)
- Develop a plan that eases the child into facing the feared cues
  - Make it specific and include rewards
- Plan should progressively increase exposure

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Conjoint Parent-Child Sessions

- Share information about child’s experience
- Correct cognitive distortions (child and parent)
- Encourage optimal parent-child communication
- Prepare for future traumatic reminders
- Model appropriate child support/redirection

When NOT to have joint sessions:
- Parent unable to provide appropriate support
- Child adamantly opposed (evaluate how realistic objections are)

Tricky Considerations

- Considerations
  - Parent overwhelmed by own distress
  - Parent support compromised
  - Parent failed to protect
  - Parent is source of trauma
  - Alternative caregiver is uncomfortable/unwilling

- Possible Solutions
  - Decreasing parent/caregiver distress
  - Capitalize where there is support
  - Encourage making amends
  - Conduct clarification session (e.g., acknowledging, taking responsibility, saying sorry)

What if the Parent is the Cause of the Trauma?

- Making amends session:
  - Parent acknowledges harm caused or failure to protect
  - Parent validates child feelings
  - Parent assures future safety
  - Parent supports safety plan

Guidelines for Preparing a Clarification Letter

What to Include in the Letter

1. The purpose of your letter
2. What you did and what happened
3. Taking responsibility for what you did
4. Telling (child) that they’re not to blame
5. Supporting your child for talking and talking about what happened
6. Taking responsibility for any consequences that occurred since
7. Apologizing for your behavior
8. Telling your child about what you’re learning about treatment
9. Offering some safety instructions to help prevent this again
10. Making a commitment to use other parenting methods and new coping skills
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Enhancing Safety Skills
- Identify risk areas
  - Risky sexual behavior
  - Substance use
  - Deviant friends
- Teach risk reduction skills
  - Refusal
- Promote positive sexuality
- Develop safety plan for violence risk situations

Books for Introducing Healthy Sexuality

Safety Plan Examples
- Risky Situations
  - Keep a girl friend close
  - If decide to drink, will ask friend to keep an eye on me
  - Will not go alone in room with boy unless friend is aware and will check on me
  - Will have a plan for how to get home

- Dating Violence
  - I will watch out for red flags like too jealous, too controlling
  - I will not have sex unless I really want to
  - I will not use violence myself no matter how mad I get
  - I will pay more attention to behavior than words

EBP Roster and Toolkit
http://ebproster.org/
Resources

- Web training: TF-CBTWeb
  www.musc.edu/tfcbt
- Treating Trauma and Traumatic Grief in Children and Adolescents, Cohen, Mannarino and Deblinger
- National Child Traumatic Stress Network
  www.nptsnet.org

What we want to avoid...