Types of Childhood Trauma

- Child abuse
  - Physical
  - Sexual
  - Emotional
- Victim/Witness of Violence
  - Domestic
  - Community
  - School
- Accidents
- Disasters
- War/Terrorism and Refugee
- Medical
- Traumatic Grief

Annual Incidence = 60%
Lifetime prevalence = 80%

Trauma Specific Impacts

- Posttraumatic stress
  - Upsetting memories or reminders of the trauma
  - Significant distress or resistance to talking about the trauma
  - Avoidance of reminders
  - Numbing
  - Inaccurate /unhelpful beliefs about the trauma or about core beliefs re self, others, world
- Depression
- Behavior problems
  - Related to the trauma (e.g., sleep, separation, sexual)
  - General (e.g., defiance, aggression)
- Emotion dysregulation
  - General moodiness, outbursts, lability
- Attachment insecurity

Complex Trauma

- Trauma history (often severe)
- Occurs in compromised context (multiple adversities)
- Serious and persistent emotional and behavioral difficulties

- Common clinical features:
  - Affective dysregulation
  - Interpersonal difficulties
  - Low self-esteem
  - Self-injurious behaviors
TF-CBT Cultural Applications

- Native American
- Latino
- Tanzania
- Cambodia
- Zambia
- Singapore
- Columbia

Adult versions:
- Iraq
- Thailand (with displaced Burmese)

TF-CBT: What is it?

- Effective tx for clinically significant PTS/PTSD
  - Co-morbid depression, anxiety and mild-moderate behavior problems
- Standard CBT
  - + Trauma Narrative (TN) component
    - Works via exposure and cognitive processing

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

Trauma Focused Clinical Tools

TF-CBT Sessions

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

Learning Resources for TF-CBT

- http://ctg.musc.edu/
- www.musc.edu/tfcbtconsult
TF-CBT Components

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TF-CBT Sessions Flow

Baseline Assessment

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

Is TF-CBT the Right Treatment?

- What is the diagnosis?
- What does your assessment say?
- Are the diagnosis and/or symptoms related to the trauma?
- Can TF-CBT be integrated with other treatment strategies which address non-trauma problems?

When Is TF-CBT the Right Match?

- Yes TF:
  - Known trauma history-single or multiple; any type
  - Prominent trauma symptoms (PTSD, depression, anxiety, with or without behavioral problems)
- Maybe not TF:
  - Children with severe behavior problems
  - Dangerous behaviors (suicidality; severe aggression)
  - Very unsafe environment (e.g., serious trauma is actively ongoing)
  - Unstable placement
    - "Stably unstable" is okay

Trauma History (from UCLA PTSD RI)

- List of traumatic events
- Not designed to be scored
- Appropriate for kids 7/8 and older
- Caregiver and Youth Report Versions
Trauma Symptoms (from CPSS)

• Appropriate for kids 7/8 and older
• Score this measure: add up child’s responses to 1-17
• Score of 12 and over for these questions is consistent with severity of PTSD symptoms to warrant treatment (not a diagnostic tool)
• Impairment questions (7 at the bottom) no scored

Assessment Feedback as Clinical Encounter

• Review results:
  o Give the score
  o Explain PTSD sx clusters (reexperiencing, avoidance, hyperarousal)
• Tie results to TF-CBT instill hope:
  o Tx designed for problem identified in assessment
  o Tx that works
• Provide TF-CBT exposure rationale:
  o Facing fears is the cure (use analogies):
    • Cleaning out wound, removing splinter, ball in pool, whack a mole
  o New thinking puts the past in the past

Exercise

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

Key for CBT: Agenda Setting and Homework

• Keeping families on track: important for a time-limited, structured treatment like TF-CBT
• Put homework review on the agenda, it comes first!
• Put TF-CBT component(s) on the agenda
  o Allow for CHOICES with kids
    • “This week, do you want to play a card game or use the markers and paper?”
    • “….learn all about family fighting or how to help your body relax when you’re stressed?”

Example Agendas

Child/Teen Agenda
• Homework review
• Card game or internet search OR
• Make you the expert or learning to calm your body
• Fun time (5 minutes) hotwheels.com!

Caregiver Agenda
• Anything they want to add to the agenda?
• Homework review
  o Thesis
  o Child’s
• Education about trauma
• Other agenda items

Key for CBT: Agenda Setting and Homework

• Allow for discussion of crises/other topics, particularly if you link them to a component
• Don’t let COWs or other topics take over/cancel your agenda
  o And, watch out for the COD
TF-CBT Components

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KEY Messages of Psychoeducation

- **You are normal/not crazy**
  - Everyone is upset after a trauma, trauma reactions make 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 experienced, 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

Why focus on Parenting?
**Parent Responses Matter**

- **Traditional/Typical**
  - Self-blame and guilt
  - Overwhelmed by own emotional response
  - Avoidant to reduce distress
  - Unhelpful cognitions (e.g., youth will be ruined)

- **Compromised**
  - Does not believe/accept trauma or its impact
  - Blames the youth
  - Expects youth to manage/survive (e.g., “I had to deal with abuse and no one helped me”)
  - Identifies youth as problem; does not see own contribution
  - Highly conflicted relationship

**Positive Parenting**

- **Promote enhanced parent-child relationship**
  - Support re: trauma experience
  - Repair or develop secure attachment, positive parent-child bond

- **Caregiver(s) serves as central therapeutic agent for change**
  - Support child in learning coping skills
  - Constructively addresses trauma-related behavior problems

- **Caregiver(s) becomes primary resource child turns to for help in times of trouble**
  - Child is able to talk about trauma and trauma reminders
  - Child sees parent as available and helpful

**Basics of Parenting**

- **Praise**
- **Selective Attention**
- **Time out**
- **Contingency Management**

**Ways to get Caregivers Motivated and Involved**

- **Role plays, Perspective Taking**
  - Perfect boss, Worst boss
  - Practice avoiding a confrontation

- **Videos**

- **Books**
  - Off Road Parenting: Practical Solutions for Difficult Behavior, Pacifici, Chamberlain, & White, 2002
  - Tracking Behavior (ABCs: why is it happening, what is it, what’s reinforcing it?)

---

**Remember the Functional Behavior Analysis**

- All behaviors serve a function
- Can take some time to understand the function, and how the behavior is maintained
- What are people’s responses to the child’s behavior?
- How can the responses be modified so the inappropriate behavior doesn’t “payoff?”
And now...the rest of the PRAC Skills

Commonalities Across Relaxation, Affective Modulation, Cognitive Coping

Emotion Regulation Strategies

- **Calming the Body:**
  - Progressive muscle relaxation
  - Calm breathing
  - Tense and relax
  - Positive imagery

- **Planned Distraction:**
  - Exercise; games, dancing, singing....

- **Cognitive Coping**
  - Thought stopping; changing the channel (Negative to positive thoughts)

- **Acceptance**
  - Mindfulness, distress tolerance and grounding

TF-CBT Components

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Relaxation

Physiologic manifestations of stress
- Headache, stomachache, dizzy, racing heart, sweating, trembling, etc.

*Goal is to develop individualized relaxation strategies based on symptoms to reduce body stress*

“If it's not fun, you're not doing it right”
Affective Modulation

Can Start with Feelings Identification...but should also include strategies for modulating affect

Feelings Identification:
Goal: Be able to express feelings and rate them (intensity)
Why?: May have limited vocabulary, need for moving toward trauma narrative
How?
- Games (e.g., Emotional Bingo, charades, "hide and seek")
- Books
- Feelings brainstorm / pie chart
- Color My Life or Person

Feelings Ratings (SUDS):
Goal: Identify a range of different levels of feelings.
Why?: Anxious/stressed children may have restricted range of affect
How?
- Feelings thermometer/ladder
- See-Saw
- Get creative and engaging!
  - Big burrito, small burrito, medium size burrito

Affective Modulation can be Almost Anything....

- Mood Boosters
  - When sad or depressed
- Calming activities
  - If stressed or anxious
- Getting social support
  - Hugs from a caregiver, time with friends
- Problem solving
  - If most affective distress is related to a problem the kid can’t solve

Affective Modulation

Develop a safety plan
- For some kids, important part of calming their emotions
- Practice and review the safety plan
- So, if mom’s boyfriend comes over, what do you do?

TF-CBT Components

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Cognitive Coping Skills Training

- Talking to ourselves: acknowledging internal thoughts and dialogues
  - “What do you tell yourself when you think about Uncle Jimmy touching your privates?”
- Identifying and tracking internal thoughts
  - Using log books, journals, calendars, etc.
- Voicing internal thoughts and listening to them
- Examining the relationships between thoughts, feelings and behaviors
  - “When you tell yourself that the sexual abuse was all your fault, how does that make you feel?”
- Testing new thoughts
  - “When you tell yourself that the sexual abuse was all your fault, how does that make you feel? How helpful is that thought? Is there a different thought you could have that would be more helpful?”
Cognitive Coping: Changing Your Thoughts

- **Explanations for kids**
  - Changing the channel (scary movie to a cartoon)
  - Different color lenses
  - Binoculars...looking through them the right way, the wrong way (making things look bigger or smaller)

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
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Trauma Narrative and Cognitive Processing

Direct Discussion of Traumatic Events

**Why do we avoid it?**

- **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

Creating the Trauma Narrative

- **Restate the rationale for the TN**
  - Getting buy in is **KEY**
  - TN should be next step, not huge jump (because exposure has happened all along)

- **Set criterion for “proof” of recovery/resolution**
  - Being able to talk about what happened with thoughts and feelings; including some details and the worst moments/hot spots

- **Elicit or present options for method**
  - May introduce idea of a “book” with chapters or the TFCBT Work Book

- **Keep in mind that the vehicle is not what counts it is:**
  - Thinking about what happened without avoidance (aka exposure)
  - Creating a helpful narrative about the trauma
**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**

- Strong at the Heart
- In the Shadow of the Moon
- The House of the Scorpion
- Please Tell!
- A Place in the Start

**More Trauma Narrative Books**

- Maya Angelou
- Elizabeth George
- John Steinbeck
- Anne Frank
- Holes

**Doing the Trauma Narrative**

- Use relaxation techniques as necessary
- Use distraction techniques
- Rate distress before, during, and after (SUDS, thermometer for children)
- Do not allow child to leave distressed
- Point out the 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

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???

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

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)

2. **Goal:** Start a traumatic event chapter

Practice Again

PRACTICE AGAIN! 2 different clinicians, 1 child/adolescent (different developmental stage and trauma), 2-3 observers

1. **Goal:** Get buy-in from the child, introduce the idea of the trauma narrative (next step, not entirely new thing)

2. **Goal:** Start a traumatic event chapter

Different therapist, same child/adolescent

(child you’re working with will just happen to choose to talk first about a traumatic event)
### TF-CBT Components

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### Cognitive Processing of Trauma

- Instilling accurate and helpful cognitions:

### Typical Maladaptive Trauma Cognitions

- Self blame, shame
- Over estimation of danger
- Negative, ruined self
- Other’s hostile intent
- Untrustworthy others
- Dangerous world

### Ways to Identify Cognitive Distortions

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

#### Be a thoughts collector...

### Challenging Trauma-Related Cognitive Distortions

- Progressive Logical Questioning
- Examining the evidence and generating alternative cognitions
- The “Best Friend” role play
- “You be the Therapist” role play
- “Responsibility Pie”

### Physical Abuse: Maladaptive

- I got in her face
- She did it
- She knew it was going too far
- He didn’t protect me
- He was never there
- She knew it was going too far
- Me
If unacceptable...

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

Physical Abuse: 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: 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: 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

**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**

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

**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**

Turn into eliciting questions:
- 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**

<table>
<thead>
<tr>
<th>Where kid starts</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>No one will want me; I am gross and disgusting</td>
<td>?</td>
</tr>
<tr>
<td>There is no point in trying because nothing will ever change for the better.</td>
<td>?</td>
</tr>
<tr>
<td>I will never be able to put my past the past</td>
<td>?</td>
</tr>
<tr>
<td>My parents are stuck in their trauma from the past and will never be able to get over it</td>
<td>?</td>
</tr>
</tbody>
</table>

**Cultural Considerations for Cognitive Processing of the Trauma**

- 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

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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

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
### Conjoint Parent-Child Sessions

**When?**
- Always towards the final third of treatment
- Often earlier on (even beginning) if it facilitates treatment, caregiver is supportive
- Doesn’t require the ‘perfect parent’
  - Child/adolescent can teach coping skills to caregiver
  - Psychoeducation competition game
  - Discussion of rewards and family rules

**What? Content of sessions**
- Share child’s trauma narrative
- Encourage open discussion, question/answer between child and parent about trauma and other topics
- May use What Do You Know game again
- Preparation for future trauma reminders and how the child and parent can optimally cope with these
- Praise for progress made

### Conjoint Parent-Child Sessions

**How: Format of sessions**
- Meet individually with parent and child prior to joint part of session
- Prep work pre joint session is key
- Meet together after child and parent prepared for session

### Clarification Added to Conjoint TN

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

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Enhancing Safety Skills

- Do or review basic safety awareness
- Identify risk areas
  - People don’t know
  - Risky sexual behavior
  - Substance use
  - Deviant friends
- Teach risk reduction skills
- Refusal
- Promote positive sexuality
- Develop safety plan for violence risk situations

Demonstration of Safety Skills

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

Safety Plan Examples

<table>
<thead>
<tr>
<th>Risky Situations</th>
<th>Dating Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep a girl friend close</td>
<td>I will watch out for red flags like too jealous, too controlling</td>
</tr>
<tr>
<td>If decide to drink, will ask friend to keep an eye on me</td>
<td>I will not have sex unless I really want to</td>
</tr>
<tr>
<td>Will not go alone in room with boy unless friend is aware and will check on me</td>
<td>I will not use violence myself no matter how mad I get</td>
</tr>
<tr>
<td>Will have a plan for how to get home</td>
<td>I will pay more attention to behavior than words</td>
</tr>
</tbody>
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Addressing Sexuality

The Talk

Down There

Books for Introducing Healthy Sexuality

<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodies Lives, Bodies, Minds, Souls, Lives: 100% Healthy and Unabridged</td>
<td></td>
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<td>Teen Relationship: Sex, Love, Hormones: The Mind and Body of Adolescence</td>
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</tr>
<tr>
<td>Talking to Your Kids About Sex</td>
<td></td>
</tr>
<tr>
<td>Talking to Your Kids About Sex: A Graded Guide</td>
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Treatment Closure Issues

- Making meaning of traumatic experiences
- Creating a Public Service Announcement: what I would tell other children about trauma and how to feel better
- Treatment graduation: is an achievement, like other graduations
- Return to treatment is not a failure
# Thank You!

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