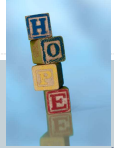


Trauma-focused Cognitive Behavioral Therapy April 16, 2012



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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



PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Violence, Abuse, and Crime Exposure in a National Sample of Children and Youth

David Finkelhor, Heather Turner, Richard Ormrod and Sherry L. Hamby
Pediatrics published online Oct 5, 2009;
DOI: 10.1542/peds.2009-0467

The online version of this article, along with updated information and services, is located on the World Wide Web at:
<http://www.pediatrics.org>

Annual Incidence = 60%
Lifetime prevalence = 80%

Trauma Impact

- Acute distress almost universal
- Impact *can* be long lasting
 - Risk and Protective Factors
- Childhood trauma is risk factor for adult problems
- Impact varies; most recover over time with/without treatment
 - Less than 20% meet criteria for a diagnosis



Trauma Specific Impacts

5

- 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

7

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

Adult versions:

- Iraq
- Thailand (with displaced Burmese)



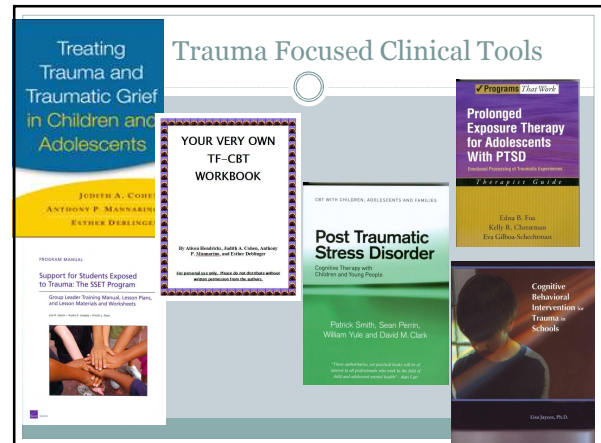
TF-CBT: What is it?

- 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



Learning Resources for TF-CBT



TF-CBT Sessions

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

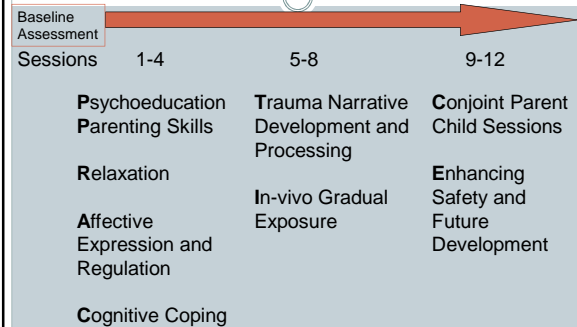
TF-CBT Components

A...PRACTICE

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

TF-CBT Sessions Flow

Entire Process is Desensitization



TF-CBT Components

A...PRACTICE

- **A**ssessment
- Psychoeducation and Parenting Skills
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- Affective Modulation
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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?

TF-CBT
trauma-focused
cognitive behavioral therapy

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

UCLA PTSD Index Trauma Screen (Child/Youth 7-17)

Child Name: _____ Date: _____ Side 1

Below is a list of events that could be traumatic. Please check all that apply. If you are unsure, please check "Not sure".

1. Being in a big earthquake that badly damaged the building you were in. (Yes) (No) (Not sure)

2. Being in a fire or other kind of disaster. (Yes) (No) (Not sure)

3. Being in a car accident. (Yes) (No) (Not sure)

4. Being in a violent place where you were going to school. (Yes) (No) (Not sure)

5. Being hit, kicked or pushed very hard at home. (Yes) (No) (Not sure)

6. Being a family member being hit, pushed or kicked very hard at home. (Yes) (No) (Not sure)

7. Being a family member being hit, pushed or kicked very hard at school. (Yes) (No) (Not sure)

8. Being a family member being hit, pushed or kicked very hard at work. (Yes) (No) (Not sure)

9. Being a family member being hit, pushed or kicked very hard at a friend's house. (Yes) (No) (Not sure)

10. Being a family member being hit, pushed or kicked very hard at a friend's house. (Yes) (No) (Not sure)

11. Hearing about the violent death or serious injury of a loved one. (Yes) (No) (Not sure)

12. Hearing a family member or close friend being treated in a hospital where you were very badly hurt or injured. (Yes) (No) (Not sure)

13. Other than these situations, has anything else ever happened to you that was really scary, dangerous or violent? (Yes) (No) (Not sure)

14. If the questions you marked "YES" which was the worst? (If no, then marked) _____

If you answered "YES" to any of the above questions, please complete the rest of this form.

1. When you were hurt, how bad was it? (Yes) (No) (Not sure)

2. When you were hurt, how bad was it? (Yes) (No) (Not sure)

3. When you were hurt, how bad was it? (Yes) (No) (Not sure)

4. When you were hurt, how bad was it? (Yes) (No) (Not sure)

5. When you were hurt, how bad was it? (Yes) (No) (Not sure)

6. When you were hurt, how bad was it? (Yes) (No) (Not sure)

7. When you were hurt, how bad was it? (Yes) (No) (Not sure)

8. When you were hurt, how bad was it? (Yes) (No) (Not sure)

9. When you were hurt, how bad was it? (Yes) (No) (Not sure)

10. When you were hurt, how bad was it? (Yes) (No) (Not sure)

Please complete both sides of this document if you answered YES to any of the first seven of questions 1-13.

UCLA PTSD Index Trauma Screen, Rindgen, Steinberg, Slone, & Finkelhor (1998). Copyright 1998, University of California, Los Angeles. All rights reserved.

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

Child PTSD Symptom Scale (CPSS) (7-17 years) Slide 2

Please mark 1, 2, 3 or 4 for how often the following things have bothered you in the last few weeks:

	1 Not at all	2 A little	3 Most of the time	4 All the time
1. Having scary thoughts or images about the event that bother you	1	2	3	4
2. Having bad dreams or nightmares	1	2	3	4
3. Feeling like you're living over and over again	1	2	3	4
4. Feeling upset when you think about or hear about the event	1	2	3	4
5. Feeling like you're living over and over again about the event	1	2	3	4
6. Feeling like you're living over and over again about the event	1	2	3	4
7. Feeling like you're living over and over again about the event	1	2	3	4
8. Feeling like you're living over and over again about the event	1	2	3	4
9. Feeling like you're living over and over again about the event	1	2	3	4
10. Feeling like you're living over and over again about the event	1	2	3	4
11. Feeling like you're living over and over again about the event	1	2	3	4
12. Feeling like you're living over and over again about the event	1	2	3	4
13. Feeling like you're living over and over again about the event	1	2	3	4
14. Feeling like you're living over and over again about the event	1	2	3	4
15. Feeling like you're living over and over again about the event	1	2	3	4
16. Feeling like you're living over and over again about the event	1	2	3	4
17. Feeling like you're living over and over again about the event	1	2	3	4

Please mark YES or NO if the problem you marked bothered you:

	1 Yes	2 No	3 Yes	4 No
1. Scary thoughts or images about the event that bother you	1	2	3	4
2. Bad dreams or nightmares	1	2	3	4
3. Feeling like you're living over and over again	1	2	3	4
4. Feeling upset when you think about or hear about the event	1	2	3	4
5. Feeling like you're living over and over again about the event	1	2	3	4
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13. Feeling like you're living over and over again about the event	1	2	3	4
14. Feeling like you're living over and over again about the event	1	2	3	4
15. Feeling like you're living over and over again about the event	1	2	3	4
16. Feeling like you're living over and over again about the event	1	2	3	4
17. Feeling like you're living over and over again about the event	1	2	3	4

SLCA PTSD Index, Pines, Rodriguez, Henggeler, Nelson, & Finkelhor (1998). CPSS Form, Johnson, Tenny, and Finkelhor (2002). (SLCA) ver. 2.01

Assessment Feedback as Clinical Encounter

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

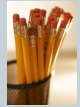
Exercise

21

- 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

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
 - 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

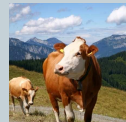
- Homework review
- Card game or internet search
- OR
- Make you the expert or learning to calm your body
- Fun time (5 minutes)
- hotwheels.com!

Caregiver Agenda

- Anything they want to add to the agenda?
- Homework review
 - Theirs
 - 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
 - And, watch out for the COD



TF-CBT Components

A...PRACTICE

- **Assessment**
- **P**sychoeducation and **P**arenting Skills
- **Relaxation**
- **Affective Modulation**
- **Cognitive Processing**
- **Trauma Narrative**
- **In Vivo Desensitization**
- **Conjoint parent-child sessions**
- **Enhancing safety and social skills**

KEY Messages of 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

The screenshot shows the NCTSN (The National Child Traumatic Stress Network) website. The main heading is "Childhood Traumatic Grief". Below it, it says "From the Childhood Traumatic Grief Task Force Educational Materials Subcommittee". A note indicates that in order to view and print some of the materials, an Acrobat Reader 5.0 is needed. The "Page Contents" section lists: "Childhood Traumatic Grief Educational Materials" and "The Courage to Remember Videos and Curriculum Guide". The "Childhood Traumatic Grief Educational Materials" section lists: "Entire Package", "In-Depth General Information Guide to Childhood Traumatic Grief", "Brief Information on Childhood Traumatic Grief", "Information for Pediatricians and Pediatric Nurses on Childhood Traumatic Grief", "Information for Parents on Childhood Traumatic Grief", "In-Depth Information on Childhood Traumatic Grief for School Personnel", "Brief Information on Childhood Traumatic Grief for School Personnel", "Information for the Media on Childhood Traumatic Grief", and "Childhood Traumatic Grief Reference and Resource List".

TF-CBT Components

A...PRACTICE

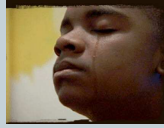
- **Assessment**
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Why focus on Parenting?



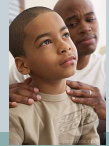
Parent Responses Matter

- **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



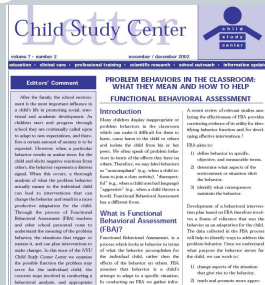
**CONSISTENCY, PREDICTABILITY,
FOLLOW THROUGH**

Basics of Parenting

- **Start with positives first**
 - Kids more likely to buy in
 - Get behavioral change more quickly, with a positive attitude
- **Techniques extend to trauma-related behavior problems**
 - Stealing, hoarding, sexualized behavior problems

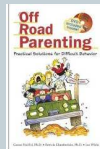
Remember the Functional Behavior Analysis

- 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?"



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?)**



And now...the rest of the PRAC Skills

Commonalities Across Relaxation, Affective Modulation, Cognitive Coping



RAC



Relaxation, Affective Regulation, Cognitive Coping.

- Emotion regulation to change affective state
 - Reduce fear and anxiety; especially to the trauma reminders
 - Reduce anger and hostility
- Increase tolerance for doing TN and capacity to manage day to day stresses
- Alter belief that emotions control actions
- Promote sense of self efficacy and competence

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



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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”



TF-CBT Components

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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

Affective Modulation

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

- **A...PRACTICE**
 - **Assessment**
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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**

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Trauma Narrative and Cognitive Processing



Direct Discussion of Traumatic Events

Why do we avoid it?



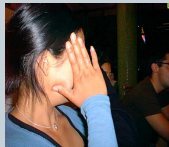
Direct Discussion of Traumatic Events

Reasons we avoid this with children

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

Reasons to do it

- Gain mastery over trauma reminders
- Resolve avoidance symptoms
- 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?



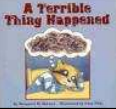
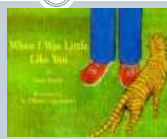
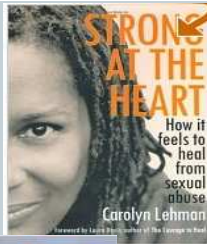
Practicing Exposure



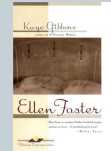
"Tell me about Sherman, what happened to him, how'd he feel?"
 "Why didn't Sherman want to play with his friends anymore?"
 "Why did he go see Miss Maple?"
 "What did he do with Miss Maple?"

"How are you like Sherman, not like Sherman?"

Trauma Narrative Books



More Trauma Narrative Books



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

30 MY LIFE MATTERS: A LIFE STORYBOOK FOR CHILDREN

These are some of the most important events in my life. (Please circle how good or bad things were for you each year on a scale from 0 to 4, with 0 meaning "the worst" and 4 "the best.")

Age	Important Events	My Life Matters
		0 1 2 3 4
0-1		
1-2		
2-3		
3-4		
4-5		
5-6		
6-7		
7-8		
8-9		
9-10		
10-11		
11-12		

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
Different therapist, same child/adolescent
(the child you're working with will just happen to choose to talk first about a traumatic event!)

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
(the child you're working with will just happen to choose to talk first about a traumatic event!)

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

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



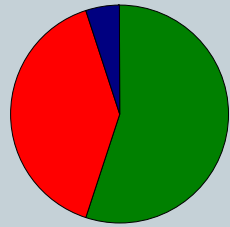
If unacceptable...

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



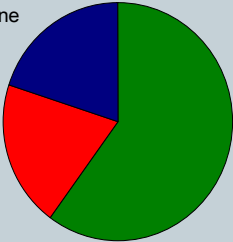
She did it
She knew it was going too far

■ Mom
■ Dad
■ Me

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

■ Offender
■ His Wife
■ Me

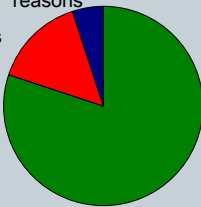
If unacceptable...

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

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

■ Offender
■ His Wife
■ Me

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

- **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
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

Turn into eliciting

Socratic Questioning: Example

Old Thought: *We will never be safe, there is danger every where 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

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

- ?
- ?
- ?
- ?

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

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- **Enhancing safety and social skills**

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

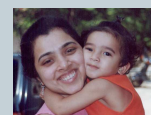
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Conjoint Parent-Child Sessions

- 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



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

Conjoint Parent-Child Sessions

- **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

Conjoint Parent-Child Sessions

- **When NOT to have joint sessions:**

- Parent unable to provide appropriate support
- Child adamantly opposed (evaluate how realistic objections are)

TF-CBT Components

- **A...PRACTICE**

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- **Conjoint parent-child sessions**
- **Enhancing safety and social skills**

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

Risky Situations

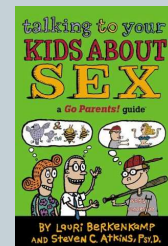
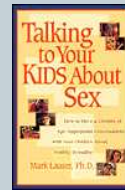
- Keep a girl friend close
- If decide to drink, will ask friend to keep an eye on me
- Will not go alone in room with boy unless friend is aware and will check on me
- Will have a plan for how to get home

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

Addressing Sexuality

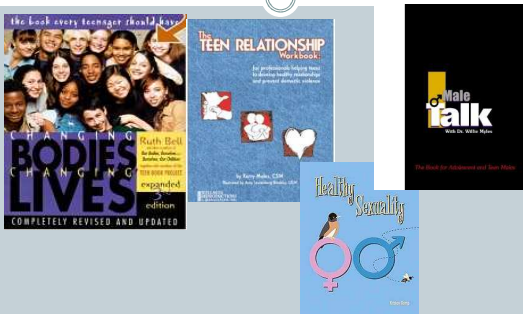
The Talk



Down There



Books for Introducing Healthy Sexuality



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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