

CBT+

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The CBT+ Team

- Lucy Berliner Harborview/UW
- Laura Merchant Harborview/UW
- Shannon Dorsey Psychology Dept./UW
- Nat Jungbluth Seattle Children's/UW
- Georganna Sedlar UW EBPI

- Jeannie D'Amato DBHR Contract Manager
- Jessica Silbaugh-Cowden Evaluation
- Jacky Hoang and Vien Do: Harborview Support

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

Assessment	Introduction/Key In	Thoughts	Feelings	Behaviors
Anxiety	<ul style="list-style-type: none"> • At a minimum M & Engagement Matrix • Psychoeducation • About anxiety • The CBT Triangle • How Tx works 	<ul style="list-style-type: none"> • Cop. Coping • Cognitive change • Relaxation • Telephone • Self Help • Role Play 	<ul style="list-style-type: none"> • Exercise Reg. • Relaxation • Secret Calming • Distraction • Visualization 	<ul style="list-style-type: none"> • Exposure • Incentive • In Vivo • Response prevention (DRP)
Depression	<ul style="list-style-type: none"> • Psychoeducation • About depression • The CBT Triangle • How Tx works 	<ul style="list-style-type: none"> • Cop. Coping • Cognitive change • Relaxation • Telephone • Self Help • Role Play 	<ul style="list-style-type: none"> • Exercise Reg. • Relaxation • Secret Calming • Distraction 	<ul style="list-style-type: none"> • Pleasant activity scheduling • Goal setting/implementation • Problem solving
PTSD	<ul style="list-style-type: none"> • Psychoeducation • About trauma • About PTSD/PTSS • The CBT Triangle • How Tx works 	<ul style="list-style-type: none"> • Cop. Coping • Cognitive change • Relaxation • Telephone • Self Help • Role Play 	<ul style="list-style-type: none"> • Exercise Reg. • Relaxation • Secret Calming • Distraction • Visualization • Trauma rehearsal 	<ul style="list-style-type: none"> • Exposure • Incentive (1%) • In Vivo • TF-Urge • Safety Planning
Behavior Problems	<ul style="list-style-type: none"> • Psychoeducation • PBM Principles • Parent development • Parental Training • How Tx works 	<ul style="list-style-type: none"> • Cop. Coping • Cognitive change • Relaxation • Telephone • Self Help • Role Play 	<ul style="list-style-type: none"> • Exercise Reg. • Relaxation • Secret Calming • Distraction • Cognitive coping 	<ul style="list-style-type: none"> • PBM • Parenting Skills • Problem solve • Incentive • In Vivo • Contingency management • Telephone • Self Help • Communication

In the Beginning

Follow the steps exactly



by IRMA S. ROMBAUER and MARION ROMBAUER BECKER

Once you have Done it by the Book

Have the right ingredients; systematically apply within the model



ALICE WATERS
THE ART OF SIMPLE FOOD

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

Program/Intervention	Current Definitions			
	Manual	Evidence-Based	Research-Based	Promising Practices
Traumatic Stress				
<i>Trauma</i>				
• CBT for Trauma to address distress of post-traumatic stress in adolescent children	Yes	No	No	Yes
• Child-Parent Psychotherapy	Yes	No	Yes	Yes
• Cognitive Behavioral Therapy (CBT)-Based Models for Child Trauma	Yes	Yes	Yes	Yes
• Classroom Based Intervention for war-exposed children	Yes	Yes	Yes	Yes
• Cognitive Behavioral Intervention for Children in Schools	Yes	Yes	Yes	Yes
• Enhancing Resiliency Among Students Experiencing Stress (ERASE Stress)	Yes	Yes	Yes	Yes
• PTSD-PT Trauma Exposure Therapy for Children	Yes	Yes	Yes	Yes
• Trauma Focused CBT for Children	Yes	Yes	Yes	Yes
• Trauma-Related Coping Skills Therapy	Yes	No	Yes	Yes
• Other Cognitive Behavioral Therapy (CBT)-Based Models for Child Trauma	Yes	Yes	Yes	Yes
Depression				
<i>Depression</i>				
• Cognitive Behavioral Therapy (CBT) for Depressed Adolescents	Yes	No	Yes	Yes
• Coping with Depression-Adolescents	Yes	No	Yes	Yes
• Treatment for Adolescents with Depression Study	Yes	No	No	Yes
• Other Cognitive Behavioral Therapy (CBT) for Depressed Adolescents	Yes	No	Yes	Yes
Anxiety				
<i>Anxiety</i>				
• Cognitive Behavioral Therapy (CBT) for Anxious Children (group, individual or remote)	Yes	No	Yes	Yes
• Coping with Depression-Adolescents	Yes	No	Yes	Yes
• Coping Cat	Yes	No	Yes	Yes
• Coping Cat/Kids book based model	Yes	No	Yes	Yes
• Coping Kools	Yes	No	Yes	Yes
• Other Cognitive Behavioral Therapy (CBT) for Anxious Children	Yes	No	Yes	Yes
• Parent Cognitive Behavioral Therapy (CBT) for Anxious Young Children	Yes	No	Yes	Yes
Behavior Problems				
<i>Disruptive Behavior (Oppositional Defiant Disorder or Conduct Disorder)</i>				
• Behavioral Parent Training (BPT) for Children with Disruptive Behavior Disorders	Yes	No	Yes	Yes
• Incredible Years Parent Training	Yes	No	Yes	Yes
• Incredible Years Parent Training - Child Training	Yes	Yes	Yes	Yes
• Parent Child Interaction Therapy (PCIT) for Children with Disruptive Behavior Problems	Yes	No	Yes	Yes
• Triple P - Individual & Group	Yes	No	Yes	Yes
• Triple P - Level 4 Individual	Yes	No	Yes	Yes
• Other Behavioral Parent Training	Yes	No	Yes	Yes

- 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

13

Unhelpful Depression Thoughts?

- o ????????

14

Unhelpful Depression Thoughts

- o I suck at everything
- o No one really care about me
- o I can't do anything well
- o Nothing is ever going to change for the better
- o There is no point in trying
- o I'm unlovable
- o I might as well be dead
- o I'm a loser
- o No one loves me
- o No matter how much I try nothing ever works out
- o No one would even notice if I weren't around
- o I'm ugly

Unhelpful Anxiety Thoughts?

- o ????????

Unhelpful Anxiety Thoughts

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

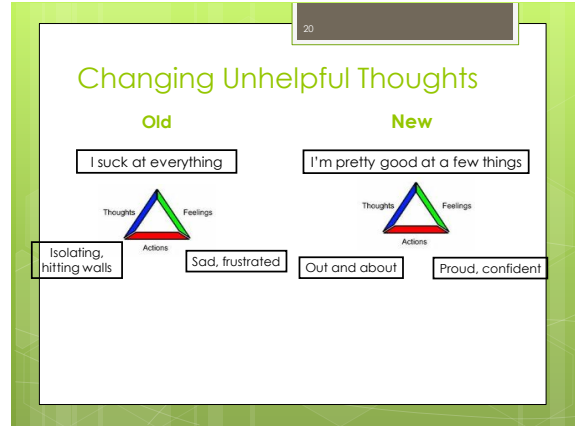
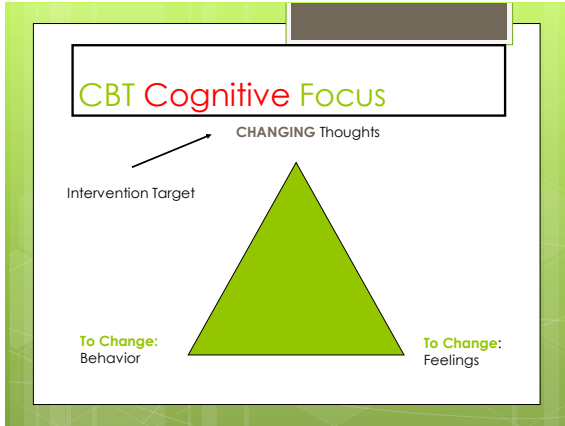
Unhelpful Thoughts about Behavior?

Child- ????????

Caregiver--?????

Unhelpful Thoughts about Behavior

Child	Caregiver
o She is trying to ruin my life	o She is a spoiled brat
o He did that on purpose	o He did that on purpose
o This isn't fair	o She does that just to make me mad
o She cares more about my sister than she does me	o She is never going to learn!
o She doesn't want me to have any fun	o He always does this at the worst times
o She doesn't love me	o We are never going to have a good relationship
	o He's going to be just like his father



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

WHY change unhelpful behavior?

Because it keeps clients stuck and can make situation worse

Unhelpful Depression Behaviors?

- ??????

25

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/Ove reat
- Not taking care of day-to-day necessities

26

Unhelpful Anxiety Behaviors?

- ????????

27

Unhelpful Anxiety Behaviors

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

28

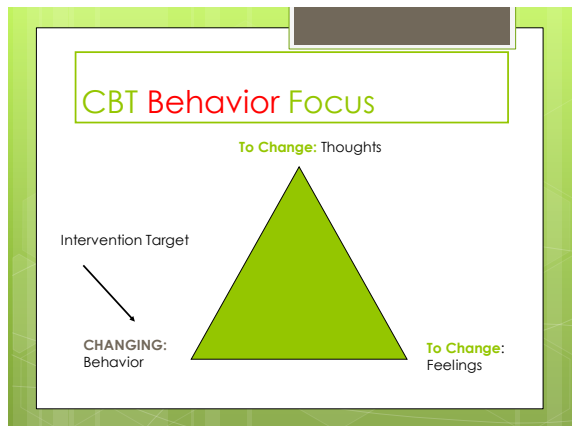
Unhelpful Behavior Problems?

- ????????

29

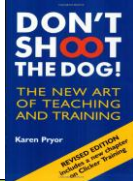
Unhelpful Behavior Problems

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



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



- **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 **IS**
- **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 | ○ Reasons to change |
| ○ Identify but don't over focus on | ○ Identify and focus on |
| ○ Results of not changing | ○ Results of changing |
| ○ Highlight discrepancy with personal goals | ○ 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

Inconsistent with EBP

- Telling client they need to change
- Giving client many reasons why they have a problem, need to do something
- Arguing or challenging when client rationalizes, makes excuses, is resistant
- Allowing client to use session to talk about the benefits of not changing or why it is too hard

Consistent with EBP

- Expressing empathy for situation
- Using open-ended questions, reflecting, summarizing
- Inquiring about pros and cons of changing
- Assessing importance and confidence about change
- Attending to and reinforcing any change talk
- Ending on good terms

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 Screen - EBP

Identify or check events happen to your kid. Below is a list of stressful and scary events that sometimes happen. Mark YES if happened to you. Mark NO if you did not experience the event.

1. Serious accident (automobile, fire, flood, tornado, hurricane, earthquake, etc.)	YES / NO
2. Witness accident or injury (like a car/air crash, dog bite, assault, etc.)	YES / NO
3. Kidnapped or forced, taken or stolen.	YES / NO
4. Witnessed kidnapping or theft (like a car/air crash, dog bite, assault, etc.)	YES / NO
5. Kidnaped, abducted, or held up for ransom (not in your home)	YES / NO
6. Being captured to work (forced labor, slavery, etc.)	YES / NO
7. Being captured in the community (kidnap, abduction)	YES / NO
8. Witnessed child sexual abuse (not in your home)	YES / NO
9. Witnessed child sexual abuse (in your home)	YES / NO
10. Witnessed child sexual abuse (not in your home)	YES / NO
11. Witnessed child sexual abuse (in your home)	YES / NO
12. Witnessed or scary medical procedure	YES / NO
13. Witnessed or scary medical procedure	YES / NO
14. Witnessed or scary medical procedure	YES / NO
15. Other stressful or scary event	YES / NO

Which one is bothering you the most now?

If you answered YES to all of the above questions, STOP! You may need help with one of the above questions, please complete the rest of this form.

When the event happened, did you feel?

AFRAID (could die or be hurt badly) YES / NO

SHOCKED (couldn't believe what was happening) YES / NO

WORRIED (about the situation) YES / NO

ANGRY (at someone) YES / NO

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Trauma Screening is Clinical Encounter

- Engagement
- Therapeutic alliance
- Psychoeducation
- Exposure

49

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?

52

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

Positive Scores:
 PSC-17 Total = 15
 PSC-17 Internalizing = 5
 PSC-17 Externalizing = 7
 PSC-17 Attention = 7

Anxiety

SCARED

- Generalized anxiety: Clinical = 3+
- PTS: Clinical = 6+

Scores:
 Total = 6
 Generalized Anxiety = 3
 PTSD = 3

Depression

MFQ

Clinical = 11+

Child: _____ Child age: _____
 Caregiver: _____ Caregiver: _____

Moods and Feelings Questionnaire (7-18)

This form is about how you might have been feeling or acted recently. Please check how much you have felt or acted this way in the past two weeks.

	#		True
	Not True	Sometimes	
I felt miserable or unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't enjoy anything at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt so tired I just stay around and did nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was very restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was no good anymore.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cried a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it hard to think properly or concentrate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hated myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was a bad person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought nobody really loved me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought I would never be as good as other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did everything wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score: _____

Angell, A., Gadow, E. J., Bonnes, S. G., Pankas, A., Miller, J., & Stein, D. (1996).

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

Have an Agenda

Child/Teen Agenda
 Brief check-in, updates
 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?
 Brief check-in, updates
 Homework review
 Theirs
 Child's
 Education about trauma
 Other agenda items

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)

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

The Child's Problem Definition
 The problem is when I am... (Describe the problem, symptoms, feelings, or thoughts or what they feel and/or do.) I am... (Describe the problem, symptoms, feelings, or thoughts or what they feel and/or do.) I am... (Describe the problem, symptoms, feelings, or thoughts or what they feel and/or do.)

Goals of Behavior Preference
 Almost all behavior is caused by an interaction between children and their environment. Because behavior is caused by an interaction between children and their environment, it can be changed by changing the environment. The goal of behavior preference is to help children learn to control their own behavior by changing the environment. The goal of behavior preference is to help children learn to control their own behavior by changing the environment. The goal of behavior preference is to help children learn to control their own behavior by changing the environment.

Children sometimes have beliefs that we don't want them to. For example, almost all parents/teachers have had the experience of being angry with a child because of something he or she did or said. But almost all parents/teachers have the experience of children laughing, playing, or acting out. Children might have beliefs that we don't want them to. For example, almost all parents/teachers have had the experience of being angry with a child because of something he or she did or said. But almost all parents/teachers have the experience of children laughing, playing, or acting out. Children might have beliefs that we don't want them to. For example, almost all parents/teachers have had the experience of being angry with a child because of something he or she did or said. But almost all parents/teachers have the experience of children laughing, playing, or acting out. Children might have beliefs that we don't want them to.

Behavior is not just a product of a child's own mind. It is a product of a child's own mind and the environment. Behavior is not just a product of a child's own mind. It is a product of a child's own mind and the environment. Behavior is not just a product of a child's own mind. It is a product of a child's own mind and the environment.

The reason that behavior problems persist is because they are "working." The best, then, to do anything to change behavior is to change the environment. The best, then, to do anything to change behavior is to change the environment. The best, then, to do anything to change behavior is to change the environment.

That's Not All: Get Creative

- Internet search
- Conduct interviews
- What else?

CBT Triangle



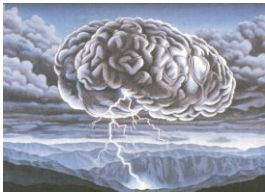
CBT Triangle Practice

- 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

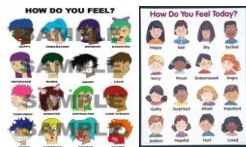


Do You?

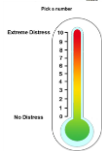
- Guided Imagery
- Breathing
- Mindfulness
- Meditation
- Yoga
- Games
- Bubbles
- Dance
- Sing
- Play w/ pets
- Talk to friends
- Take a walk
- Listen to Music
- Read



- Identify Feelings:



- Rate Intensity



Depression
CBT for depression

Assessment	Introduction/Buy In	Thoughts	Feelings	Behaviors
	As needed: MI & Engagement Work			
	For each clinical condition, start with bolder components (these have the best evidence), then consider the most disruptive symptoms and most pressing concerns.			
Anxiety	Psychoeducation <ul style="list-style-type: none"> About anxiety The CBT Triangle How Tx works 	<ul style="list-style-type: none"> Cop. Coping Socratic dialogue Accuracy Helpfulness BF Role Play 	Emotion Reg. <ul style="list-style-type: none"> Feelings Rating Relaxation Secret Calming Distraction Manifestation 	Exposure <ul style="list-style-type: none"> Imaginal In-Vivo Response prevention (OCD)
Depression	Psychoeducation <ul style="list-style-type: none"> About depression The CBT Triangle How Tx works 	<ul style="list-style-type: none"> Cop. Coping Socratic dialogue Accuracy Helpfulness BF Role Play 	Emotion Reg. <ul style="list-style-type: none"> Feelings Rating Relaxation Secret Calming Distraction 	Pleasant activity scheduling <ul style="list-style-type: none"> Goal setting Problem solving
PTSD	Psychoeducation <ul style="list-style-type: none"> About trauma About PTSD/PTS The CBT Triangle How Tx works 	<ul style="list-style-type: none"> Cop. Coping Socratic dialogue Accuracy Helpfulness BF Role Play Responsib. Pie 	Emotion Reg. <ul style="list-style-type: none"> Relaxation Secret Calming Distraction Manifestation/ Distress tolerance 	Exposure <ul style="list-style-type: none"> Imaginal (TN) In-Vivo TN Share Safety Planning
Behavior Problems	Psychoeducation <ul style="list-style-type: none"> FBA Principles Positive Parenting How Tx works Behavioral Expectations 	<ul style="list-style-type: none"> Cop. Coping (parent/child) Socratic dialogue (parent/child) Accuracy Helpfulness 	Emotion Reg. (parent/child) <ul style="list-style-type: none"> Feelings Rating Relaxation Secret Calming Distraction 	FBA <ul style="list-style-type: none"> Parenting Skills Positive limit Praise Selective attention Instructions Rework Plan Consequences

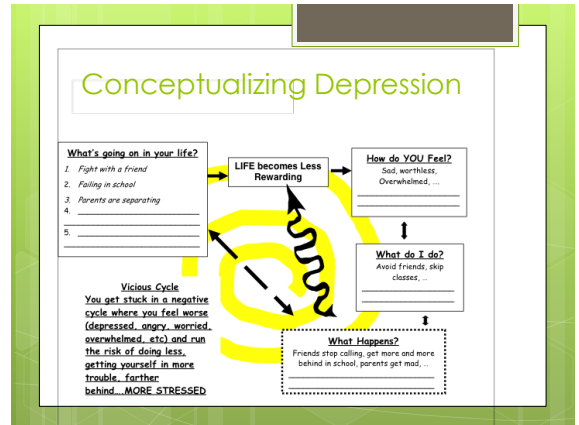
Focus for Today

- Conceptualizing Depression
- Mood Monitoring
- Pleasant Activity Scheduling
- Problem Solving
- Goal Setting

(But don't forget #1 is SAFETY)

Psychoeducation

- What were our goals?



Mood Monitoring Sheet

Day	High & low mood ratings (0-10)	What events or activities were going on related to the highs and lows?
Monday	High: Low:	
Tuesday	High: Low:	
Wednesday	High: Low:	
Thursday	High: Low:	
Friday	High: Low:	
Saturday	High: Low:	
Sunday	High: Low:	

Pleasant Activity Scheduling

- WEEK REVIEW
 - Past or upcoming
 - Name activities that brought your mood UP
 - Name activities that brought your mood DOWN

GETTING ACTIVE!!

Doing Positive Action, even when you are feeling down, can be the first step to feeling better

HEAD DIRECTED BEHAVIOR:

Feeling good → Do something fun, because you feel good → Feel even better!!!

Feeling bad → Do nothing, much, because you feel bad → Feel even worse!

GOAL DIRECTED BEHAVIOR:

Feeling bad → Do something fun, because you set a goal → Feel better!!!!!!

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)
 - Anticipate challenges and plan to manage
- 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 / All-or-Nothing / Dichotomous thinking**
 - Things are good or bad, safe or dangerous, no middle ground.
 - Things are perfect or they are a total failure, nothing in between.
- Focusing on the Negatives / Negative Filter**
 - Focusing on the negative, scary, or worse things, ignoring anything good.
- Overgeneralization**
 - An "I" on one assignment means you'll never succeed in anything.
 - One bad interaction and you decide someone is a jerk. Something bad in one area means something about all areas; something tough about right now means your whole future will be tough, etc.
- Personalization**
 - Everything is about you. Your friend looks upset, you assume it must be your fault. Your father doesn't agree with you, you assume he's trying to make you mad.
- Catastrophizing**
 - Your friend doesn't call when he says he will. You think the friendship must be over.
 - You forget to turn in an assignment, you think you're going to flunk out of high school, never get into the college you want.
- Perfectionism: Setting Unrealistic Expectations**
 - Asking yourself to be perfect, not allowing yourself to make mistakes.
 - This makes you feel like a failure when you do make mistakes (which is only human), and discourages you from trying anything new, making it hard to get a sense of achievement and preventing you from doing things you might enjoy.
- Mind Reading**
 - Acting like you can tell what people are thinking about you. Getting very negative or angry when what is in only your imagination. Sometimes this might be right, but most of the time you get worried or upset over a situation that never really existed.
- Minimizing/Discounting**
 - You downplay your failures and minimize your successes. You discount positive events and allow negative events to count more.
 - Even though I hit a home run earlier in the game, I hit my team down when I struck out later in the game.
- Blaming**
 - You focus on the other person as the source of the problem, when you may have had some part in it. You expect the other person to change or fix things when there are things you could do.



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
 - BF role play

Cognitive Restructuring

Negative or Unhelpful Thought:	Is this thought necessarily true?	This thought makes me feel...	This thought makes me want to...	Evidence For Thought, Evidence Against	What would you tell your best friend?	A more helpful thought is...

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



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

ANTECEDENTS, BEHAVIOR, AND CONSEQUENCE: A→B→C

A	B	C
Antecedents	Behavior	Consequence
Asks to use the car. Told, "No."	Will not accept. Argues.	Gets to use the car.
Told to do a chore	Mumbles. Complains.	Parent gets upset.

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 EBP's 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

How to Teach Parenting Skills

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

Rewards/Behavioral Plan

- Think about the interval for the reward
 - US and exercise: Give yourself a reward at the end of the week if you work out all 5 days?



- OR you get one small, special chocolate each night you go the gym after work?

Rewards/Behavioral Plan

- 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

Consequences: Younger children

- 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**)

Sigh.

They don't do the Homework

Repeatedly.

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

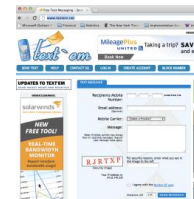
- FIRST: assume there's a very good reason
 - ASK about the reason
 - Normalize not following through
 - PUT a few reasons the parent might NOT have done it ON the table
- Want to know....
 - Don't think it's a great idea
 - Not perceived to be a good fit (culturally or individually)
 - Didn't understand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

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
 - We often assume

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/>
 - 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 parentingN2Ks (need to knows)....
- 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

Report of the ATSA Task Force on Children With Sexual Behavior Problems

Task Force Members:

Mark Chaffin (Chair)
University of Oklahoma Health Sciences Center

Larry Berliner
National Sexual Assault Center, Seattle, Washington

Thomas D. Lyon
University of Southern California Law School

Shea Jacqueline Page
University of Tennessee Health Sciences Center

David B. Prescott
Treatment Center, Maudsley Hospital, London, UK

Director:
Oklahoma Health Sciences Center

ATSA

Similar Components!

- Assessment
- Psychoeducation
- Emotion Regulation
- Cognitive Restructuring
- Skills Training
- Supervision

Anxiety

CBT for anxiety

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)



Fear Ladder

Date: _____

Fill in what you are afraid of. You can rank it from 1 (not afraid) to 10 (worst). Separate by use the lines below.

Please put on a ladder 10 rungs 1-10 (top)

1	2	3	4	5	6	7	8	9	10

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 bc-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

Negative or Unhelpful Thought:	Is this thought necessarily true?	This thought makes me feel...	This thought makes me want to...	Evidence For Thought, Evidence Against	What would you tell your best friend?	A more helpful thought is...



Trauma-Focused CBT

CBT for PTS and trauma-related-distress

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

Studies, articles, books

TF-CBT

Rated highly, cost beneficial

Monetary Benefits and Costs of Evidence-Based Practice

Practice	Year	Cost	Benefit	Net Benefit	Benefit:Cost Ratio
Child Welfare Services	2007	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2008	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2009	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2010	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2011	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2012	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2013	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2014	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2015	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2016	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2017	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2018	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2019	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2020	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2021	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2022	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2023	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2024	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2025	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2026	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2027	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2028	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2029	\$1.1B	\$1.1B	\$0.00	1.00
Child Welfare Services	2030	\$1.1B	\$1.1B	\$0.00	1.00

TF-CBT Works

- 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!
 - Thoughts
 - Feelings
 - Actions
- Trauma-focus
 - Thoughts
 - Feelings
 - Behaviors

143

Trauma Focus

Trauma Focused Tx Manuals

Learning Resources for TF-CBT

CTG Web
A web-based training resource for using TF-CBT with children and adolescents.

TF-CBT Consult
A consultation tool for Trauma-Focused Cognitive-Behavioral Therapy.

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

www.musc.edu/tfcbtconsult

TF-CBT Components Acronym

Assessment/engagement

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

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 (7 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

157

Engagement is Key

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

158

Getting started with active TF

Gradual Exposure all the Way

TF-CBT Components

A...PRACTICE

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

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

The screenshot shows the NCTSN website interface. The main content area is titled "Childhood Traumatic Grief" and includes a link to "From the Childhood Traumatic Grief Task Force Educational Materials Subcommittee". Below this, there is a note about downloading materials and a "Page Contents" section listing "Childhood Traumatic Grief Educational Materials" and "The Courage to Remember Videos and Curriculum Guide". At the bottom, there is an "Entire Package" section listing various resources like "In-Depth General Information Guide to Childhood Traumatic Grief" and "Brief Information on Childhood Traumatic Grief".

The screenshot shows the NCTSN (The National Child Traumatic Stress Network) website. The main navigation includes Home, CTS Intro, Trauma Types, Resources, En Español, and About Us. A search bar is located in the top right. The left sidebar lists various trauma types, including Physical Abuse and Neglect, Sexual Abuse, Traumatic Grief, Domestic Violence, Community / School Violence, Complex Trauma, Medical Trauma, Religious Trauma, Natural Disasters, Earthquakes, Epidemics, Hurricanes, Tornadoes, Fires, Floods, and Terrorism. The main content area is titled "Hurricanes" and provides guidelines for parents and teachers. It includes a description of hurricanes and their impact on children.

Cognitive Triangle

- Distinguish between thoughts, feelings, and behaviors

Don't have the WDMY 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**

Questions for Psychoeducation

Questions for Psychoeducation:

Use these questions for psychoeducation. add in the answers for each question, and add in any abuse-specific or child-specific questions as (1) make sure all relevant psychoeducation topics are covered and (2) learn more about how the child/adolescent views their experience.

What is _____? What are some examples of _____?

How do kids feel when/who have been _____?

How many kids does _____ happen to? What kinds of kids does _____ happen to?

What kinds of worries do kids who've been through _____ have? What do they think about?

What are some common things that kids do after they've been through _____?

How can you tell if another kid has been through _____?

Can other people tell that you've experienced _____?

What happens to kids who have experienced _____ when they grow up?

What are some reasons that some kids don't (just get help) right away if they're experiencing _____?

What are some things that a kid could do if s/he wanted to get help with/about _____?

Whose fault or responsibility is _____?

Is it ever the kid's fault? What if _____? Is it the kid's fault then?

Why does _____ happen? What do adults say to kids about _____?

What kind of help is there for parents/caregivers who _____?

What happens to adults who _____?

When adults do _____ does it mean that they hate kids / are angry at the kids?

Quiz for Parents (From Carly Jones)

- True False Some common feelings kids have after being touched are angry, shameful, 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 It is NEVER a kid's fault when they are sexually touched by an older child or adult.
- True False Sexual abuse is usually committed by strangers.
- True False Most 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 listen 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 parent to encourage their children to talk about it in counseling so the child doesn't feel like it's a secret and be ashamed about it.

TF CBT Components

...PRACTICE

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

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?"

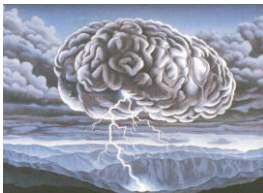


TF CBT Components

- R**...PRACTICE
 - Assessment
 - Psycho education and Parenting Skills
 - R**elaxation
 - Affective Modulation
 - Cognitive Coping
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TF-CBT RAC is Emotion Regulation for Trauma Distress

- Remember the brainstorm for relax, calm down, chill




TF CBT Components

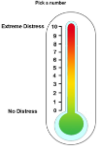
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Affect Modulation

- 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


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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



Taco y Tortilla



3. Take a break



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Direct Discussion of the Trauma

- o Why do we avoid it?



Direct Discussion of Traumatic Events

Reasons we avoid this with children

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



Reasons to do it

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

Rationale for TF CBT

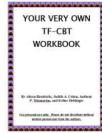
- o PTS is a form of fear/anxiety
 - o Memories/reminders are upsetting
 - o Avoidance/numbing are coping strategies
- o Facing fears (memories, reminders) is mastery
 - o Being able to talk about what happened with thoughts and feelings
- o Analogies
 - o Wound: splinter or glass in foot
 - o Beach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

Creating the Trauma Narrative

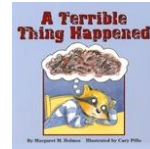
- o Restate the rationale for the TN
 - o Getting buy in is KEY
 - o TN should not be huge jump.... exposure has happened all along
- o Set criterion for "proof" of recovery/resolution
 - o Talk about what happened with thoughts & feelings; details; & worst moments/hot spots
- o Elicit or present options for method
 - o Possible "book" with chapters; TFCBT Work Book
- o Vehicle is not what counts – what counts is:
 - o Thinking about what happened without avoidance or distress
 - o 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



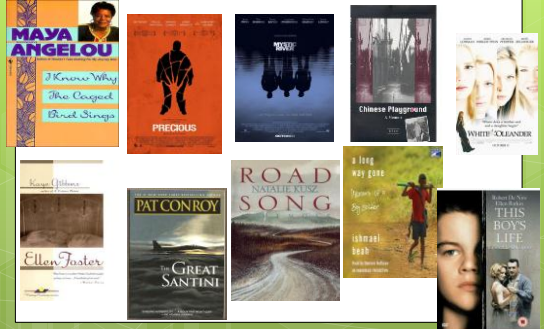
"Tell me about Sherman, what happened to him, how'd he feel?"
 "Why didn't Sherman want to play with his friends anymore?"
 "Why did he go see Miss Maple?"
 "What did he do with Miss Maple?"

"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



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



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

Triangle

Triangle

Physical Abuse Example: 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

Legend: Mom (green), Dad (red), Me (blue)

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

Legend: Mom (green), Dad (red), Me (blue)

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

Legend: Offender (green), His Wife (red), Me (blue)

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

Legend: Offender (green), His Wife (red), Me (blue)


Practice: Challenging Cognitions

PRACTICE! 1 clinician, 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:

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 her **Turn into eliciting questions**

Telling doesn't put you in FO, 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 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

- The government has laws that are followed here

Socratic Dialogue Practice

Where kid starts	Goal
<ul style="list-style-type: none"> No one will want me; I am gross and disgusting 	<ul style="list-style-type: none"> ?
<ul style="list-style-type: none"> There is no point in trying because nothing will ever change for the better 	<ul style="list-style-type: none"> ?
<ul style="list-style-type: none"> I will never be able to put my past the past 	<ul style="list-style-type: none"> ?
<ul style="list-style-type: none"> My parents are stuck in their trauma from the past and will never be able to get over it 	<ul style="list-style-type: none"> ?

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?

Shame or Self-Blame Thoughts?

Exaggerated, unhelpful thoughts about self, future, world, others?

Exaggerated, unhelpful thoughts about self, future, world, others?


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

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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



Conjoint Parent-Child Sessions

- 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?

Clarification Added to the Conjoint Session

- 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 s/he's not to blame
- 5) Supporting your child for telling and talking about what happened
- 6) Taking responsibility for any consequences that occurred later
- 7) Apologizing for your behaviors
- 8) Telling your child about what you're learning in treatment
- 9) Offering some safety instructions to help prevent this again
- 10) Making a commitment to use other parenting methods and new family rules.



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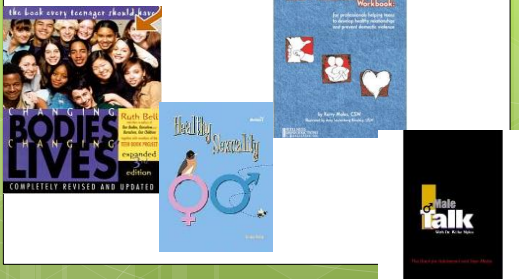
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Enhancing Safety Skills

- 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

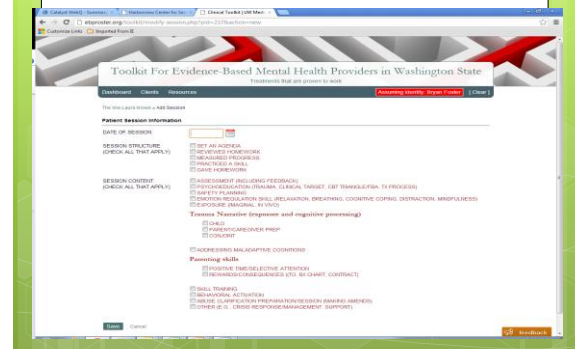
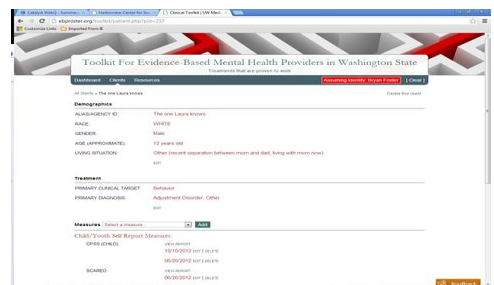
Dating Violence

- 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/>

233



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.nctsn.org

What we want to avoid...

