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The CBT+ Team



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Supervision to Enhance Practice Study



- National Institute of Mental Health
- Supervision and EBP
 - EBP = TF-CBT
- Test strategies in routine supervision to enhance fidelity and outcomes.

CBT+ Goes National



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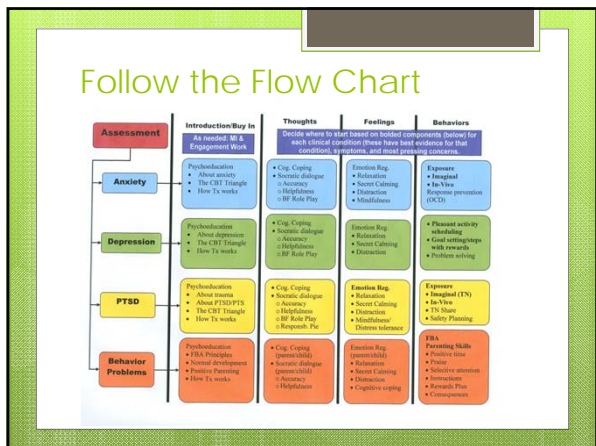
What is CBT+?



- CBT for Anxiety
- CBT for Depression
- TF-CBT
- Parent Behavior Management (or Behavioral Parent Training) for Behavior Problems

EBP = Treat to the Target





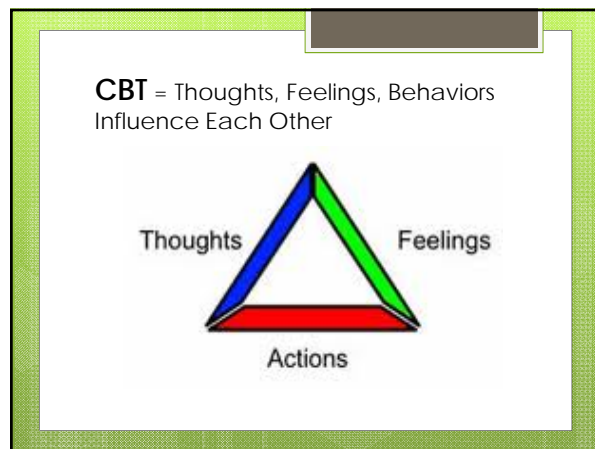
In the Beginning
Follow the steps exactly

Once you have Done it by the Book
Have the right ingredients: systematically apply within the model

Program/Intervention	Current Learnings			
	Manual	Evidence-Based	Research-Based	Promising Practices
Traumatic Stress				
PTSD: A Program to address distress of post-traumatic stress in adolescent children	Yes	No	No	Yes
Child-Parent Psychotherapy	Yes	No	Yes	—
Cognitive Behavioral Therapy (CBT)-Based Models for Child Trauma	Yes	Yes	—	—
Compassion Based Intervention for war-torn children	Yes	Yes	—	—
Cognitive Behavioral Intervention for Children in Schools	Yes	Yes	—	—
Emotional Resiliency Among Students Experiencing Stress (ERASE-Stress)	Yes	Yes	—	—
KIDNET Narrative Exposure Therapy for Children	Yes	Yes	—	—
Trauma Focused CBT for Children	Yes	Yes	—	—
Other Cognitive Behavioral Therapy (CBT)-Based Models for Child Trauma	Yes	No	Yes	—
Depression				
Depression				
Cognitive Behavioral Therapy (CBT) for Depressed Adolescents	Yes	No	Yes	—
Coping with Depression-Adolescents	Yes	No	—	—
Empowerment for Adolescents with Depressive Symptoms	Yes	No	Yes	—
Other Cognitive Behavioral Therapy (CBT) for Depressed Adolescents	Yes	No	Yes	—
Anxiety				
Anxiety				
Cognitive Behavioral Therapy (CBT) for Anxious Children (group, individual or remote)	Yes	No	—	—
Cost-Reduction	Yes	No	—	—
Coping Call	Yes	No	Yes	—
Coping Call: Evidence based lesson model	Yes	No	—	—
Coping Anxiosa	Yes	No	Yes	—
Other Cognitive Behavioral Therapy (CBT) for Anxious Children	Yes	No	—	—
Parent Cognitive Behavioral Therapy (CBT) for Anxious Young Children	Yes	No	—	—
Behavior Problems				
Behavioral/Parent/Childhood Onset Disorder or Conduct Disorder				
Behavioral Parent Training (BPT) for Children with Disruptive Behavior Disorders	Yes	No	Yes	—
Incredible Years Parent Training	Yes	Yes	—	—
Incredible Years Parent Training + Child Training	Yes	Yes	—	—
Parent Child Interaction Therapy (PCIT) for Children with Disruptive Behavior Problems	Yes	No	Yes	—
Triple P Level 4, Group	Yes	No	Yes	—
Triple P Level 4, Individual	Yes	No	Yes	—

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


- ### Requirements for Certificate
- Attend the class and complete survey at the end
 - Supervisors complete survey (emailed) in order for providers to attend calls
 - Complete TF-CBT web
 - Attend 9 of 12 calls and present at least 1 case
 - Complete 2 cases, 1 TF-CBT
 - Enter data baseline and f/u measure (s), document fidelity
 - Provider and supervisor complete end of consultation survey



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CBT Recap

It's the thought that counts



WHY change unhelpful thoughts?

Because they cause hard (or harder) feelings, and lead to unhelpful behaviors

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Unhelpful Depression Thoughts?

- ????????

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Unhelpful Depression Thoughts

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

Unhelpful Anxiety Thoughts?

- ????????

Unhelpful Anxiety Thoughts

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

Unhelpful Thoughts about Behavior Problems?

Child- ????????

Caregiver--?????

Unhelpful Thoughts about Behavior

<p>Child</p> <ul style="list-style-type: none"> She is trying to ruin my life He did that on purpose This isn't fair She cares more about my sister than she does me She doesn't want me to have any fun She doesn't love me 	<p>Caregiver</p> <ul style="list-style-type: none"> She is a spoiled brat He did that on purpose She does that just to make me mad She is never going to learn! He always does this at the worst times We are never going to have a good relationship He's going to be just like his father
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CBT Cognitive Focus

CHANGING Thoughts

Intervention Target

To Change: Behavior

To Change: Feelings

Changing Unhelpful Thoughts

<p>Old</p> <p>I suck at everything</p> <p>Thoughts Feelings</p> <p>Isolating, hitting walls Sad, frustrated</p>	<p>New</p> <p>I'm pretty good at a few things</p> <p>Thoughts Feelings</p> <p>Out and about Proud, confident</p>
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What to do?

It's all about triangles....

- 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?

- ?????

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Unhelpful Depression Behaviors

- Isolating from friends and family
- Too much/not enough sleep
- Self harm behaviors (e.g., cutting)
- Stop doing fun activities
- Under eat/Over eat
- Not taking care of day-to-day necessities

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Unhelpful Anxiety Behaviors?

- ???????

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Unhelpful Anxiety Behaviors

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

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Unhelpful Behavior Problems?

- ????????

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Unhelpful Behavior Problems

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

CBT Behavior Focus

To Change: Thoughts

Intervention Target

CHANGING: Behavior

To Change: Feelings

Basic Principles for Bx

- Behavior happens because it works:
 - Achieve desired goal (attention, reward)
 - Avoid unwanted outcome (boredom, anxiety, punishment)
 - Sometimes short-term gain but long-term pain
- It will change, or persist based on:
 - Reinforcement (+ or -)
 - May get worse before it gets better

Treatment Engagement:

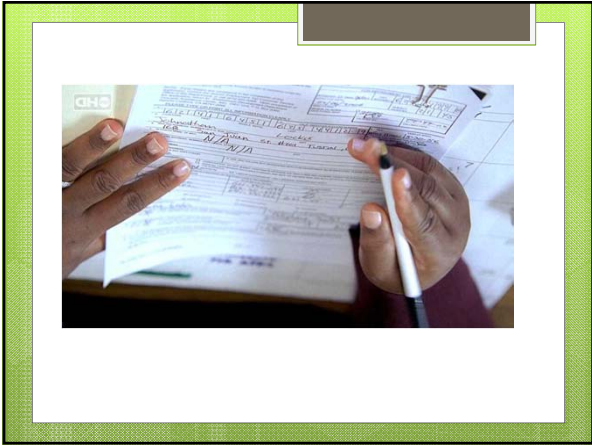
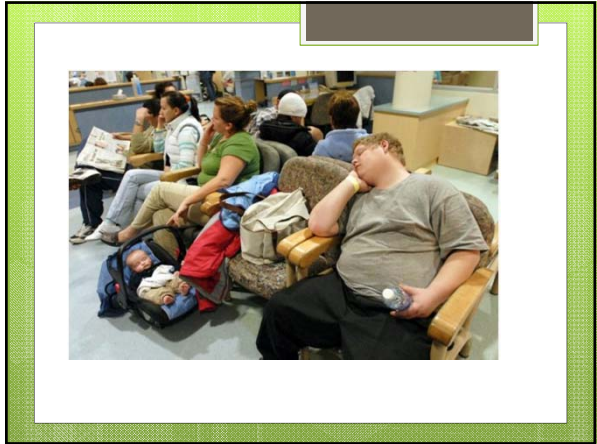
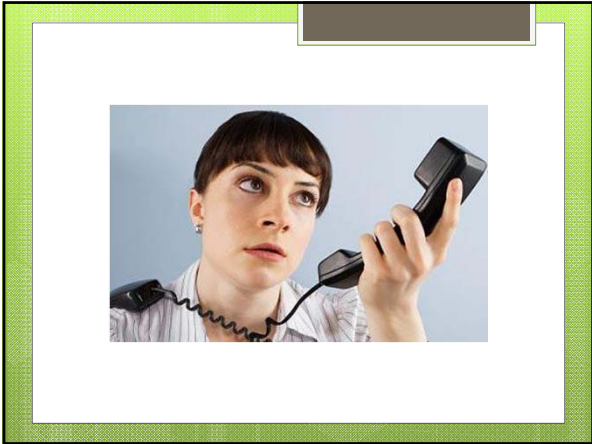
Engagement steps

- Motivational enhancement
- Assessment with feedback

Anti-Engagement

THIS is where treatment starts.

Someone calls to set up an appointment.

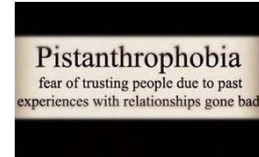


Engagement Steps-In Order (1)

1. Introduce yourself. Talk about your agency and services. Make yourself human (your family, experience, etc.)
 - Talk - 5 minutes. Give the caregiver a chance to catch their breath/be comfortable.
2. Find out what the caregiver sees as the biggest problem for the child/family
 - What they want help with
 - Not always the same as the referral question

Engagement Steps-In Order (2)

3. Ask about past experience with counseling/mental health
 - **Say** "Lots of people have had some experience with counseling in the past. Have you, your family, this child or another child? For some it was a good experience, for some it wasn't."



Engagement Steps-In Order (3)

4. Instill hope/give message that counseling can help
 - ADDRESS any concerns that come up about past experience
 - Describe how this treatment is different (e.g., based on research, short-term, caregiver involved, assessing if working along the way)
 - Say "We have a lot of experience with that"
 - Say "I'm sure we can help your family"
5. Proactively address concrete barriers
 - Say "Is there anything that might get the way of you making it to appointments? Transportation? Concern re \$? Scheduling?"

Engagement Steps

1. Talk about you, agency
2. Find out what caregiver sees as biggest problem
3. ASK about past mental health experiences
4. Instill Hope
5. Problem solve concrete barriers

If you KNOW what they see as the problem (from phone, intake, referral) have a handout ready

Spend 2-3 minutes looking at it and talking about it—providing help immediately.

AND shows you/agency listened



Practice

- Pair off
- Engaging a caregiver
- One clinician, one caregiver, observers
- CAREGIVER feedback: What was it like?
- Observer feedback: Did the clinician follow the steps?
 - Positive feedback first, then recommendations for improvement

Once they are in....

Doing the work of therapy

Pair Up: Convince Person to



- Tell them 5 reasons/benefits
- Give them ideas for how they can start the exercise program

Motivational Enhancement
is for
Ambivalence




How do you KNOW if Motivation is an Issue?

- Hesitant, expresses reservations
 - *"I can handle on my own"
 - *"Tx might make it worse"
- States mixed feelings about tx
 - *"Sounds like a lot of work. This might not be the right time"
- Gives reasons why it won't work
 - *"I've tried counseling before, it didn't help"
- No shows, misses appointments
- Doesn't do homework or practice between sessions



- **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."
 - "You are really frustrated with how things are and wish they were different"
- 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 Exercise

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

Motivational Interviewing

Inconsistent	Consistent
<ul style="list-style-type: none"> Telling client to change Giving many reasons why a problem, need to do something Arguing or challenging Allowing session to be about why change is too hard or status quo not that bad 	<ul style="list-style-type: none"> Expressing empathy Open-ended questions, reflecting, summarizing Inquiring about pros and cons of changing Assessing importance and confidence about change Attending and reinforcing change talk Ending on good terms

Screening and Assessment



Why screen all kids for trauma??

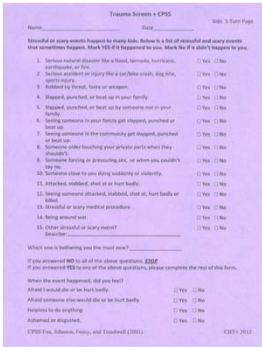
Child Victimization Rates

<ul style="list-style-type: none"> Past year Any = 60.6% Assault = 46.3% Sexual assault = 6.1% Child abuse = 10.2% Bullying = 15.2% Witness = 25.3% 	<ul style="list-style-type: none"> Lifetime Any 80% Assault = 56.7% Sexual assault = 9.8% Child abuse = 18.6% Bullying = 21.6% Witness = 37.8%
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TRAUMA EXPOSURE IS VERY, VERY PREVALENT

Trauma Screen

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



Trauma Screen - CPSS

1. Serious natural disaster (like a flood, tornado, hurricane, earthquake, or fire) or a very big crash, big fire, or explosion

2. Witnessed or experienced violence or war

3. Witnessed or experienced a violent crime, such as a robbery, rape, or kidnapping

4. Shipped, quarantined, or held up in your family

5. Shipped, quarantined, or held up by someone not in your family

6. Being someone's parent being kept, arrested, or held up

7. Being someone in the community get shipped, quarantined, or held up

8. Someone telling something your grade party when they are sick

9. Someone being or protecting you, or when you couldn't help

10. Someone close to you being sickly or elderly

11. Someone stabbed, shot or hurt badly

12. Seeing someone attacked, stabbed, shot at, hurt badly or killed

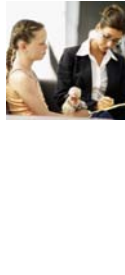
13. Witnessed or scary medical procedure

14. Being in an accident

15. Other stressful or scary event?

Trauma Screening as Clinical Encounter

- Engagement
- Psychoeducation
- Exposure



Case Examples


- 6 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 Bella 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?

- Compares client answers to those of many others
 - Complement to clinical interview and observation
- Yardstick for change over time
 - Is client getting better?



CBT + Assessment Measures

- Trauma Screen
 - Exposure to trauma
- Pediatric Symptom Checklist-17 (PSC-17)
 - Total problems, externalizing (acting out behavior), internalizing (feelings), and attention
- SCARED
 - Anxiety and PTS
- Child PTSD Sx Survey (CPSS)
 - PTS
- Moods and Feelings Questionnaire (or PHQ9)
 - Depression

Overall Problems

PSC-17

- Clinical Cutoffs
- Overall Problems ≥ 15
- Individual Areas
- Internalizing $= \geq 5$
- Externalizing $= \geq 7$
- Attention $= \geq 7$

Pediatric Symptom Checklist-17 (PSC-17)

INSTRUCTIONS: Emotional and physical health go together in children. Because caregivers are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

Does your child:	Please mark under the heading that best fits your child			For Office Use			
	Never	Sometimes	Often	I	A	E	T
1. Feel sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2. Feel nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3. Feel down or bummed out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4. Worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5. Seem to be having less fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
6. Fidget or fidget to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7. Daydream too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8. Distract easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9. Have trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10. Act as if driven by a motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
11. Fight with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
12. Not listen to rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
13. Not understand other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
14. Throw objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
15. Blame others for his/her troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
16. Refuse to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
17. Talk things that do not belong to him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
TOTAL:							

Anxiety

SCARED

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

SCARED Brief Assessment of Anxiety and PTS Symptoms (ages 7-17)

INSTRUCTIONS: This form is used to assess anxiety and PTSD symptoms. Please mark under the heading that best fits your child's behavior, emotions or learning. You may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

I feel really frightened for no reason at all	Please mark under the heading that best fits your child		For Office Use	
	Not True or Nearly Not True	Some What True or Sometimes True	I	A
1. I feel really frightened for no reason at all	<input type="checkbox"/>	<input type="checkbox"/>		
2. I feel afraid to be alone in the house	<input type="checkbox"/>	<input type="checkbox"/>		
3. I feel afraid to be alone in the school	<input type="checkbox"/>	<input type="checkbox"/>		
4. I get nervous a lot in school	<input type="checkbox"/>	<input type="checkbox"/>		

Score: _____

INSTRUCTIONS: This form is used to assess anxiety and PTSD symptoms. Please mark under the heading that best fits your child's behavior, emotions or learning. You may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

I have scary thoughts about or worry about things that are not really scary	Please mark under the heading that best fits your child		For Office Use	
	Not True or Nearly Not True	Some What True or Sometimes True	I	A
1. I have scary thoughts about or worry about things that are not really scary	<input type="checkbox"/>	<input type="checkbox"/>		
2. I try not to think about or worry about things that are not really scary	<input type="checkbox"/>	<input type="checkbox"/>		
3. I feel nervous when I think about or worry about things that are not really scary	<input type="checkbox"/>	<input type="checkbox"/>		
4. I have thoughts about or worry about things that are not really scary	<input type="checkbox"/>	<input type="checkbox"/>		

Score: _____

Marr, P. (2004). SCARED: A Brief Assessment of Anxiety and PTSD Symptoms (ages 7-17). © 2004 University of Colorado Health Sciences Center. All rights reserved.

Depression

MFO

- Clinical = 11+

Moods and Feelings Questionnaire (7-18)


INSTRUCTIONS: 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.

	Please check how much you have felt or acted this way in the past two weeks		
	0 Not True	1 Sometimes	2 True
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 sad most of the time 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 not 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: _____

Angold, A., Costello, E. J., Messer, S. C., Parker, A., Winder, J., & Swine, D. (1988).

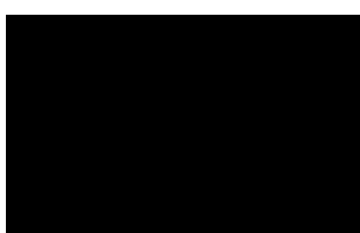
Case Formulation for Clinical Focus



- 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

Practice Measures Feedback

Getting Going on Active Tx




Principles of Active Therapy

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


Homework is PRACTICE!!

- Identify DOABLE activity to:
 - cope with feelings
 - modify thoughts
 - change behaviors
- Get SPECIFIC (who, what, when, etc.)
- Anticipate and problem-solve obstacles!
- Commitment for multiple times during week
 - Aim for 3-5



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


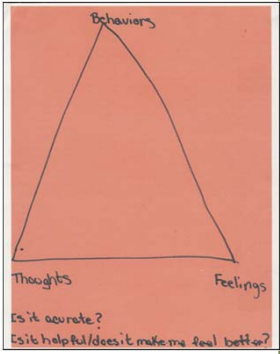


That's Not All: Get Creative

- Internet search
- Conduct interviews
- What else?



CBT Triangle





CBT Triangle Practice

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

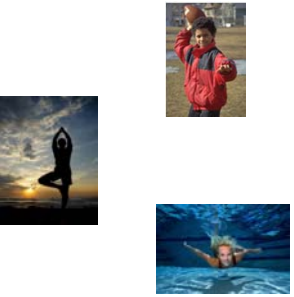
Emotion Regulation

- Brainstorm for relax, calm down, chill




Do You?

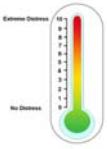
- Guided Imagery
- Breathing
- Mindfulness
- Meditation
- Yoga
- Games
- Bubbles
- Dance
- Sing
- Play w/ pets
- Talk to friends
- Take a walk
- Listen to Music
- Read



- Identify Feelings:



- Rate Intensity



Pablo's 1-2-3 Keeping Cool Plan

1. Stop 
2. Tense and relax
 Taco y Tortilla  
3. Take a break 




Anxiety

CBT for anxiety

Anxiety



Anxiety: Exposure is the Cure

- Facing up to 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 

Example of Successful Exposure



"B" = Doing Exposure

- Explain how and why exposure works (aka Psychoed)
- 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
- Don't leave the session with high anxiety

What? Me Worry?

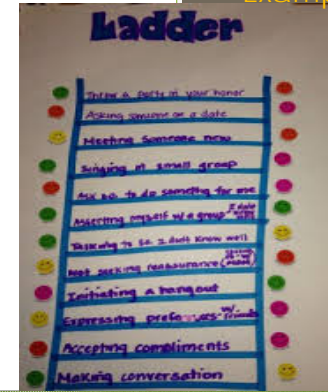
- Worries – 2 kinds:
 - Current problems amenable to problem solving
 - “Structured worry”
 - Problem solving steps/skills
 - Hypothetical problems
 - Imaginal exposure
 - Mental image and associated feelings

Gradual Exposure: Fear Ladder/Hierarchy



The diagram illustrates a 'Fear Ladder' hierarchy. On the left, a ladder is shown with three levels of rungs. The top level is labeled 'Some Hard Ones', the middle level 'Some Middle Ones', and the bottom level 'Some Easy (but not TOO easy)'. Arrows point from these labels to a 'Fear Ladder' form on the right. The form has a header with 'Date' and 'Fear Ladder', followed by a grid for recording exposure steps.

Example



The example shows a hand-drawn ladder with 10 rungs. Each rung has a colored dot and a task written on it. The tasks are: 1. Ask a date in your honor, 2. Asking someone for a date, 3. Meeting someone new, 4. Singing in a small group, 5. Ask someone to do something for you, 6. Asking someone to do something for you, 7. Asking someone to do something for you, 8. Asking someone to do something for you, 9. Expressing preferences, 10. Making conversation.

Exposure: Getting a Range of Rungs on the Ladder


- “What would make that step a little easier for you?”
- “What would make that step a little harder than the previous one?”
- 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.”

School Phobia: 9 Year Old

- Not going to school
- Cries when her mom takes her to school
- Mom hates to see her cry, takes her back home
 - Child feels better
- Mom wants her to go to school
- Child loves books and art (possible rewards for doing exposures)
- Mom hates to see her daughter upset (important to get buy-in for exposures)

Fear Ladder Development

For our 9 year old with School Phobia...



The illustration shows a stick figure with a black body and a yellow head, climbing a blue ladder. The ladder is tilted to the right, and the figure is positioned on the second rung from the bottom.

OCD: Response Prevention

- Target "rituals," (e.g., repeated washing, checking) a form of avoidance of distress
 - Identify what they are
- Get agreement not to do rituals
- Form of in-vivo – (stay in until the distress comes down)
- Notice feelings, decrease in distress (thermometer)

"C" Changing Anxious Thoughts: Two Strategies

- Psychoeducation
 - Give new, accurate and helpful information

When new information alone has not worked *"I know you say nothing bad is really going to happen, but I don't really believe it"*
- THEN
- Cognitive Restructuring
 - Socratic Questioning: using questions to help the client talk him/herself into a more helpful way of thinking

- Change strategies:
 - First notice thoughts (often need to start with event)
 - Draw triangle to see their impact
 - Can they come up with a more helpful thought?
 - If stuck, help them challenge
 - Evidence for/against
 - 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...

Socratic Questioning

- Key:** Help client arrive at more accurate and helpful thoughts
 - Instead of telling client what to think
- Methods:**
 - Identify the thoughts in detail
 - Examine the basis/evidence
 - Engage in a gentle Socratic questioning dialogue
 - Best Friend role play ("What would you tell your best friend?")
 - Ask client to generate alternative thoughts

Socratic Dialogue Practice

Goal: What's a more helpful or accurate thought where kid might end up?

Where kid starts	Where we want a kid to end up
<ul style="list-style-type: none"> I can't leave my mom, she won't be safe. If other kids got kidnapped waiting for the bus then I will too. No one can protect me. It isn't safe to go anywhere without my mom. 	<ul style="list-style-type: none"> ? ? ? ?



Goals for Behavior Problems Section of CBT+

- ✓ Ways to engage caregivers in being the primary participant in therapy for this target
- ✓ Learning prevention and management strategies
- ✓ In Session Plan: TEACH, MODEL, PRACTICE

SAY, SEE, DO!

- ✓ Making out of session practice happen (homework) and problem-solving after

CBT Plus Framework for Behavior Problems

- Strategies to **PREVENT** problematic behavior
 - Antecedents of behavior
- Strategies to **MANAGE** problematic behavior
 - Consequences of behavior

First: What is the function of Behavior?

- Get something you **WANT**
- Get **out** of something you **DON'T want**

Power of Attention

To Change Behavior...

- Learn all about the behavior
 - Frequency, duration, intensity
- Understand the environment surrounding the behavior
 - What is the function? What is maintaining the behavior?
- Figure out where change in the environment can change the behavior

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)



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.


Function of Behavior Video

The Power of Attention

Changing Behavior

Tables Activity

Antecedent/Prevention Strategies	Behavior Problems	Consequence/Management Strategies
	Whining	
	Not Following Directions	
	Hitting	
	Yelling	
	Refusing to do Homework	
	Not Going to Bed	



Report Out on As (Prevention) and Cs (Management)

Culture and Behavior Management Strategies

Parent Training with African American Families


- Stephanie Coard, PhD; Black Parenting Strengths & Strategies
- Includes all the standard parenting strategies
 - Praise, One-on-One Time, Time Out, Behavioral Contracts
- ADDED** racial socialization to standard


Parent Training (PCIT) with Mexican American Parents

- Kristen McCabe, PhD.
 - Guinando a Ninos Activos*
- Assesses belief about discipline; then tailors
 - Parent looking for punitive? Time Out as punitive
 - Not interested in punitive for young kids? Time Out as "thinking chair"
 - silla de pensativa
- Frame** PCIT as educational not therapeutic

PREVENTION Strategies:

Positive Time with Child, Praise, Rewards for + Behavior





Prevention Strategies: Why Positives First?

One of the best ways to change problem behavior?

Increase the frequency of POSITIVE behavior.

Particularly the OPPOSITE of the problem behavior.

Positive Strategies

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

Need to Know Sheets (N2Ks)

One on One Time

What: Caregiver spends 5-15 minutes a day with the child or adolescent, doing something the child finds enjoyable. This time is NOT dependent on positive behavior from the child.

Why? When children face behavior problems, many interactions between children and caregivers are about the problem behaviors and are negative. One-on-one time helps build more positive feelings between the caregiver and the child to improve the relationship AND to increase the likelihood that the child will engage in more positive behavior.

Tell about One on One Time: Use an adult example to explain WHY it is helpful. Example: Neighbor requests a favor after 1) a nice conversation and laughs the day before OR 2) after playing loud music all night. In which situation more willing to do the favor? It is like money in the bank!

DO: Give the One on One Time Rules. It's about just being together. No teaching, correcting, or reviewing daily problems. Use praise/recognition. Say nice things. Be interested. Comment positively/describe what the child is doing, don't ask questions.

Pick activities for one on one time: Something the CHILD finds fun (Playing dolls, shooting hoops, video games, going to the mall). What are some activities your child (not your) enjoys?

Model It (Therapist as caregiver; caregiver as child): Pretend to DO one of the activities (up out of your chair). **Discuss:** What did caregiver think? How would child respond? Any expected problems?

How do you teach these strategies?

I need two volunteers....

How to Teach Behavior Management Skills

- UP and OUT of your chair!
- On the floor playing, throw a tantrum, play out a power struggle
- Talking about how to deal with difficult behaviors isn't enough.
- People need practice to learn a new skill
 - Just ask coaches. Coaches...?



How to Teach Behavior Management Skills

Steps **SAY, SEE, DO!**

- Model skill
- Discuss
- Caregiver tries skill
- Discuss
- Homework/Practice at home plan
- Problem-solve loopholes

Rewards Behavior 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 Behavior 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 Behavior Plan

- Shaping: Does the child have to DO the final behavior, or can s/he be rewarded for small steps toward it?
- Great strategy if multiple steps (e.g., making the bus)
- Depends on frequency, duration, intensity


Video Off Road Parenting

Making Behavioral Contracts Work

Practice

Setting up a Rewards Plan for a Client
SAY SEE DO in Session

Management Strategies: What to do AFTER the problem behavior



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)

Practice Teaching Time Out

Consequences: Older Children

- Removal of privileges
- Logical consequences – discussed with child ahead of time
- Behavior contracts
- Time out in room/other quiet space. No fun. (*no Xbox*)

Behavior Problems

CAREGIVERS
Parents
Teachers

Critical to get Buy In/Engagement...but NOT easy

Getting Buy-in on Key Components

- Using **adult examples** to show why these components may be helpful for improving behavior
- Positive Time
- Praise
- Rewards

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?

The Homework Discussion

Exploring Not-following Through

- FIRST: assume there's a very good reason**
 - ASK about the reason
 - Normalize not following through
 - PUT a plan in place
- NEED to talk about it, don't just say, "it's okay"**
 - Very important: 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 which road to take

Strategies

- "What about trying it this week, how many days do you think you could try—you set that, JUST as an experiment?" [MORE than once!]
- "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?



More Strategies

- Two takes role play
 - Thx is parent, parent plays child...SHOW two different ways to address a behavior/support a child
 - Elicit opinion/preference
- Adult analogies
 - Things from adults' lives that are parallel, and we appreciate
 - Best boss, worst boss
- Talking it through
 - Find out what has worked in the past, opinions about what might be effective, where the stumbling blocks are

Not a Good Fit (Culturally or Individually)

- Explore—talk openly about cultural differences
- Consider other language for same strategy (e.g., PMT is to teach respect for elders, TO is a form of punishment)
- Talk about GOAL, see if caregiver has another way to get to that GOAL

Reflect back what Caregiver says about why HW 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."

NO Time? 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?"

QUICK Activity

Dyads: Discussion about not completing HW

Sexual Behavior Problems: Children <12

- Sexual misbehavior is like any misbehavior **EXCEPT**
- Untrue/unhelpful beliefs (aka "C")
 - High risk for persistence or becoming offender
 - Reflects sexual deviance or anti-sociality
- What is True?
 - Can begin for a variety of reasons (sexual abuse, exposure to sexuality)
 - Keeps going for the usual reasons (attention, control, fun)
 - Respond to brief CBT
- \$AY eval RARELY needed or helpful; can be harmful
Sexually aggressive youth referral not often the answer

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

Task Force Members:
 Mark Chaffin (Chair)
 University of Colorado Health Sciences Center
 Lolly Berlin
 Midwestern Sexual Assault Center, Seattle, Washington
 Ronald Wong
 Thomas B. Lynn
 University of Southern California Law School
 Ina Jacqueline Page
 University of Tennessee Health Sciences Center
 David S. Prescott
 University of Treatment Center, Austin, Texas
 Home Health Sciences Center
 Home Health Sciences Center

Similar Components!

- Assessment
- Psychoeducation
- Coping skills
- Cognitive Restructuring
- Skills Training
- Supervision

ATSA

CBT for CSBP

- Sexual Behavior Rules
 - Write them down
 - Have kid sign
- Self control coping skill
 - Turtle Technique
 - Standard variations-count backwards, take a break

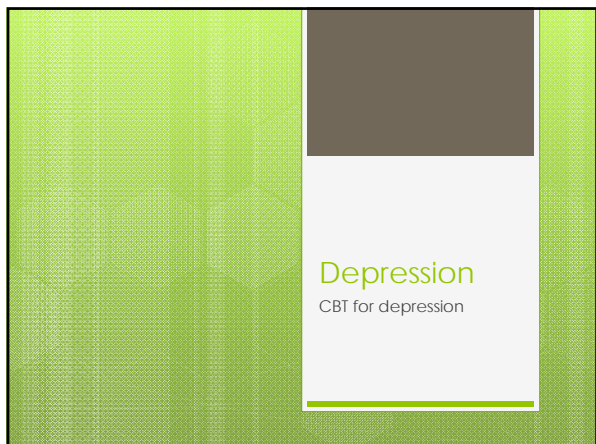
Really Hard Bx Problem

- Dr. Phil case

FBA and Plan Intervention

Home-School Link for Bx Problems

- When significant bx problems at school
- Regular caregiver-teacher communication
 - Can be through a "daily report card"
- Same approach (e.g., effective parenting skills) at home and at school
 - Praise for appropriate behavior, rewards
 - Consequences for negative behavior, when needed
- Rewards/Consequences can be done at home (requires good communication)
 - Connect specific behavior at school to reward at home



CBT for Depression

- Psychoed
 - Assessment feedback
 - Conceptualizing Depression
- Behavioral Focus
 - Mood Monitoring
 - Pleasant Activity Scheduling
 - Problem Solving
 - Goal Setting
- Cognitive Focus: Changing Negative Thinking
- Parent support

(But don't forget #1 is SAFETY)



Conceptualizing Depression

Happiness/Mood = **How rewarding our life is**
(good social interactions + fun activities + mastery + helping others)

How healthy we are
(enough sleep, physical activity)

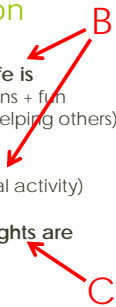
How helpful our thoughts are

Conceptualizing Depression

Happiness/Mood = **How rewarding our life is**
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How healthy we are
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How helpful our thoughts are


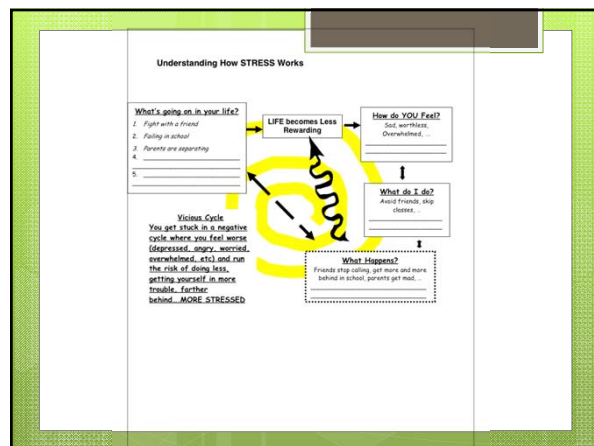


Conceptualizing Depression

Happiness/Mood = **How rewarding our life is**
(good social interactions + fun activities + mastery + helping others)

How healthy we are
(enough sleep, physical activity)

How helpful our thoughts are

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

GETTING ACTIVE!!

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

MOOD 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!!!!!!

In-Session Experiment

Get mood rating, TRY something, rate again

Recent teen favorites:

- Hula hoop, jumping jacks, run in place, walk outside, catch
- Back of door basketball dunk contest
- Funny music videos
- <http://whatshouldwecallme.tumblr.com/>

Scheduling: Get Active!

- Brainstorm DOABLE activities to improve mood
 - Activity menu
 - What do you (did you) enjoy?
 - What are you (were you) good at?
- Aim for 3-5 times that week
- Make a specific plan, build in supports (Reminders? Helpers? Rewards?) and predict obstacles so you can troubleshoot in advance
 - What is %?

PRACTICE!!


- Use sheet to explain mood vs. goal-directed behavior
- Together, identify a mood-boosting activity that is doable and make a specific, solid plan for getting active this week
- *Identify and plan for potential obstacles!!*

Problem Solving

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

Problem Solving Skills Worksheet

1. Identify the problem
2. Brainstorm possible solutions (No answer is good or bad)
 - ___ a.
 - ___ b.
 - ___ c.
 - ___ d.
 - ___ e.
 - ___ f.
3. Evaluate possible solutions
4. Pick one to try
5. Prepare for possible obstacles
6. Try it



Goal Setting – small steps!

ATA Session 7: Goals & Barriers

My goal is: _____

Who can help me? _____

Mini-Step 5:

When will I do this? _____

Possible Barriers? _____

What happened? _____

Mini-Step 4:

When will I do this? _____

Possible Barriers? _____

What happened? _____

Mini-Step 3:

When will I do this? _____

Possible Barriers? _____

What happened? _____

Mini-Step 2:

When will I do this? _____

Possible Barriers? _____

What happened? _____

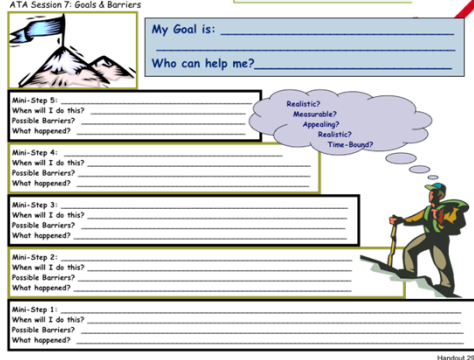
Mini-Step 1:

When will I do this? _____

Possible Barriers? _____

What happened? _____

Realistic?
Measurable?
Appealing?
Realistic?
Time-Bound?



Handout 29

And if they don't do HW?



- NOT a failure
- What did we learn from it?
- Problem solve obstacles
- *Smaller steps*

The "C" Changing Unhelpful Depression Thoughts

- Depressive thinking
 - Depressed mood leads to negative thoughts, and vice versa
 - Teach 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 in on the negative, scary, or unfair things, ignoring anything good.
- **Overgeneralization**
 - An "F" 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 others it is only your imagination. Sometimes you might be right, but most of the time you get worried or upset over a situation that never really existed.
- **Minimizing/Discounting**
 - You minimize your failures and maximize 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 let 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.

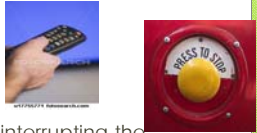
The "C" Changing Unhelpful Depression Thoughts

- Change strategies:
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 - Evidence for/against
 - 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...



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

Parent support

- Educate about depression—why it is hard to get unstuck
- Can they support "getting active"? (Best if youth requests things like reminders)
- Can they comment on teen's strengths, efforts, and progress? (vs. nagging/criticism to motivate)
- Can they develop supportive listening skills, support teen's own problem-solving?



Trauma-Focused CBT

CBT for PTS and trauma-related-distress

Impact of Trauma Experiences

- Acute distress almost universal
- Most recover naturally from trauma-specific impact
 - Less than 20% meet criteria for a diagnosis
- Childhood trauma is major risk factor
 - Health, mental health, relationships, socio-economic, revictimization



Studies, articles, books

TF-CBT



Rated highly, cost beneficial

Monthly Benefits and Costs of Evidence-Based Public Policies

Policy	Estimated Monthly Benefit	Estimated Monthly Cost	Net Monthly Benefit
Universal Pre-K	\$1,000	\$500	\$500
Child Care Subsidy	\$1,500	\$1,000	\$500
Head Start	\$1,000	\$500	\$500
Universal Child Care	\$2,000	\$1,500	\$500
Universal Pre-K and Child Care Subsidy	\$2,500	\$1,500	\$1,000
Universal Pre-K and Head Start	\$2,000	\$1,000	\$1,000
Universal Pre-K, Child Care Subsidy, and Head Start	\$3,000	\$2,000	\$1,000

Treating Trauma and Traumatic Grief in Children and Adolescents



TF-CBT Works

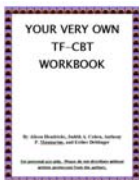
- Boys, girls
- All kinds of traumas
- Diverse race/ethnicity (African American, Native American, Latino)
- All over the world (Europe, Israel, Tanzania, Cambodia, Thailand, Colombia)



What is TF-CBT?


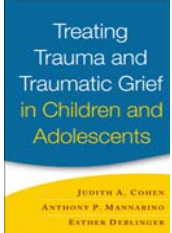
- CBT
 - Thoughts
 - Feelings
 - Actions
- Trauma-focus
 - Thoughts
 - Feelings
 - Behaviors

+



Trauma Focused Tx Manuals

Model for CBT+

Learning Resources for TF-CBT



CTGWeb

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

www.musc.edu/tfcbtconsult

Rationale for Trauma Focus

- PTS = Distress about trauma experience + maladaptive coping
 - Memories/reminders are upsetting
 - Avoidance/numbing temporarily helps
- Facing memories, reminder is mastery
 - Able to talk/think about without avoiding
- Narrative makes sense of what happened
 - Puts in past
 - Puts in perspective

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

Entire Process is Gradual Exposure

Baseline Assessment	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		

Enhancing Safety Up Front


- Ongoing exposure to trauma or offender
- Live in dangerous area/community
- Child is very afraid



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

A Happy Customer!



TF-CBT Components

A...PRACTICE

- **A**ssessment
 - 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

Practice Feedback

Screening/Assessment Challenges?

- Child very anxious
- Child responses: "I don't know" or "I don't remember"
- Every sx = zeros; every sx = 3s
- Cultural barriers? What?
 - Need for interpreter? How might that cause challenges?
- Parents not supportive of child/tx process

Getting started with TF-CBT

Gradual Exposure all the Way

The diagram illustrates the concept of gradual exposure through the acronym PRACTICE. The letters are arranged in a line that slopes upwards from left to right. A dashed vertical line is drawn at the 'T' position, with a small 'x' at the bottom, suggesting a point of focus or a step in the process.

TF-CBT Components

P...PRACTICE

- Assessment
 - psychoeducation 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-CBT 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

"What" of Psychoeducation

- Info about trauma
 - Event(s): cause sense of threat: can be experience, witnessed or known loved one
- Common reactions
 - 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 sub-header 'From the Childhood Traumatic Grief Task Force Educational Materials Subcommittee'. It contains a note about using Acrobat Reader, a 'Page Contents' section with links to educational materials, and an 'Entire Package' section listing various information guides and briefs.

The screenshot shows the NCTSN website interface for the 'Hurricanes' page. It features a sidebar with 'Trauma Types' and a main content area with links to 'Guidelines for Parents to Help Students After a Hurricane' in both English and Spanish, and 'Guidelines for Teachers to Help Students After a Hurricane'. There are also buttons for 'Download', 'Readiness', 'Response', and 'Recovery', and a section titled 'What You Should Know About the Emotional Impact of Hurricanes'.

CBT Triangle

- Connection between thoughts, feelings, and behaviors

TF-CBT Components

A...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 change

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 have function (get something; get out of something).
- What is keeping it going?
- How can the responses be modified so bad behavior doesn't "work?"


TF CBT Components

R...PRACTICE

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TF-CBT RAC is Coping Skills for Trauma Distress

- Remember the brainstorm for relax, calm down, chill


TF CBT Components

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Affect Modulation

- Identify Feelings:

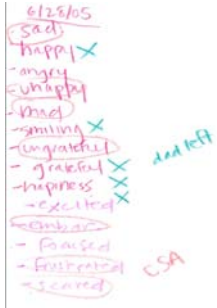


- Rate Intensity

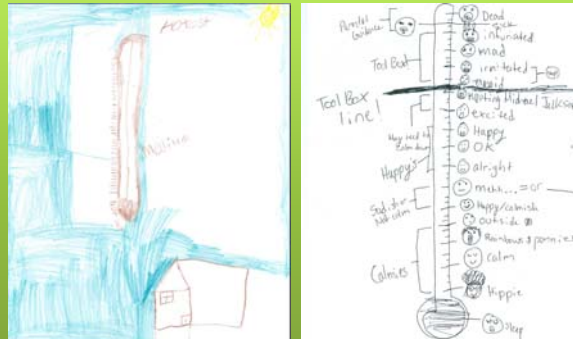


Feelings Brainstorm

- 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



Personalized Feelings Thermometers



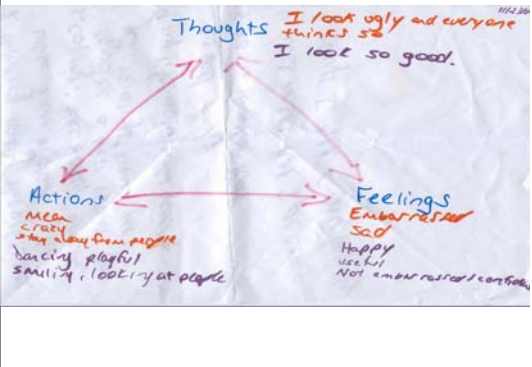


TF CBT Components


- o A...PRACTICE
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 - Psycho education and Parenting Skills
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 - **Cognitive Coping**
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Thought Stopping


- o Short circuit cycle of negative or disruptive thinking
- o Teaches control over thoughts
 - Changing the channel
 - Saying "go away" or "stop now"
 - Imagining/visualizing a stop sign
 - Change glasses
- o 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



TF CBT Components

- o A...PRACTICE
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Direct Discussion of Traumas

- Reasons for avoiding
 - o Child discomfort
 - o Parent discomfort
 - o Therapist discomfort
 - o Legal concerns
- Reasons to do it
 - o Mastery over trauma reminders
 - o Reduce avoidance symptoms
 - o Correct distorted cognitions
 - o Model adaptive copin
 - o Contextualize traumatic experiences






Getting the TN Going

TN should not be huge jump.... *exposure has happened all along*

- Restate the rationale for TN
 - Buy in is KEY
- Analogies for "facing up"
 - Wound
 - Splinter
 - Glass in foot
- Set criterion for "proof" of recovery/resolution
- Give options for vehicle

Creating the Trauma Narrative

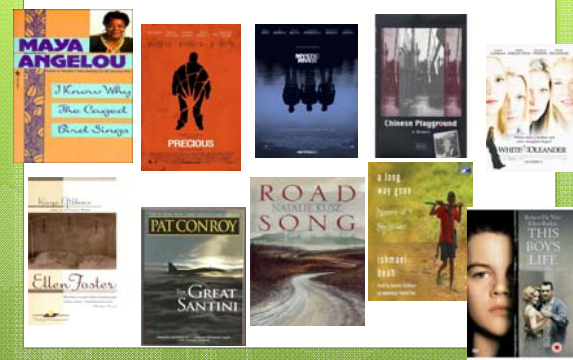
- Write a newspaper account
- Make up a cartoon strip
- Poem/spoken word
- Short story
- Create a Power Point, slideshow to music
- Talk Show Interview
- Song/Rap/Musical montage
- Drawings/Sculpture/Dance/Skit
- Instant message/text message
- Other ideas?

Trauma Narrative Books



More Trauma Narrative Books



Doing the TN


- Use relaxation techniques (as necessary)
- Rate distress before, during, and after (SUDS, thermometer)
- Do not allow child to leave distressed
- Praise progress
- Reward at end of session

Complex Trauma

- Lifetime narrative versus trauma specific narrative
 - Identify both the bad and the good
- Acknowledge the good times
- Make sure to do exposure for the traumas

Tips for TN

- Practice naming the traumas during every session
 - Model, then elicit
- Make list and rank order
 - Least bad to worst
 - Early practice with easier; demonstrates goal
 - Identify and name hotspots/worst moments
 - Check off when done
- One detail or segment at a time:
 - "Just tell me about one part"
 - "When did you first realize?"
 - "What happened right before?"
- Set a mutually agreed upon time limit for TN




Twenty Ways to get Kids to Start Trauma Narratives (TN)

- Start TN somewhere other than on the trauma (about themselves, relationship with perpetrator before the trauma, etc)—I always recommend this anyway
- Ask for just one detail about the trauma ("just tell me one thing")
- Bargain for just a certain amount of time spent on the TN ("only 5 minutes")
- Agree to a fun activity after they do the TN
- Give a prize for every sentence/page/episode they write about the trauma
- Cooperate ("Oh come on, You must remember SOMETHING")
- Encourage ("I know you can do this")
- Joke ("You don't remember anything? You've gotta be kidding me. How dumb do you think I am?? Do I look like I just rolled off the banana boat?")
- Make a fool of yourself ("I will stand on my head if you write one page")
- Empathize with how hard it is ("I know it's really painful to remember this")
- Praise ("You are the bravest kid I've ever worked with")
- Share your own trauma to model talking about it (if appropriate)
- Use funky art techniques (I had a kid write the whole TN on my scarf; another agreed to write it on my arm but when I said it would be tough to photocopy he agreed to go with paper)
- Do it with songs, colors, etc—let them pick a song, color, flower, animal, smell that describes a certain experience, then have them describe how it is like that smell, color, etc while you write it. Once they start to describe an episode adding to it gets easier.
- Use the computer and agree to 10 minutes of a computer game of their choice (within reason) if they do the TN for the rest of the time
- Young kids: let them "play" what happened, then you write it down and read it to them next session and let them correct/change your narrative of what they played
- Food is The Great Reinforcer. The week before you are going to start the TN, ask what their favorite food in the whole world is. Bring some the next week, and give it to them for doing the TN.
- Ask them to explain what they are afraid of. Ask them to try to just 5 minutes. If it isn't okay after that, you won't ask them to do it again. Praise them like crazy if they manage to do even a sentence.
- Use the "riding the bike" analogy—it's hard at first but gets easier as your practice (make sure the child can ride a bike first).
- Do a "life narrative" instead of a "trauma narrative"
- Use the Storybook Weaver and let them make illustrations as a reward for describing a traumatic event
- Let kids use window markers as a reward after they have written a page of their narrative

Real World Examples: Trauma Narrative Vehicles

Picture with Story TN



My mom stabbed my daddy. First, my daddy pushed my mommy on the counter. I went in R's room and I came out to see what were they were doing. They were stabbing and my daddy was bleeding on his hand. He said "oh, shit" when he was stabbed. And then the blood was all over everywhere, on the floor. A big part of the knife went in his hand. Then my daddy went into my room to get his game boy. And then he played it and then I played it. I said, "daddy, are you okay?" and then he said "yes." I felt sad and I thought he might die.

Collage TN



Popsicle Stick TN



STOP
 Angry
 charmed
 shame/embarrass
 happy/hopeful
 happy/hopeful

Letter of Advice

Dear Friend,

I know how you feel because it happened to me too. My mom died and your mom did too. I probably feel the same way as you. Sad, angry, shocked, and confused. I was confused from when my sister told me my mom died—I just looked at her like she was crazy. My mom was just alive for six days after the accident. I felt angry at my sister for telling me about it because I did not want to know. I felt sad because I loved my mom so much and I know that you love your mom too. That was the most saddest moment of my life because I love my mom so much and it was hard to let her go. You probably feel guilty. I used to feel guilty, but you'll get over it. Not so quickly but you will because you'll get somebody that will help you get through it and stuff.


I dealt with it by talking to my family members and talking to my friends about my feelings. But my counselor helped me out the most because she worked with me every Wednesday. We talked a lot and she worked with me on my feelings and she helped a lot. I am doing a lot better since my mom has died because people have been helping me out. I have been getting over the stuff that has happened. I know you won't like to talk about it, but it helps to get out your feelings to talk about it with people. I hope you feel better just like me because I know how it feels to be sad. Maybe in the future you can help other kids out with this problem too. I hope you get over your mom's death quicker than I did because it's hard to go through. If you don't then at least you'll have people to talk to about your feelings. If you would ever like to talk about your feelings you could write me a letter or call me.

Poem

Stuck in the darkness and full of fear
 You wake in the morning and the sun appears
 I thought it was over, I thought he had won
 But I learned the battle had just begun
 In all the silence these words were spoken:
 Bruised, not broken.
 I can rebuild what's been taken down,
 Can plant my feet on solid ground.
 Peace of mind is what I've found
 Things have stopped, things have changed
 But one thing still remains
 From the noise these words were woken
 Bruised, not broken


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Video



Traumatic Grief


- Traumatic grief: sadness + memories/intrusions of manner of death
- Strategies:
 - Decrease trauma memories using exposure
 - Promote normal grieving: sadness, longing, emptiness, sense of loss, memories of positive experiences



Witness mother murdered by boyfriend



Recalling positive memories

Traumatic memory




Practice Introducing the TN

Practicing for 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?”



Getting the Details in Trauma Narrative

Encouraging Details



- Avoid
 - “Do you remember....?”
- Do encourage “telling the story”
 - “I wasn't there so tell me all about what happened...”
 - “What happened next...?”
 - “Can you repeat the part about...”
 - “So, your uncle began touching your vagina, and then...”

Elicit Thoughts, Feelings, Body Sensations

- What were you thinking?
- What were you saying to yourself?
- How were you feeling?
- Tell me all the different feelings you had while it was happening.
- What was going on in your body?
- Where did you feel it?

Facilitating Details-First Draft

“My uncle came into my room to kiss me goodnight. He pulled down the covers and touched me down there. I felt scared. I pretended I was asleep. When he was done, he left. The next morning I got up and my uncle said, “Good morning, how are you?” and I said, “Fine”. I went to school.”

Facilitating Details-Next Draft

“My uncle came into my room to kiss me goodnight. I felt good. He pulled down the covers and touched me down there, on my vagina. I felt scared and dirty, and thought why is he doing this, he's my favorite uncle. I pretended I was asleep. When he was done touching my vagina, he left. The next morning I got up and my uncle said, “Good morning, how are you?” and I said, “Fine”. Inside I felt scared and I didn't know what to say or do. I went to school.”

Facilitating Details – Practice

- 1) Ask (open ended clarifying questions)
- 2) Listen
- 3) Repeat – Reflect (summarize)
- 4) Write down (caveat)

Practice Scenarios

5 year old (serious dog attack)
I opened the laundry room door and that's when it got me

10 year old (physical abuse)
I could see it in his eyes and then...either he would have a belt or we would chase me...and always got me. Bad.

9 year old (domestic violence)
I was watching TV. I heard dad call mom the b-word again. I heard a crash. The police came. Mom was a mess.


15 year old (sexual Assault)
I got into his car. We were supposed to go to the movies. He wanted to make out and that's not all he wanted. He was a creep. That is all that matters

Cognitive Processing: Putting the Trauma into Perspective

Cognitive Processing Strategies

- Progressive logical questioning (Socratic)
- Eliciting alternative attributions (e.g., regret versus responsibility)
- Responsibility Pie
- "Best friend" role play (e.g., what would you say to a friend?)
- Finding value in bad experience (e.g., I'm strong)

Socratic Questioning



- Key:
 - Don't tell client what to think
 - Help client arrive at better thoughts
- Methods:
 - Identify the thoughts in detail
 - Examine the basis for the thoughts
 - Gently challenge the accuracy and helpfulness of those thoughts
 - Use "third person"
 - Generate personalized alternatives

Socratic Questioning Example

Old Thought:

Possible Endpoint:

What I want to tell him Turn into
eliciting questions

-
-
-

Socratic Questioning Example

Old Thought:

Possible Endpoint:

What I want to tell her Turn
into eliciting questions

- o
- o
- o

Socratic Questioning Practice

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

Lists and Definitions

- o What is a good kid?
- o What is a good girl friend?

Responsibility Pie

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)

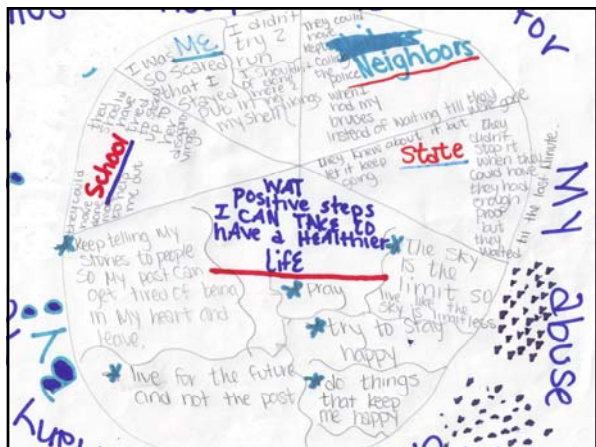
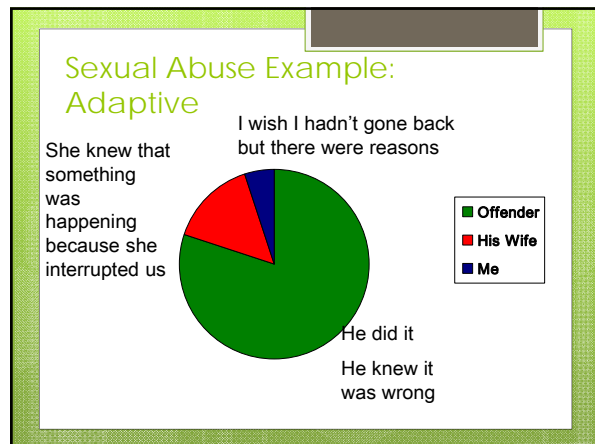
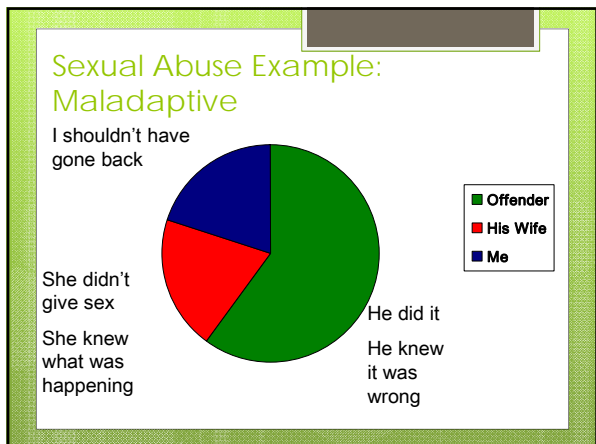
Physical Abuse Example: Adaptive

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)

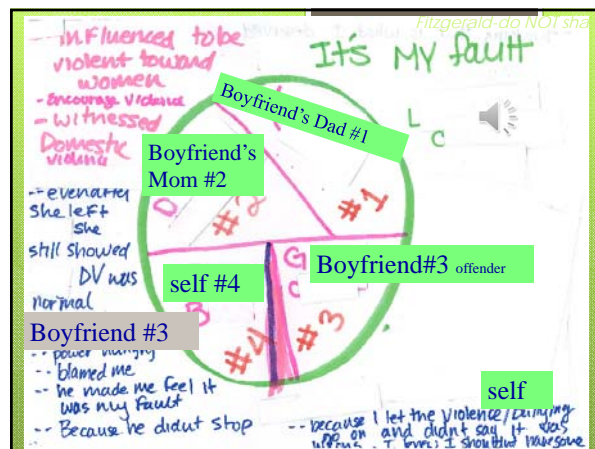



Clinical Example –Responsibility Pie


A seventeen year old girl was raped by her boyfriend at knife point following several years of domestic violence. She didn't tell her parents for several months after the assault. When reported, the police challenged her story indicating that the cuts on her legs looked more like stretch marks than scars. Her parents are supportive but have their own challenges. The family describes her as emotional and over reactive in the face of family conflict. Her parents encouraged her to come to treatment.

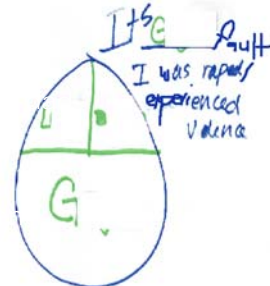
Primary Cognitive Distortions

1. Victim takes responsibility for rape
2. Victim believes she is bad. "I am as low as he is."



PROCESSING COGNITIONS 

POST PROCESSING -  REDRAWING PIE




It's Not My Fault that I was raped and violently abused!

Fitzgerald-do NOT share

TF CBT Components

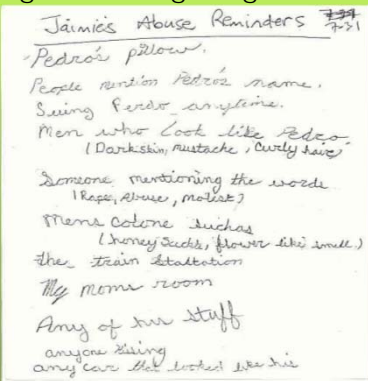
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In-Vivo Exposure

- Identify reminders in real life that are not dangerous (bedroom, school, playing outside)
- Create fear hierarchy (e.g., least to most)
- Make plan to “face” the reminders using cognitive coping strategies
- Plan to rate distress
- Emphasize importance of staying in the situation until distress comes down

Identifying and Recognizing Trauma Cues




Jamie's Abuse Reminders

- Pedro's pillow
- People mention Pedro's name
- Saying Pedro's name
- Men who look like Pedro (Dark skin, mustache, curly hair)
- Someone mentioning the words (Rape, Abuse, Molest)
- Mama Colone Duchas (honey suckle, flower like smell)
- the train station
- My mama room
- Amy of our stuff anyone saying amy can she look like her

Test drive: Developing a Plan for In Vivo Exposure

Cedric, a 13 y.o. male was sexually abused by his father for 4 years, and the abuse often occurred in the shower. As a result, Cedric is very avoidant of showering and therefore has significant problems with hygiene. His difficulties with personal hygiene have resulted in problems with his peers.

- Note: Cedric is safe—his father is no longer in the home.




Make Fear Ladder




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

Conjoint Parent-Child Sessions

- Share information about child's experience
- Encourage parent-child communication
- 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 Questions

- 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)

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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.




Alternatives for Families CBT



TF CBT Components

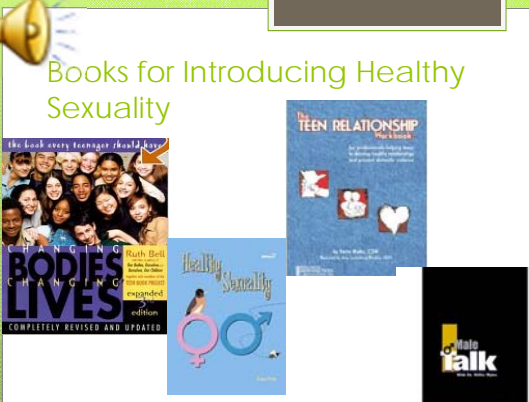
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Enhancing Safety Skills

- 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

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...



TF CBT Ready to Go

