

TF-CBT *PRACTICE* Checklist

Remember, Desensitization/Gradual Exposure Included in Every Component.....

Assessment

Goal:

- Identify history of traumatic exposure
- Identify PTSD symptoms
- Establish baseline
- Observe client/family during assessment process (clinical observations)

Methods:

- Formal, Standardized Measures (e.g., CPSS, UCLA PTSD RI)
- Asking to “tell story” -- identify thoughts/feelings, name coping skills
- For young children, can read a book like “A Terrible Thing Happened” and discuss symptoms (informal assessment)
- Getting caregiver perspective about child’s symptoms/behaviors
- Assess trauma in context by asking about environmental, developmental and social factors
- Clinical observation

Engagement

Goal:

- Get buy-in to treatment from the client/family
- Establish common goals of therapy
- Reduce resistance so as to allow treatment to function as designed

Methods:

- Refer back to assessment results and symptoms
- Identify and link to child/caregiver goals and indicators of progress/success
- Identify external rewards and incentives that can be utilized
- When motivation is a barrier use Motivational Interviewing techniques: (decisional balance worksheet; rating importance and confidence to change; (OAR’s skills)

Psychoeducation

Goal:

- Teach, normalize, and validate symptoms/PTSD: You’re not crazy
- Normalize exposure to trauma: You’re not alone/not the only one
- Reduce self-blame: It’s not your fault
- Describe TF-CBT (components, structure): There’s hope, we’ve got a treatment that works

- Clarify goals/mechanism of treatment: Why important come each week, do weekly practice

Methods:

For each, use the Socratic questioning technique

- Books
- Games (Charades, What Do You Know? Pretend game show)
- Internet Search, You Tube video
- Worksheets for discussion
- Make a radio show, public service announcement, poster, etc. (something creative)

Parenting (Caregiver)

Goal:

- Improve the relationship
- Help the caregiver learn skills to manage difficult/inappropriate behavior—trauma-related and general AND to support child use of PRAC skills in the home
- Skills include (but are not limited to): Praise, One-on-One Time, Selective Attention/Ignoring, Avoiding Power Struggles, Rewards, Consequences

Methods:

- Worksheets
- Role plays
- Follow model: Teach → Model → Discuss → Role Play → Feedback → Assign Weekly Practice
- Observe interactions with kids, practice and coach new skills

Relaxation

Goal:

- Provide client with skills to use in their environment (home, school) to manage distress
- Create “toolbox” to refer back to when working on the Trauma Narrative
- Teach difference between Relaxation and Distress Tolerance – identify which is more appropriate/relevant for client

Methods:

- Identify and bolster current skills already using (hobbies, music, sports, etc.)
- Play relaxation games (wet noodle/tin soldier; toss the ball, shoot baskets)
- Teach yoga, mindfulness, guided imagery, controlled breathing, Progressive Muscle Relaxation, other!
- Listen to music, mp3s downloads of relaxation activities online
- Skills from DBT (Altoids, M&M, Ice Cube)

Affective Modulation

Goal:

- Help kids identify feelings and develop a vocabulary to use outside of session and in session
- Help kids understand can feel different/conflicting feelings at once – normalize multiple simultaneous feelings
- Teach Cognitive Triangle: the association between thoughts, feelings, and behaviors
- Can feel feelings at different intensities (1-10, small burrito, medium sized burrito, large burrito, thermometer)
- Identify feelings associated with the traumatic event, when it happened, and thinking about it now
- Identify things to do when feeling sad, down, mad, anxious, etc.

Methods:

- Feelings brainstorm
- Books about feelings, feelings cards
- Feelings games (bingo, jenga, pick up sticks)
- Teach about intensity and develop an intensity scale
- Feelings pie (1 event, show different feelings and how much of reach)
- Develop a list of things to do when to regulate or tolerate emotions that are causing distress (can be behavioral, cognitive, support seeking, problem solving, whole RANGE of things!). Think about settings when developing a list

Cognitive Coping

Goal:

- Teach about the Cognitive Triangle: Relationship between Thoughts, Feelings, and Behavior (or revisit the Triangle)
- Help the client access automatic thoughts that the client may not immediately be aware of, but which are causing distress
- Help clients and caregivers understand our ability to change our feelings and behavior by becoming aware of and changing unhelpful or inaccurate thoughts

Methods:

- Identify Thoughts, Feelings, and Behaviors in hypothetical, non-trauma related, real life scenarios (lunchroom, birthday, etc.)
- Read books/do handouts that identify/label Thoughts, Feelings, and Behaviors
- Matching or other Thoughts, Feelings, and Behavior games
- Identify Ts and Fs relevant to the client's trauma-related memories/experiences
- Identify more helpful or accurate ways to think to feel better, when thoughts are associated with distressful feelings or behavior

Trauma Narrative

Goal:

- Provide exposure to trauma-related memories that the client avoids or cause distress (intrusive thoughts, nightmares, flashbacks)
- Identify unhelpful or inaccurate (e.g., self-blame) cognitions that need to be processed
- Identify thoughts related to altered world view or view of self, related to trauma exposure or “context” of the trauma (now in foster care,
- Put traumatic exposure into context (other good things, future hopes)

Methods:

- ALMOST ANYTHING THAT ENGAGES THE CLIENT Book with chapters,, comic strip, collage, drawing/poster, radio show, song, rap, poem, video, audio recording, puppet show or doll house with therapist writing down the narrative, etc.
- Can refer to “20 Ways to Get Kids to Start the TN”
- Rewards, incentives (try to work with caregivers to make these natural and/or family related)
- Remind about Fun Time at the end
- Remind about analogies (splinter, skinned knee, beach balls in the pool, etc)

Cognitive Processing

Goal:

- Identify unhelpful and inaccurate thoughts; help client/caregiver see and evaluate ways trauma exposure may have changed views self, world, family or future
- Identify more helpful or more accurate ways to think about traumatic exposure, self, world, family, and future and work on consistently replacing old thoughts with new thoughts
- MOST IMPORTANT in TF-CBT: Make sure clients don’t define themselves by trauma or view selves/future as damaged/unhopeful

Methods:

- Identify problematic thoughts throughout treatment and from the Trauma Narrative
- Use Socratic Questioning and thought classifications (accurate vs. inaccurate; helpful vs. unhelpful; regret vs. responsibility)
- Best Friend Role Play, You (client) be the Therapist, Responsibility Pie, Examine the Evidence, Logical Questioning

In-Vivo Exposure

Goal:

- Separate *harmless* trauma reminders or triggers from fear (learned anxiety response) (e.g., fear of the dark)
- Reduce avoidance that interferes with daily functioning

Methods:

- Create a fear ladder list (triggers and specifics related to the trigger)
- In session practice combined with weekly practice at home
- Need to utilize/get buy-in from caregivers and support people in the client's environment
- Utilize incentives and rewards (in session; at home: Parenting Skills of Praise and Rewards)
- Can utilize coping skills (including cognitive coping) taught in earlier sessions

Conjoint Sessions

Goal:

- Provide opportunity for praise, support, encouragement from a trusted adult
- Celebrate what child has done with trusted adult
- Allow adult to hear child's perspective
- Allow opportunity for discussion between caregiver and child (questions, concerns, feedback, etc.)
- Provide a higher level of exposure (i.e., in front of a trusted adult)

Methods:

- Prepare for conjoint sessions by reading full TN to caregiver over repeated sessions
- Prepare and role play questions, responses, feedback, with the caregiver prior to session with the child etc.
- Identify helpful coping skills for caregiver, if needed

Enhancing Safety

[Reminder – move this up if safety is a concern]

Goal:

- Provide safety plan to help child (and caregiver) feel safer (this is also a coping skill)
- Develop safety plan in the event of self injury, suicidal thoughts, etc.
- Teach safety skills that client can use in the future when no longer attending therapy

Methods:

- Create a formal safety plan
- Identify risks/triggers/warning signs of danger (either from self or others)
- Role play new skills, ideally with the caregiver
- Teach about appropriate boundaries, friendships, etc.