

Treating Trauma and Traumatic Grief in Children and Adolescents

Journal of the American Academy of Child and Adolescent Psychiatry

## Trauma-Focused Cognitive Behavioral Therapy

www.hcsats.org

Lucy Berliner, MSW    lucyb@u.washington.edu  
 Shannon Dorsey, Ph.D    dorsey2@u.washington.edu  
 Laura Merchant, MSW    lmerchan@u.washington.edu




## Trauma in the Lives of Children

- What counts as trauma?
  - Experiences that involve threat
  - Can be directly experienced, witnessed or happen to loved one
  - Physical/sexual abuse, rape, assault (incl. domestic violence), serious accident, disaster, invasive medical procedure, violent death, community violence, war
- Exposure = potentially traumatic event (PTE)

## PTE

- PTE are common in children's lives; ~ 50% children exposed to trauma
- For children, often represent ongoing conditions of exposure not isolated events
  - Child abuse, witness DV, violent community environment
- PTE often co-occur with other adversities
  - Early lack of nurturance
  - Neglect
  - Poverty and social deprivation
  - Chronically stressful life circumstances



# PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Violence, Abuse, and Crime Exposure in a National Sample of Children and Youth  
 David Finkelhor, Heather Turner, Richard Ormrod and Sherry L. Hamby  
*Pediatrics* published online Oct 5, 2009;  
 DOI: 10.1542/peds.2009-0467

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

## Impact of PTE

- Majority will not develop clinically significant conditions that require treatment
- Some will be acutely distressed and recover with or without formal intervention
- Minority will require formal trauma-specific clinical response
  - Significant distress that does not resolve or worsens
  - Interference with functioning

## TF-CBT TARGETS...

- Impact of PTE (not the PTE itself)
  - PTS (primary)
  - Co-morbid trauma-related depression and more general anxiety
  - Minor to moderate trauma-related behavior problems
    - Sexual behavior problems
    - Anger outbursts

### Complex Trauma: Definition

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

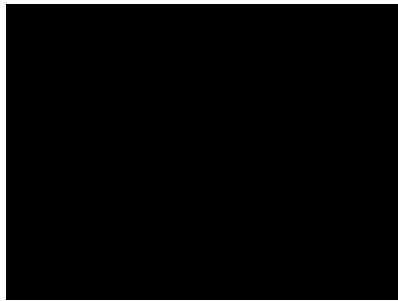
### What is TF-CBT?

- CBT + a specific trauma-focused component
- Why CBT?
  - Theory that is the basis for most proven treatments for emotional distress and behavior problems (e.g., the consequences of trauma)
  - Theoretical framework based on the connection between thoughts-feelings-behavior

### The "TF" of TF-CBT


- Linking each CBT component (feelings-focused interventions, thoughts-focused interventions) to coping with trauma
- Gradual exposure/Creating the trauma narrative

### Letting a Client tell you about TF-CBT



### TF-CBT Components Acronym


- Psychoeducation
- Parenting
- Relaxation
- Affect Regulation
- Cognitive Coping
- Trauma Narrative and Processing
- In-vivo Mastery
- Conjoint Child/family sessions
- Enhancing Future Safety



### TF-CBT Sessions Flow

Entire Process is Gradual Exposure


Baseline Assessment



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



## Assessment

- Trauma Exposure (checklist from UCLA PTSD-RI, list of events)
- Standardized Measure: Child Posttraumatic Stress Symptoms (CPSS) Checklist
- Observation
- Child/caregiver perceptions
- History
- Influences



## Assess Trauma Impact

- Trauma specific impacts-Symptoms
  - Posttraumatic Stress (CPSS)
  - Depression
  - Anger
  - Trauma related behavioral reactions
- Trauma specific negative cognitive impacts
  - Self-blame, shame, deserved
  - Normal, acceptable
- Trauma generalized negative cognitive schema
  - Negative self
  - Untrustworthy others
  - Dangerous world

## Posttraumatic Stress

Child Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Person completing: \_\_\_\_\_ Child Age: \_\_\_\_\_

**Child PTSD Symptom Scale (CPSS) (7-17 years)**

Please mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:

0	Not at all		
1	Once per week or less/ a little bit more in a while		
2	2 or 3 times per week/ somewhat half the time		
3	5 or more times per week/ very much/ almost always		

1. Having upsetting thoughts or images about the event that come into your head when you don't want them. 0 1 2 3
2. Having bad dreams or nightmares. 0 1 2 3
3. Feeling or hearing as if the event was happening again. 0 1 2 3
4. Feeling or hearing as if the event was happening again. 0 1 2 3
5. Feeling upset when you think about or hear about the event. 0 1 2 3
6. Having feelings in your body when you think about or hear about the event, (feeling hot, fast, upset, nervous, sweating out in a sweat). 0 1 2 3
7. Trying not to think about, talk about or have feelings about the event. 0 1 2 3
8. Trying to avoid activities or people or places that remind you of the event. 0 1 2 3
9. Not being able to remember an important part of the upsetting event. 0 1 2 3
10. Not feeling too close to the people around you. 0 1 2 3
11. Not being able to have strong feelings. (being able to cry or feel really happy). 0 1 2 3
12. Feeling as if your future hopes or plans will not come true. 0 1 2 3
13. Having trouble falling or staying asleep. 0 1 2 3
14. Feeling irritable or having fits or anger. 0 1 2 3
15. Having trouble concentrating. 0 1 2 3
16. Being overly careful (watching to see who is around you). 0 1 2 3
17. Being funny or easily startled. 0 1 2 3

Please mark YES or NO if the problems above interfered with the following:

1. Saying prayers	Yes <input type="checkbox"/> No <input type="checkbox"/>	5. Schoolwork	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Doing chores	Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Family relationships	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Friendship	Yes <input type="checkbox"/> No <input type="checkbox"/>	7. General happiness	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Hobbies/Fun	Yes <input type="checkbox"/> No <input type="checkbox"/>		

UCLA PTSD Index: Pynoos, Rodriguez, Steinberg, Shaker, & Frederick. CPSS Form, Johnson, Henry, and Treatment (2001).

CPSS  
Clinical = 12+

## Posttraumat Stress

Child Name: Shakkyah Date: \_\_\_\_\_ Child Age: 13  
Person completing: \_\_\_\_\_

**Child PTSD Symptom Scale (CPSS) (7-17 years)**

Please mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:

0	Not at all		
1	Once per week or less/ a little bit more in a while		
2	2 or 3 times per week/ somewhat half the time		
3	5 or more times per week/ very much/ almost always		

1. Having upsetting thoughts or images about the event that come into your head when you don't want them. 0 1 2 3
2. Having bad dreams or nightmares. 0 1 2 3
3. Feeling or hearing as if the event was happening again. 0 1 2 3
4. Feeling upset when you think about or hear about the event. 0 1 2 3
5. Having feelings in your body when you think about or hear about the event, (feeling hot, fast, upset, nervous, sweating out in a sweat). 0 1 2 3
6. Trying not to think about, talk about or have feelings about the event. 0 1 2 3
7. Trying to avoid activities or people or places that remind you of the event. 0 1 2 3
8. Not being able to remember an important part of the upsetting event. 0 1 2 3
9. Having much less interest or not doing the things you used to do. 0 1 2 3
10. Not feeling too close to the people around you. 0 1 2 3
11. Not being able to have strong feelings. (being able to cry or feel really happy). 0 1 2 3
12. Feeling as if your future hopes or plans will not come true. 0 1 2 3
13. Having trouble falling or staying asleep. 0 1 2 3
14. Feeling irritable or having fits or anger. 0 1 2 3
15. Having trouble concentrating. 0 1 2 3
16. Being overly careful (watching to see who is around you). 0 1 2 3
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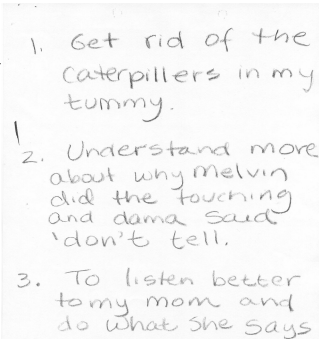
## Maladaptive Thoughts

- Posttraumatic stress
  - I am in danger
  - It's happening again
  - The dark is not safe
- Anxiety
  - I am worried that...
  - It scares me that...
- Depression
  - It was my fault that
  - I deserved it
  - It's hopeless to try
  - My life is ruined
  - No one can be trusted
- Anger
  - It isn't fair
  - He had no right



### Treatment Plan

- Based on assessment results
- Standardized measures reviewed with child + caregiver
- Collaboratively arrived at with child and caregiver
- Diagnosis explained
- Identifies specific treatment targets (trouble concentrating; irritability, etc)



1. Get rid of the caterpillars in my tummy.

2. Understand more about why Melvin did the touching and mama said 'don't tell.

3. To listen better to my mom and do what she says

TREATMENT PLAN Page 1 of 1

This individualized treatment plan specifically addresses symptoms I and/or my child are experiencing. I agree to work together with the counselor in setting and reviewing the goals listed below. We will review this treatment plan periodically and make appropriate changes when indicated.

Client's stated overall goal: *to get rid of the caterpillars in my tummy*

GOALS: Identify specific objectives (e.g., measurable change in behavior, symptoms, skills, or competencies, and progress in structured activities) in light of the child's needs, with appropriate input of all relevant parties, with appropriate input of all relevant parties, with appropriate input of all relevant parties, with appropriate input of all relevant parties.	INTERVENTIONS: Identify interventions to be used as part of treatment. State specific activities to be done and by whom, plus schedule, necessary supports, maintenance contacts, and referrals for supplemental services, as appropriate.	TIME FRAME: Identify date started, expected outcome, and date this completed.
<p>1. <i>DECREASE ANXIETY RELATED TO SA BY MELVIN</i></p> <p>2. <i>TO INCREASE COMPLIANCE W/ PARENTAL DIRECTIONS</i></p> <p>3. <i>INCREASE UNDERSTANDING OF SA AS NOTHING TO BE SHAMED FOR</i></p> <p><i>Bright, found in a sep.</i></p>	<p>&gt; <i>SEIT</i></p> <p>&gt; <i>modified PFT w/ parent/child</i></p> <p>&gt; <i>behavior work</i></p>	<p>Started: <i>4/1/03</i></p> <p>Expected goal:</p> <p>Completed:</p>

Written information provided:

Referrals:

Signature of Client: *see attached* Date: \_\_\_\_\_

Signature of Parent/Guardian: *see attached* Date: \_\_\_\_\_

Signature of Counselor: *Laura M. ...* Date: *3/27/03*

Signature of Supervisor: *...* Date: \_\_\_\_\_


NAME: *Abek...*

DOB: *...*

UNIVERSITY OF WASHINGTON MEDICAL CENTERS  
 BEYER NEUBERGER MEDICAL CENTER (BNC) MEDICAL CENTER  
 PROGRESS NOTES

HCS&NS Form  
 1/01/02

### Child's Goals



#### Child's Counseling Goals

Being a good friend: That means no yelling, picking on other kids or pushing or hitting.

Be respectful of grown ups: Listen and not sass back, follow directions and do my best.

Stop touching private parts: No pulling pants down with other kids, no touching privates and talking about private with other kids

Child Name: \_\_\_\_\_ Date: \_\_\_\_\_


Mom: \_\_\_\_\_ Date: \_\_\_\_\_

### Engaging Families in Treatment


- Establish common ground – what do they want?
- Assess readiness/motivation to change
  - How would you know if you were better/if you were done with counseling?
  - How would you know if your child was better/was done with counseling?
- Be flexible and responsive to logistical concerns
- Emphasize importance/primacy of parental role
- Reduce parental distress

### Engaging Parents

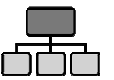
- Relay to parents/caregivers: They are central therapeutic agent for change
- Establish parent as expert on the child: The person the child turns to for help in times of trouble
- Explain the rationale for parent involvement in treatment
  - Not because parent is part of the problem but because parent can be the child's strongest source of healing
- Establish therapist role as coach, guide, consultant, cheerleader
- Never be the better parent

<b>Exercise</b>
<ul style="list-style-type: none"><li>■ Present results of checklist to child or parent</li></ul> 

<b>The Sessions</b>
<i>Structure</i> <i>Staying on track</i> <i>Dealing with COWS</i> <i>Knowing when/how to do Trauma Narrative</i>

<b>COWS</b>	
Strategies for Managing the "Crisis of the Week"	

<b>Dealing with COWs</b>
<ul style="list-style-type: none"><li>■ Be prepared, they are ever-present</li><li>■ Plan A<ul style="list-style-type: none"><li>– Brief, supportive listening</li><li>– Return to treatment focus/TF-CBT</li></ul></li><li>■ Plan B<ul style="list-style-type: none"><li>– Brief, supportive listening</li><li>– Apply CBT component to COW (to generalize skill)</li></ul></li></ul>

<b>Trauma Treatment: The Components</b>	
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<b>Psychoeducation</b>
Goal: Give clients info that will lower distress and increase participation in treatment
Goal is to teach: You are not alone, you are not crazy, there is hope

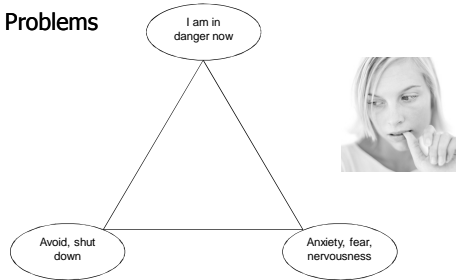
<b>Psychoeducation Topics</b>
<ul style="list-style-type: none"> <li>□ Typical trauma reactions, course, and prognosis</li> <li>□ Systems (e.g., medical, child protection., criminal justice, etc)</li> <li>□ Theoretical model for trauma impact (e.g., conditioned fear response, avoidance, learned behavior, etc)</li> <li>□ CBT triangle</li> <li>□ Nature and rationale for treatment</li> </ul>

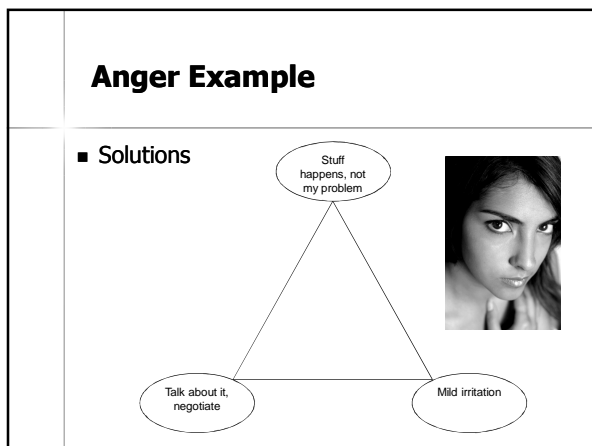
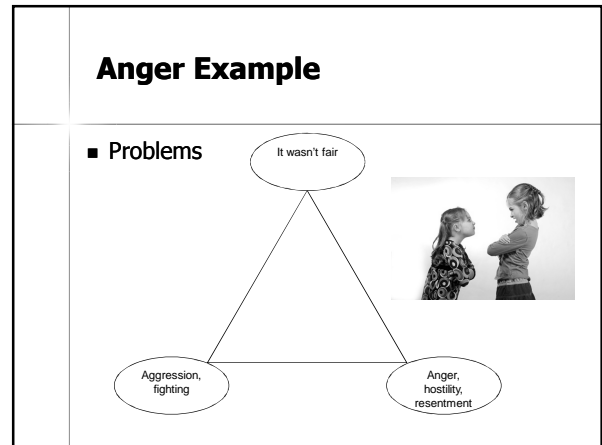
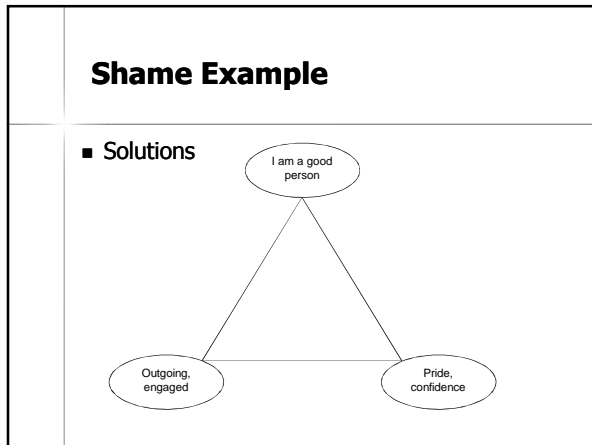
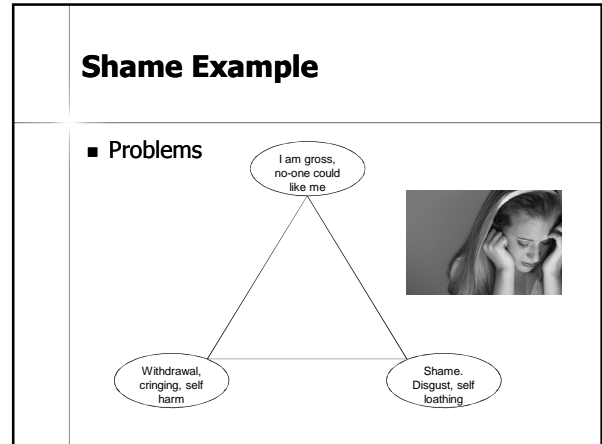
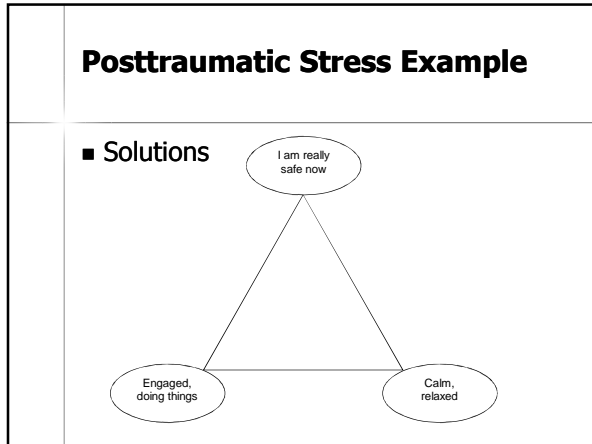
<b>Psychoeducation: Key Messages</b>
<ul style="list-style-type: none"> <li>■ Impact and Prognosis:             <ul style="list-style-type: none"> <li>– Common, children affected, most recover, tx works</li> </ul> </li> <li>■ Systems:             <ul style="list-style-type: none"> <li>– CJS: Focus on offender accountability</li> <li>– CPS: Focus on protection</li> <li>– Medical: Focus on health</li> </ul> </li> </ul>

<b>Psychoeducation: Key Messages</b>
<ul style="list-style-type: none"> <li>■ Model for Treating Impact             <ul style="list-style-type: none"> <li>– Feelings during trauma (fear, shame) conditioned to memory and reminders</li> <li>– Thoughts about trauma generalize (negative self, untrustworthy others, dangerous world)</li> <li>– Behavioral responses: avoidance (sometimes attack)</li> </ul> </li> </ul>

<b>Psychoed: Tx Nature and Rationale</b>
<ul style="list-style-type: none"> <li>■ Lasts about 12-16 sessions</li> <li>■ Is active and involves practicing new skills in between sessions</li> <li>■ Structured, plan for each week</li> <li>■ Need Caregiver involvement</li> <li>■ Will include talking about what happened</li> <li>■ Very good chance that there will be improvement</li> </ul>

<b>Resources: nctsnet.org</b>
<p>Trauma Types</p> 

<b>Posttraumatic Stress Example</b>
<ul style="list-style-type: none"> <li>■ Problems</li> </ul> 




### Positive Parenting

Goal:  
Apply Positive Parenting Skills to any behavior problems (including sexualized behavior problems) and to coaching children to use skills from TF-CBT.


### Positive Parenting Skills Review

- Defining the problem and it's opposite
- Functional Behavior Analysis
- Increasing Positive Interaction
- Praise
- Selective Attention
- Giving Good Directions
- Rewards Plan
- Consequences



### Additional Positive Parenting Priority for TF

- Support and reassurance regarding trauma
- Availability to support child when distressed



### PRACTICE: Applying Positive Parenting Skills

- A: 4 y.o. child engages in sexualized behavior, taking off clothing in living area at home, masturbates.
- B: 12 y.o. child beats up on younger brother, parent hesitant to discipline b/c child has "been through so much."
  - Note: may also need some other skills, related to parent cognitions, in addition to positive parenting
- C: 8 year old girl won't sleep in her room alone after sexual abuse, causing marital problems.
- D: 14 year old male completely avoids neighborhood park after seeing someone attacked there (it's generally safe) and takes a much longer route to school.

### Relaxation; Affective Regulation; Cognitive Coping

Goal: Manage negative emotions

### TF Feelings-Focused Interventions: Emotional Regulation

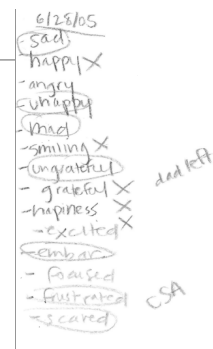
- All have exposure component:
- In addition to teaching interventions, remember to:
  - Tie it to trauma
    - "You did such a great job naming all those feelings, and telling me some times you felt sad, happy, what makes you excited. Now, pick a color, and put a circle around all the feelings you had when you saw your dad hit your mom."
  - Trauma is always mentioned during skills training
    - "Excellent work trying the secret calming. You're doing the belly breathing and you went from a 8 on your scale to a 4. You can use secret calming when you hear people yelling and it reminds you of the fighting. Let's try that now."

"How did you feel when the sexual abuse happened?"

*Normalize and validate*

"How did you feel when your dad moved out?"

*You just learned something...  
Normalize & validate*





## Feeling Intensity Thermometer

Rate Distress

**FEAR THERMOMETER 1**

10  
Really scared or upset

9  
8  
7  
6  
Pretty scared or upset

5  
4  
A little bit scared or upset

3  
2  
1  
Not at all scared or upset

## 8 year old's SUDS Thermometer

## Feelings-focused Interventions: Emotion Regulation Tool Box

- Skills for recognition and management:
  - Feelings identification (developing a vocabulary)
  - Relaxation
  - Secret Calming (breathing)
  - Exercise
  - Meditation
  - Mindfulness/distress tolerance

### Things I Can Do When I Get Nervous

I Can Tell Myself.....

I AM SMART I AM TALENTED AND ITS NOT MY FAULT.

I AM PROUD THAT I TOLD THE TRUTH.

AND I WOULD TAKE A DEEP BREATH.  
Pop your collar and I believe in my self.

## Dealing with Nightmares

- Reading the Book
- Creating a routine
- Parent/caregiver buy in and support/reinforcement
- Making use of skills
  - Relaxation
  - Distraction
  - mindfulness

## THERE'S A NIGHTMARE IN MY CLOSET

written and illustrated by MERCER MAYER

**TIPS FOR A GREAT NIGHT'S SLEEP**

1. Go to bed at about the same time every night.
2. If you read before going to sleep, make sure the material is calming and enjoyable.
3. Do a relaxing activity at least 1/2 hour before you want to fall asleep.
4. While laying in bed, practice tensing and relaxing with nice deep and even breaths.
5. Tell yourself positive thoughts and picture yourself in a favorite, peaceful place.
6. Clear your mind of worries and hassles, telling yourself that you can address them tomorrow when you are more awake.
9. Take a warm bath about an hour before bed.
10. Have a glass of warm milk while you have your quiet time.
11. Stay away from things that amp you up like video games and caffeine or alcohol.

**DON'T:**

- Get into arguments before bed
- Start thinking about spitting thoughts
- Watch violent TV or read stimulating books before

**Conquering Nightmares**

1. Follow your "Tips for Great Night's Sleep" sheet.
2. Before going to bed, tell yourself to have pleasant dreams and think of something positive you would like to dream about.
3. If you wake up from a nightmare:
  - Practice your calming activities. Take slow, deep breaths, and tell yourself that you are safe.
  - Go get some support from your parent if you want/need some
  - Come up with a happy ending for the dream or come up with something else you want to dream about and think of that
  - Get up and get a drink of water and "shake" the nightmare out of your head
4. Make a "dream catcher" and hang it over your bed.
5. Wake yourself up from the nightmare. You CAN do it. You can take power over the dream.

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**My Plan for a Great Night's Sleep**

For me, a great night sleep would mean:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

In order to get a great night sleep I will:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I will follow my plan this week and report back on how it all went. I'll pay attention to what worked and didn't work so well.

Signed by: \_\_\_\_\_

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**Thoughts-focused Interventions**

- Socratic Dialogue
  - Engage in a discussion around unhelpful/inaccurate thoughts
  - Have them rely on all that they know from psychoeducation
- Cognitive Coping
  - What else could they tell themselves?

**Example Homework (Caregiver Version)**

Caregiver's Name: \_\_\_\_\_ Thought: \_\_\_\_\_ Date: \_\_\_\_\_

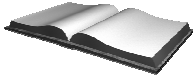
Perhaps	Solution
1. What are your feelings? I feel _____	2. What are your thoughts? What are you saying to yourself? I should have known he was an offender.
3. Are your thoughts accurate and helpful? How change them to make them more helpful? I should have known he was an offender.	4. What are your feelings now? I feel _____
5. Are your thoughts accurate and helpful? How change them to make them more helpful? I should have known he was an offender.	6. What are your feelings now? I feel _____

Note: Dysfunctional thoughts are often inaccurate; they may be too pessimistic, too positive, and too unrealistic.

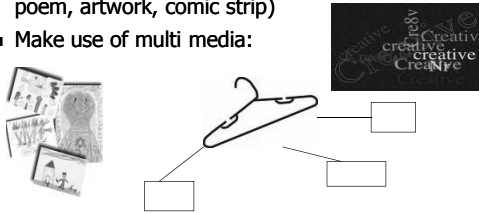
**Behavioral Interventions**

Exposure

- Imaginal: Trauma Narrative
  - Facing feared memories, thoughts, feelings, body sensations
- In Vivo: Facing Triggers
  - Now safe reminders of what happened
    - The dark, yelling, playground, smell of peanut butter

<h2>Trauma Narrative</h2>
<p><b>Goal:</b> Be able to remember and talk about trauma without extreme distress or need for avoidance and put it into perspective as part of the past</p> 

<h2>Reasons for Exposure and Trauma Narrative</h2>
<ul style="list-style-type: none"> <li>■ Desensitization/habituation to disturbing memories/reminders</li> <li>■ Identification/preparation for trauma/loss reminders</li> <li>■ Resolution of maladaptive avoidance symptoms</li> <li>■ Capacity to talk about experience as part of life hx: obtain support, put into perspective, connect with others</li> </ul>

<h2>Creating the Trauma Narrative</h2>
<ul style="list-style-type: none"> <li>■ BE CREATIVE</li> <li>■ Come up with a format for child's narrative (book, journal, board game, Power Point presentation, poem, artwork, comic strip)</li> <li>■ Make use of multi media:</li> </ul> 

<h2>Starting the Trauma Narrative</h2>
<ul style="list-style-type: none"> <li>■ Assess capacity to talk about without extreme distress             <ul style="list-style-type: none"> <li>- identify "hot spots" or worst moments</li> </ul> </li> <li>■ Explain mechanism (e.g., hard in the beginning, get's easier)</li> <li>■ Use metaphors (e.g., cleaning out wound, removing splinter, pushing ball down in pool, whack a mole)</li> <li>■ Do not force, be gradual as necessary</li> <li>■ Praise, praise, praise the effort</li> </ul>

<h2>Trauma Narrative Process</h2>
<ul style="list-style-type: none"> <li>■ Generally occurs over multiple sessions</li> <li>■ More and more details of what happened before, during and after</li> <li>■ Includes thoughts, feelings, and body sensations during the events</li> <li>■ Move from less distressing to more distressing</li> </ul>

<h2>Creating the Trauma Narrative</h2>
<ul style="list-style-type: none"> <li>■ Create a format for child's narrative (book, journal, board game, Power Point presentation, poem, artwork)</li> <li>■ Make use of multi media</li> <li>■ Have child initially describe the facts about the trauma event (e.g., 1<sup>st</sup> draft)</li> <li>■ Prompt for what happened next, details (e.g., adding details: 2<sup>nd</sup> draft)</li> <li>■ Have child begin to connect with their thoughts and feelings during the event</li> <li>■ Go through the narrative <u>slowly</u> increasing the level of aversiveness</li> </ul>

	<b>Doing the Trauma Narrative</b>
	<ul style="list-style-type: none"> <li>■ Use relaxation techniques as necessary</li> <li>■ Use distraction techniques</li> <li>■ Rate distress before, during, and after (SUDS, thermometer for children)</li> <li>■ Do not allow child to leave distressed</li> <li>■ Point out the child's progress and praise</li> <li>■ Reward child at end of session</li> <li>■ Review narrative, edit, add to</li> </ul>


	<b>Trauma Book</b>
	<ul style="list-style-type: none"> <li>■ Introduce the TN by reading a book about trauma</li> <li>■ Instruct to make own book</li> <li>■ First chapter : innocuous information about the child (name, age, school, hobbies, etc)</li> <li>■ Second chapter : "Before", for example, what the relationship was like with the person before the trauma started (if interpersonal trauma); or what life was like before the index traumatic event occurred</li> <li>■ Third Chapter: What Happened to Me</li> <li>■ Last Chapter: What I learned and How My Life is Will Be Better</li> </ul>


**Books for Introducing the Trauma Narrative**

	<b>Trauma Narrative: Avoidant Children</b>
	<ul style="list-style-type: none"> <li>■ Ask for just one detail at a time "Just tell me about one part"</li> <li>■ Set a mutually agreed upon time limit</li> <li>■ Plan fun activity at the end</li> <li>■ Let child pick when during the session to focus on this topic</li> <li>■ Allow for humor</li> </ul>

	<b>Trauma Narrative: Complex Trauma</b>
	<ul style="list-style-type: none"> <li>■ Do a lifetime narrative instead of a trauma specific narrative</li> <li>■ Begin at the beginning and note key recalled events</li> <li>■ Identify both the bad and the good</li> <li>■ Explore what it was like during the good times</li> </ul>

# Real Life HEROES

A Life Storybook for Children





Richard Kagan, PhD


These are some of the most important events in my life. (Please circle how good or bad things were for you each year on a scale from 1 (best) to 4 (the best).)

Year	Important Events	My Life Was
1990		1 2 3 4
1991		1 2 3 4
1992		1 2 3 4
1993		1 2 3 4
1994		1 2 3 4
1995		1 2 3 4
1996		1 2 3 4
1997		1 2 3 4
1998		1 2 3 4
1999		1 2 3 4
2000		1 2 3 4
2001		1 2 3 4
2002		1 2 3 4
2003		1 2 3 4
2004		1 2 3 4
2005		1 2 3 4
2006		1 2 3 4
2007		1 2 3 4
2008		1 2 3 4
2009		1 2 3 4


## Neutral Event vs. Traumatic Event

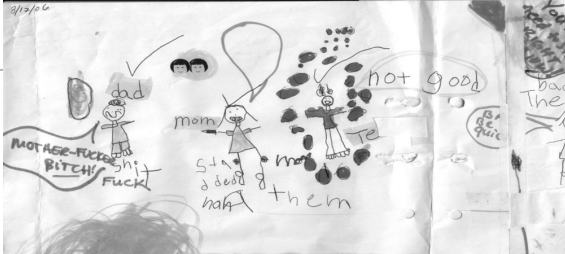
## Draw Picture and Tell Story



One time I was sexually abuse that I can remember was in the TV room. He blew on my butt and he rubbed his private against me. I was thinking I was going to get in trouble. I felt sad. My body felt angry. I was wearing my pajamas and he was wearing his clothes. We had our front over. I opened the door and I stopped him from opening the door. She went into a different room. I kept on playing on my butt and reacting his private about me. She felt happy because...




I would tell my friend that maybe she could see a counselor. If she went, then maybe they could help her.

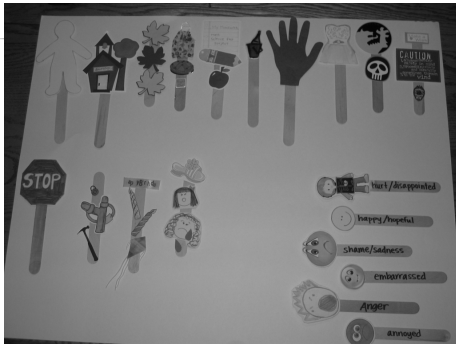


My mom stabbed my daddy. First, my daddy pushed my mommy on the counter. I went in R's room and I came out to see what were they doing. They were stabbing and my daddy was bleeding on his hand. He said "oh, shit" when he was stabbed. And then the blood was all over everywhere, on the floor. A big part 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.

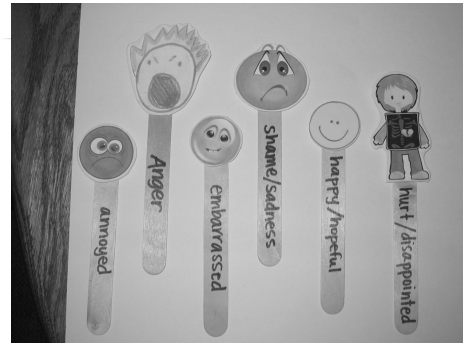
## Make a Collage



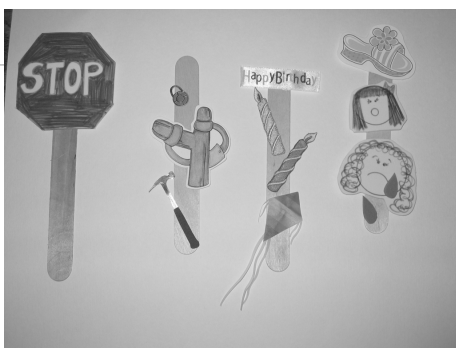
### Popsicle Stick Trauma Narrative



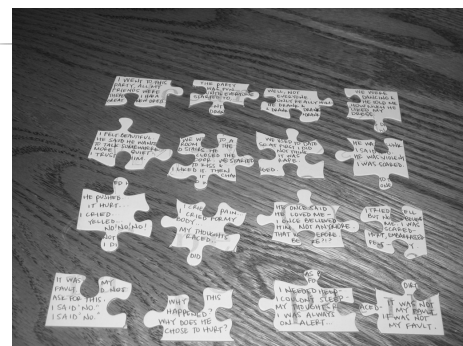
### Feelings



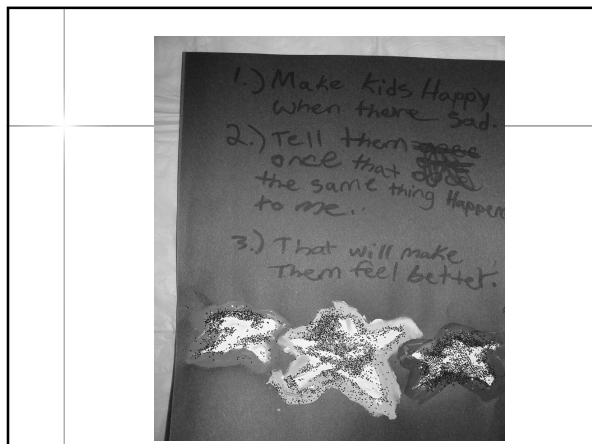
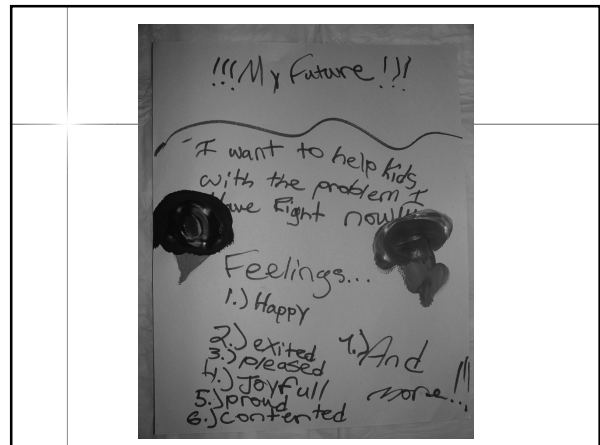
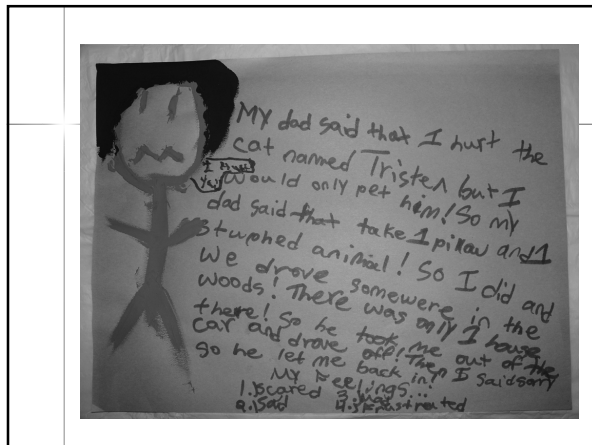
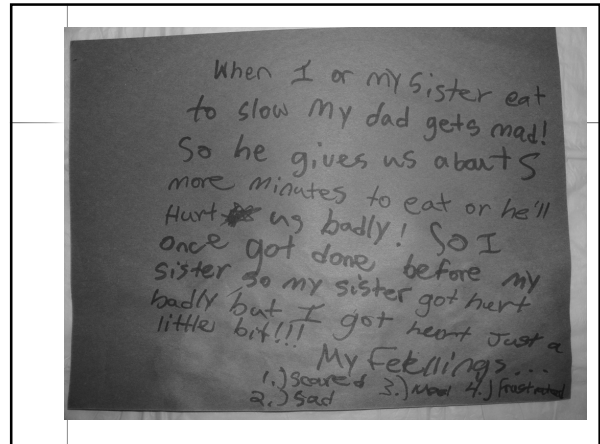
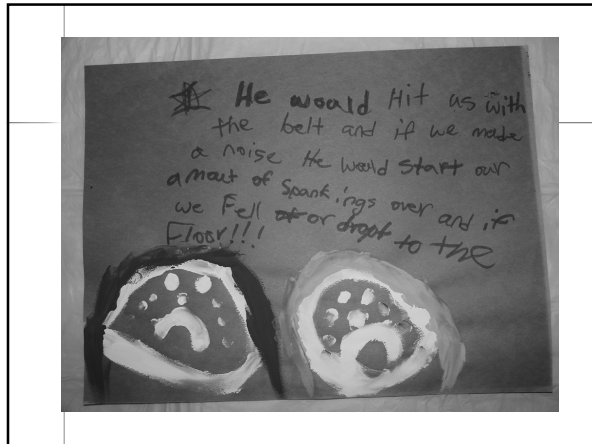
### Start of story



### "Pieces of Me"







**Teen: telling about CSA**

When something stresses me out, I rehearse how to tell – who should I tell, how should I tell, but I didn't tell til the next day. I tried everything to distract myself, watching tv, listening to the radio, I was trying to figure out how to tell Auntie mainly. I didn't feel safe to tell anyone but I thought I should tell her – I just wanted it to go away. I was worried auntie would be made at me for going back there, and call the pound and get rid of the dogs, since that was the reason I went there. I slept on and off that night, waking up every hour. I'd wake up and just go throw up. It was disgusting. I really don't like throwing up – the more I thought about throwing up, the sicker it made me. I was dizzy. I kept having to clean it up off the floor and that made me even sicker. I threw up all night long – every hour just up up. My sides and stomach hurt. I saw terrible things in my head – like him masturbating and him making me touch his penis.



### Advice to other kids: Traumatic Grief

Chapter Eight: James's Letter of Advice to His Imaginary Friend

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.

### TN and the Caregiver

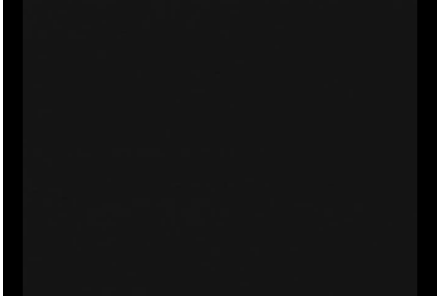
- Read to the caregiver in an individual session, time for them to understand the child's perspective
- Time to have their own thoughts, feelings, questions, about what happened, become desensitized
- Ideally, caregiver can move to less focus on them, when they hear it, to a focus on the child
  - "I'm so proud of you for what you've done in therapy. Remembering and talking about what happened isn't always easy, and you did a great job on your book."
- In Conjoint Sessions, child can share the TN with the caregiver (part of PRACTICE)

### 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

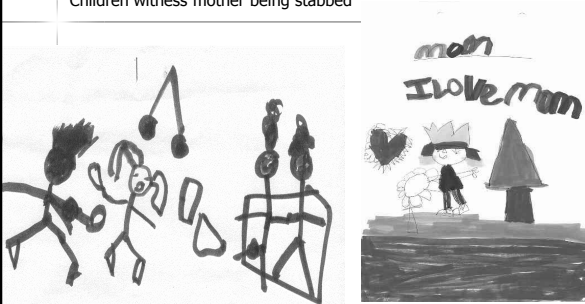


### Traumatic Grief





### Draw Picture

Children witness mother being stabbed




### Cognitive Processing

- Address maladaptive cognitions from TN, any discussions during treatment
  - Trauma-specific (self blame, ruined)
  - Generalized (worthless self, others untrustworthy, dangerous world)
- Promote that thoughts can be changed
  - Learned optimism (e.g., glass half full; make lemonade)
  - Finding value in bad experience (e.g., capacity to handle difficulties, realize what's important)

## Socratic Dialogue




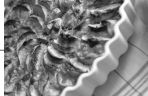
- Challenge the maladaptive thoughts:
  - Is the thought true?
  - Does thinking this lead to positive or negative emotions and behavior?
  - Does thinking this help?
- Strategies
  - Progressive logical questioning, drawing on psychoeducation
  - Eliciting alternative attributions (e.g. regret vs. responsibility)
  - "Best friend" role play (e.g., what would you say to a friend?)
  - Responsibility Pie

## Socratic Dialogue Practice

Where kid starts	Goal: Accurate or Helpful Thought
■ A It was my fault because they were arguing about me	■ ?
■ B I am gross and disgusting for what I did	■ ?
■ C Guys only want one thing so you have to go along to be liked	■ ?
■ D Our relationship was really special; I know he loved me	■ ?

## Socratic Dialogue Practice

- For your thought, come up with some alternative thoughts: accurate or more helpful
- Make a list of what you'd want to tell the child, turn it into questions, to use in the socratic dialogue

## Responsibility Pie

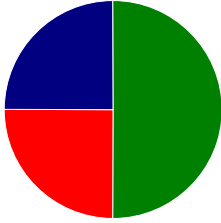
For any and all self-blame thoughts...

Example: Maladaptive Allocation of Blame on Physical Abuse

I talked back

He didn't protect me

He was never there



She did it

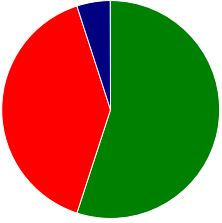
She knew it was going too far

Mom  
 Dad  
 Me

Adaptive Allocation of Blame in Physical Abuse

I did talk back but that doesn't make abuse OK

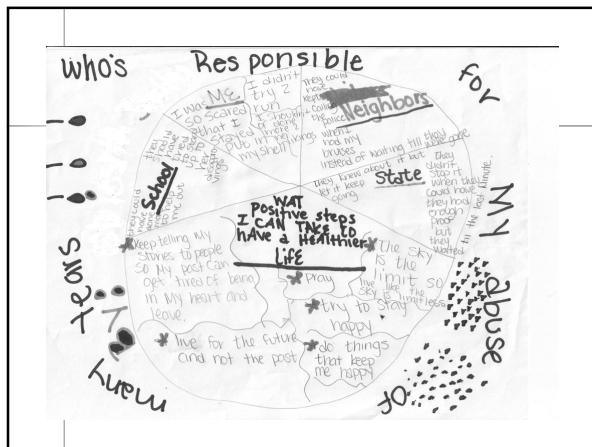
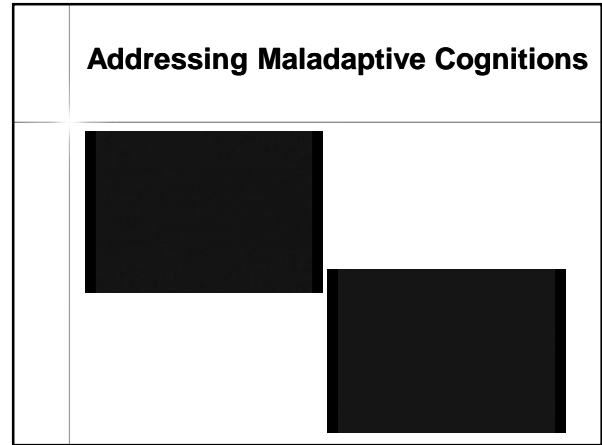
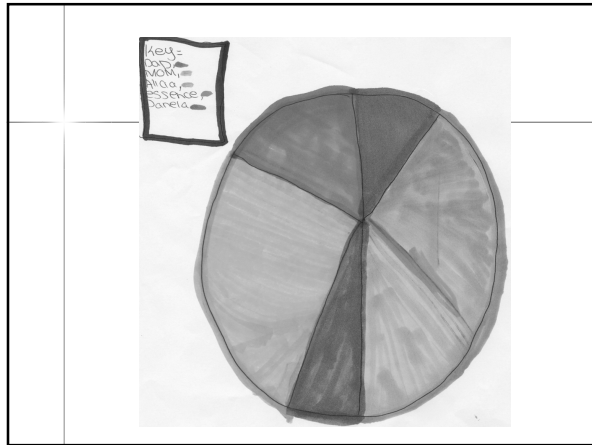
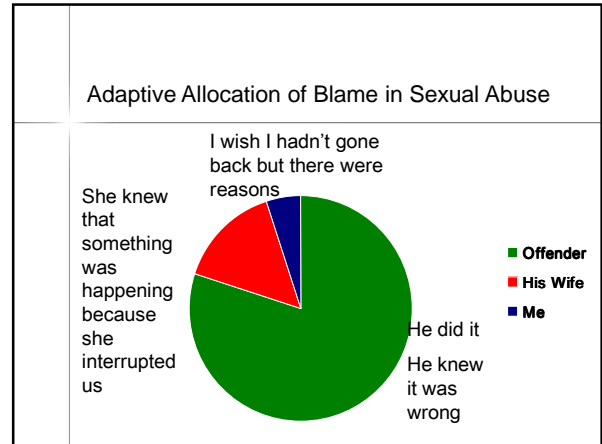
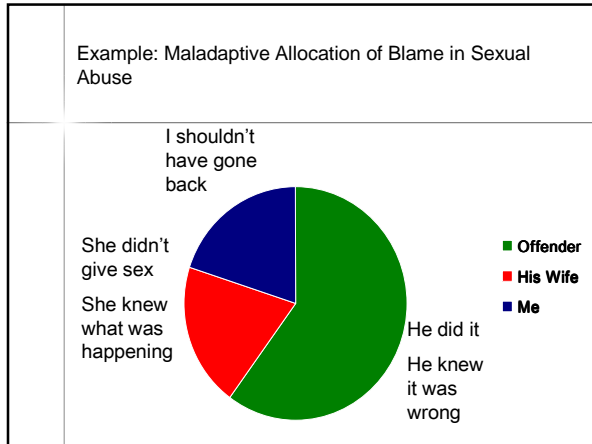
He didn't protect me even though he saw things; a parent is supposed to protect their child



She did it

She knew it was going too far

Mom  
 Dad  
 Me



- In-vivo Exposure**
- Identify cues that evoke fear/anxiety in real life that are not dangerous (bedroom, school, playing outside)
  - Create fear hierarchy (e.g., least to most)
  - Make plan to "face" the cues using cognitive coping strategies
  - Plan to rate distress
  - Emphasize importance of staying in the situation until distress comes down

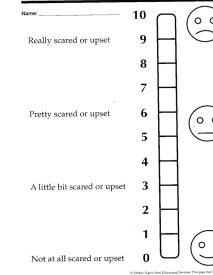
# Identifying and recognizing trauma cues

*Jaimie's Abuse Reminders 7-29 7-21*

- Pedro's pillow
- People mention Pedro's name
- Saying Pedro anytime
- Men who look like Pedro (Dark skin, mustache, curly hair)
- Someone mentioning the words Rape, Abuse, Molester?
- Meme Colone Luchas (Honey Bunches, flower like smile)
- The train situation
- My memo room
- Any of her stuff anyone taking anyone else looked like her

## FEAR THERMOMETER 1

Name: \_\_\_\_\_



## Fear Ladder

Date: \_\_\_\_\_

Please give a number for how scary each of these things are today. Remember to use the appropriate scale.

Place the number in the circle.

1	2	3	4	5	6	7	8	9	10

Local News | 7-year-old testifies at sentencing of Ravenna neighbor who sexually abused ... Page 1 of 2

**The Seattle Times**

Seattle, June 25, 2009 - Page published at 12:00 AM  
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### 7-year-old testifies at sentencing of Ravenna neighbor who sexually abused her and two other girls

By Jennifer Sullivan  
Seattle Times staff reporter

Clutching a fuzzy white bear and wearing a bright smile, the blond 7-year-old climbed onto a stool in the courtroom and looked down at a pink sheet of paper adorned with stickers.

The smile disappeared almost immediately as she recounted a horror story.

Instead of celebrating the last day of first grade with her friends and family, the girl in the flowery pink dress described to a hushed courtroom a series of horrific sex acts that a former neighbor and trusted baby-sitter, Peter Ansell, forced her to perform. And she wasn't the only one.


After hearing from the girl, her parents and the parents of two other victims, King County Superior Court Judge Michael J. Fox sentenced Ansell to a minimum of 10 years in prison. But Ansell's ultimate sentence will be decided by the state's Indeterminate Sentencing Review Board, which could impose a life term.

Ansell had long been a friend of the 7-year-old's parents, as well as the parents of other children in Seattle's Ravenna neighborhood. Three families — the Anells and the two other sets of parents — became so close that they formed a baby-sitting cooperative, allowing for trusted friends to rotate baby-sitting duties so couples could spend some adult time.

"It saved money and helped us grow closer as a community," said the father of two girls who also were molested by Ansell.

## Conjoint Trauma Narrative with the Caregiver


- Caregiver needs to know in order to appreciate child's experience
- Anticipate caregiver distress and avoidance
- Prepare to manage when things don't go according to plan
- Issues to consider:
  - Confidentiality
  - Developmental considerations



## Sharing the Trauma Narrative

## Tricky Considerations

- Parent overwhelmed by own distress
- Parent support is compromised
- Parent failed to protect
- Parent is source of trauma
- Alternative caregiver who is uncomfortable/unwilling



## Possible Solutions


- Focus on decreasing parent/caregiver distress
- Capitalize on areas where there is support
- Encourage making amends
- Conduct clarification session (e.g., acknowledging, taking responsibility, saying sorry)

## Clarification

- Add to Joint TN when parent:
  - Failed to protect
  - Is cause of trauma
- Parent acknowledges harm caused or failure to protect
- Parent validates child feelings
- Parent assures future safety
- Parent supports safety plan

S&S  
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.

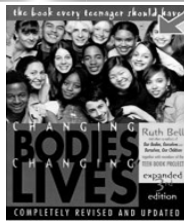
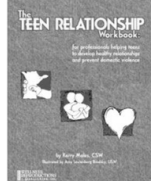
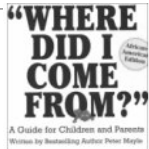
## Enhancing Safety

Goals:  
Reduce Risk for future victimization and trauma

## Strategies

- Create Safety Plan
  - What
  - When
  - Where
  - Who
- Provide Info
  - Normal sexuality
  - Acceptable discipline
- Teach skills
  - Refusal
  - Helping seeking

## Books for Introducing Sex Education

	<b>Addressing Motivation</b>
	<ul style="list-style-type: none"> <li>■ Lack of problem recognition             <ul style="list-style-type: none"> <li>- "It didn't affect me"; "I'm over it"</li> <li>- "It was true love"; "I wanted to do it"</li> </ul> </li> <li>■ Ambivalence:             <ul style="list-style-type: none"> <li>- "I don't want to talk about it, it makes me feel bad; if I don't think about it I am fine"</li> <li>- "You want me to hate him, but he's my dad"</li> </ul> </li> </ul>

	<b>Key Principles</b>
	<ul style="list-style-type: none"> <li>■ Empathic/non judgmental stance</li> <li>■ Acknowledge pros and cons (facing up is hard, avoiding or maintaining maladaptive cognitions can be easier)</li> <li>■ Be directive and attend to change talk</li> <li>■ Be persistent but do not force or get into battle</li> <li>■ Get the client to come back!</li> </ul>



	<b>How To Know When Done</b>
	<ul style="list-style-type: none"> <li>■ Child can talk about what happened without extreme distress or avoidance</li> <li>■ Child has helpful narrative for what happened</li> <li>■ Trauma is in the past and is just one part of the child's identity</li> </ul> <div style="text-align: right;"> </div>

	<b>TF-CBT Ready to Go</b>

	<b>Web Resources</b>
	<ul style="list-style-type: none"> <li>■ Web training:             <ul style="list-style-type: none"> <li>■ TF-CBTWeb <a href="http://www.musc.edu/tfcbt">www.musc.edu/tfcbt</a></li> </ul> </li> <li>■ National Child Traumatic Stress Network <a href="http://www.nctsn.net">www.nctsn.net</a></li> <li>■ Harborview Center for Sexual Assault and Traumatic Stress <a href="http://www.hcsats.org">www.hcsats.org</a></li> </ul> <div style="text-align: right;"> </div>

MUSC ALLERGENS GENERAL HOSPITAL  
CARES NCTSN The National Child Traumatic Stress Network

CTG Web  
A web-based learning course for  
Using TF-CBT With Childhood Traumatic Grief

- Adapting TF-CBT to CTG
- Grief Psychoeducation
- Grieving and Ambivalent Feelings
- Preserving Positive Memories
- Redefining the Relationship
- Treatment Review
- Evaluation

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

Cognitive Processing Therapy for Rape Victims  
A Treatment Manual  
Patricia A. Resick, Monna K. Schnicke

Treating Trauma and Traumatic Grief in Children and Adolescents  
JUDITH A. COHEN, ANTHONY P. MANASSIS, ESTHER DIERLINGER

Cognitive Behavioral Intervention for Trauma in Schools  
Lisa Jenness, Ph.D.

Seeking SAFETY  
A Treatment Manual for PTSD and Substance Abuse  
LISSA M. NAJAVITS

Principles of Trauma Therapy  
A Manual on Assessment, Evaluation, and Treatment  
John Briere, Ph.D., Katherine Scott, M.Ed.

Treatments That Work  
Prolonged Exposure Therapy for PTSD  
Emotional Processing of Traumatic Experiences  
Therapist Guide  
Edna B. Foa, Elizabeth A. Hembree, Barbara Olsson Reschbaum

**Questions?**

Thank you!