

# CBT for Trauma Checklist

Remember: Include Desensitization/Gradual Exposure in Every Component

## **Assessment, Engagement and Safety up front (*bullying, on-going DV within the home, self-harm*)**

### Goals:

- Identify history of trauma exposure.
- Assess level of PTS symptoms and/or PTSD diagnosis.
- Determine co-morbidity; especially if trauma behavior problems are caregiver priority.
- Determine context within which trauma is embedded (e.g., neglect, parental abandonment/rejection, placement).
- Establish treatment goals (e.g., reduce PTS, improve behavioral functioning).
- Get buy-in to active treatment from the client/family.
- Problem-solve barriers.
- Identify other relevant clinical considerations that require immediate response (e.g., out of control aggression, severe emotion dysregulation, suicidality, active substance abuse).
- Teach safety skills for use in risky situations that may arise in the future (e.g., home alone, kids pressuring, dangerous neighborhoods, dating)
- Develop specific safety plan for self-injury or suicidal thoughts (e.g., promises).
- In cases of sexual abuse, provide psycho-ed regarding normal sexual development to counter the negative experience of abuse.

### Assessment Methods:

- Conduct clinical interview with child and caregiver.
- Administer formal, standardized measures to child and parent (e.g., Trauma screen, CATS 7- 17 or PTSD DSM5 18+ assessment; GAIN-SS; PSC-17).
- Provide standardized measures for co-morbid problems, especially if safety is of concern (PHQ 9).
- Give feedback to child regarding trauma history; assess capacity to talk about the trauma(s) and get a sense of child's cognitive processing of the events (e.g., "why do you think it happened?").
- Observe client/family during assessment process (clinical observations).

### Engagement Methods:

- Refer to assessment results and symptoms; solicit agreement.
- Identify how treatment progress will be determined (e.g., scores will go down, routines will be restored).
- Discuss beliefs about therapy and/or prior therapy experiences; allay concerns.
- Elicit concrete barriers and problem solve solutions.
- When ambivalence is a barrier use Motivational Interviewing techniques: (use reflections; roll with resistance; be nonjudgmental; rate importance and confidence to change; use decisional balance work sheet).

## Psychoeducation

### Goals:

- Normalize exposure to trauma: “You’re not alone/not the only one”.

### **Explain and normalize PTS symptoms/PTSD and avoidance: “You’re not crazy”.**

- Establish social norms regarding child responsibility for trauma and trauma coping: “It’s not your fault and you did the best you could”.
- Describe CBT for Trauma (components, structure, and homework expectation): “There’s hope, we’ve got a treatment that works”.
- Explain how treatment works (e.g., learn skills to feel better when scared/worried; learn how thoughts drive feelings and behavior; talking about what happened lowers the emotions when remembering or being reminded; putting the trauma into perspective helps put it into the past).

### Methods:

- Discussion
- Handouts
- 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)

## Caregiver Support for trauma processing; managing trauma related behaviors and safety planning

### Goals:

- Improve the relationship (e.g., enhance closeness, warmth and support)
- Teach/reinforce use of skills:
  - Support child use of skills in the home.
  - Support child trauma processing.
  - Apply positive parenting (e.g., praise, selective attention/ignoring, instructions, rewards and consequences).
  - Address safety concerns for overall safety of the child
  - Prepare for conjoint TN.
- Help caregivers develop a safety plan to help child (and caregiver) be safer re ongoing dangers (e.g., lives with DV or physical abuser, in violent neighborhood).

### Methods:

- Establish special play time/one-on-one time routine.
- Teach functional behavior analysis; basic principles of behavior management.
- Identify specific concerns and problem behaviors; provide worksheets and handouts.
- Follow model for identified problem behavior: Teach → Model → Discuss → Role Play → Feedback → Assign Weekly Practice.

- Observe interactions with child and take opportunity to apply and practice new skills within session coaching.
- Include caregiver in sessions to use and reinforce skills learned in session

[If the child's behavior problems are quite significant and the primary concern of the parent, triage the positive parent focus to the priority; consider meeting with the parent first during sessions. Be sure to link the behaviors to the trauma when addressing with the parent]

## Trauma Exposure [Imaginal and In vivo]

Goals:

- Client is able to “face up” to trauma experiences (e.g., think and talk about the trauma), especially hotspots or worst moments.
- Identify unhelpful or inaccurate trauma-related cognitions (“it was my fault”; “I shouldn't have...”) and altered core views of self (“I'm not a good person”), others (“people cannot be trusted”), or the world (“nothing is safe”).
- Identify more helpful or more accurate ways to think about traumatic exposure, self, others, family, the world, and the future.
- Client develops a helpful understanding of what happened that acknowledges the trauma but does not define the child and contains hope and lessons learned.
- Separate *harmless* conditioned fear responses (e.g., trauma reminders or triggers) from real danger.
- Reduce avoidance that interferes with daily functioning.

### Imaginal Exposure Methods:

- ALMOST ANYTHING THAT ENGAGES THE CLIENT IN THINKING ABOUT THE TRAUMA: Book with chapters, talking about it, 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.
- Use analogies (removing splinter, cleaning skinned knee, beach balls in the pool) to engage in exposure.
- Rank order traumas or select moments/hotspots to start with, work up to worst time(s).
- Set up rewards, incentives for effort or small steps (try to work with caregivers to make these natural and/or family related).
- Reward with Fun/Free Time at the end of session.

### In-vivo Exposure Methods

- Create a fear ladder list (triggers and specifics related to the trigger).
- In session practice combined with weekly practice at home.
- Get buy-in from caregivers and support people in the client's environment.
- Use incentives and rewards (in session; at home: Parenting skills of praise, rewards).
- Remind re using coping skills (including cognitive coping) taught in earlier sessions.

## Cognitive Processing

#### Goals:

- Identify unhelpful or inaccurate trauma-related cognitions (“it was my fault”; “I shouldn’t have...”) and altered core views of self (“I’m not a good person”), others (“people cannot be trusted”), or the world (“nothing is safe”).
- Identify more helpful or more accurate ways to think about traumatic exposure, self, others, family, the world, and the future.
- Client develops a helpful understanding of what happened that acknowledges the trauma but does not define the child and contains hope and lessons learned.

#### **Cognitive Processing Methods:**

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

[If child still living with abuser or in dangerous situations, focus less on mastering past traumas and more on addressing cognitive distortions, teaching to distinguish reminders from real danger, and sharing the experiences with a supportive caregiver]

## **Child and Caregiver Trauma Share**

#### Goal:

- Provide opportunity for child to: “face up” and share narrative with key trusted adult(s) and receive validation, praise, support.
- Allow trusted adult to learn about child’s perspective.
- Promote opportunity for caregiver and child to practice talking about the trauma (questions, concerns, feedback, etc.).
- Create opportunity (if appropriate) for parent to make amends/acknowledge (e.g., failure to be resource, disbelieving/blaming initial response, discounting, etc).

#### Methods:

- Prepare for conjoint sessions by reading 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.

## **Coping Skills (as needed):**

#### Goals:

- Learn to rate feelings at different intensities (1-10, small/medium/large burrito; thermometer).
- Identify/learn strategies to improve/calm affect (modulate affect).

- Teach specific skills for calming/reducing distress in the moment (e.g., at home, school, in the community).
- Increase capacity to identify range of feelings, have a feelings vocabulary, and link to appropriate expression.
- Normalize conflicting feelings – normalize multiple simultaneous feelings.
- Identify feelings associated with the traumatic event (when it happened, thinking about it now).
- Teach the Cognitive Triangle: Relationship between Thoughts, Feelings, and Behavior
- Get buy in to the idea that thoughts drive feelings and thoughts can be changed.
- Generate coping self-statements.
- Help the client learn to identify automatic unhelpful or inaccurate thoughts that the client may not immediately be aware of, but which are causing distress.

#### Methods:

- Identify and bolster current skills already using (e.g., hobbies, music, sports, etc.).
- Teach relaxation skills (though games, music, deep breathing, mindfulness, guided imagery, etc.) to illustrate capacity to change body tension/stress.
- Feelings brainstorm.
- Books about feelings, feelings cards.
- Feelings games (bingo, Jenga, pickup sticks).
- Practice rating feelings using some kind of scaling method.
- Feelings pie (1 event, show different feelings and how much of each)
- Develop a list of things to do that help to regulate or tolerate emotions that are causing distress (can be behavioral, cognitive, support seeking, problem solving, a whole RANGE of things!)
- Practice CBT Triangle (identify thoughts, feelings, and behaviors) for non-trauma related, real life scenarios (lunchroom, birthday, etc.).
- Matching or other Thoughts, Feelings, and Behavior games.
- Identify thoughts and feelings relevant to the client's trauma-related memories/experiences.
- Brainstorm coping statement.
- Identify more helpful or accurate ways to think that will lead to feeling better.