Cognitive Processing:
Processing Trauma-Related Thoughts

STEPS
SUPERVISION TO ENHANCE PRACTICE STUDY | WASHINGTON

BEHAVIORAL REHEARSAL GUIDELINES

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Remember: approximately 5-10 minutes. Do not review the goals of the behavioral rehearsal task. This is meant to provide an estimate of clinician fidelity for this component. Do not interrupt the therapists rehearsing to provide feedback. After the rehearsal, provide feedback on strengths and needed improvements.

CHOICE

For clinicians about to cover Cognitive Processing, ***choose to target EITHER a child or caregiver thought****. Decide based on: a) your experience with the clinician's skill or b) clinician's thoughts about which would be most helpful to practice in advance of the next session.*

PROMPT FOR THERAPIST

Please show me how you would help your client/caregiver change an unhelpful or inaccurate trauma-related thought. Tell me a thought you've identified that needs to be worked on for this client (from the TN or your other experience with this case), or we can practice with an example thought, if you're not sure. Feel free to take a minute or two to plan some questions you will use to help the client look at what happened in a more helpful way.

SUPERVISOR INSTRUCTIONS

If necessary, help the clinician identify a likely relevant thought to target (drawing from the TN and/or your knowledge of the case). As you play the client, use your knowledge about the case/similar cases to inform responses. Do not exceed 3 minutes of preparation for the role-play, just to ensure adequate time for practice.

EXAMPLE THOUGHTS

- I should have known this would happen
- It was my fault / It was my child's fault / It was my (non-offending) parent's fault
- I should have told (or told sooner); (For caregiver: My child should have told)
- What happened means I am a bad person (e.g., for enjoying/seeking out the sexual contact)
- I can't trust anyone
- No one would like me if they knew what happened to me/my family

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EXPECTATIONS

- ☐ * ***Asks about feelings/behavior related to thought*** (or current helpfulness/unhelpfulness of thought); can use cognitive triangle
- ☐ * ***Normalizes*** that this kind of thinking is common after trauma such as theirs (if true)
- ☐ * (If appropriate) identifies ***WHY client thinks this*** (hearing "evidence" for the thought/belief to inform processing)
- ☐ * ***Uses one of the following*** Socratic cognitive restructuring techniques:
  - ***Explores the evidence*** for/against the belief/thought
  - Uses ***logical questioning to challenge faulty reasoning*** (e.g., about what caused the trauma)
  - Uses ***"best friend"*** or similar role play (e.g., "You play the therapist")
  - Uses questions to ***elicit reasons client's actions made sense*** at the time (elicit information about context, thoughts, available information, beliefs about what would happen)
  - Expands view of ***responsible/at fault parties*** (e.g., Responsibility Pie)
  - Uses ***lists or definitions*** of key concepts (e.g., trust, what is a good/valuable life, etc.)
  - Helps distinguish ***responsibility from regret*** (or intention from accident)
  - IF NOT POSSIBLE TO ELICIT SOCRATICALLY, provides ***new/corrective information*** (e.g., about biology, sexual response, normative behavior, fight/flight/freeze response, others who have overcome similar traumas, abuser grooming behavior)
- ☐ * ***Helps child identify NEW thought(s)***
  - e.g., "When you look at what we've done/when you think about what we talked about…is there any other way to think about this situation, that makes you feel a little better? That is more helpful/true? That makes you feel less [feelings from triangle with old thought]?"
- ☐ * ***Explores how new thought(s) would change feelings/behavior*** on cognitive triangle or other diagram

FEEDBACK

Strengths (Adherence & Skill)	
Areas to Improve (Adherence & Skill)	

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OTHER TOPICS OR COMMON CHALLENGES YOU MIGHT WANT TO DISCUSS WITH THE CLINICIAN...

- What techniques/approaches will be most useful for the identified thoughts (e.g., responsibility pie, logical questioning, lists & definitions)? (Practice them/plan if time)
- Practicing the new thought (e.g., will the child need reminders or self-statements to combat problematic thoughts outside of session?)
- What to do when client is only partway there *"well, it wasn't ALL my fault"*
    - e.g., "Sounds like you still blame yourself partly for what happened. Help me understand what keeps you thinking it was your fault." (And then challenge the reasons Socratically!)
- Normalizing that changing thinking takes time…won't happen overnight/over one session
- Make sure therapist has identified enough thoughts in the TN, and that therapist comments on/reinforces healthy thoughts that in the TN
- Therapist encourages child to review and revise the TN to incorporate helpful thoughts that can replace maladaptive thoughts: e.g., *"I used to think it was my fault, now I know…"*
- Remember: Helping children to think flexibly means having them consider many different possible ways to think about a difficult situation or experience