

Trauma Focused Cognitive Behavioral Therapies Exposure Based Approaches

Overview

- ▶ Review of the evidence for TF-CBT and the exposure component
- ▶ Discuss Pavlovian conditioning and fear structure
- ▶ Explore the impact of avoidance and habituation process
- ▶ Discuss trauma narrative and in-vivo exposure components of TF-CBT
- ▶ Brief overview of exposure treatment with other anxiety disorders

Pavlovian or Classical Conditioning

1. Before Conditioning



Food

Response



Salivation

Unconditioned Stimulus

Unconditioned Response

2. Before Conditioning



Bell

Response



No Salivation

Neutral Stimulus

No Conditioned Response

3. During Conditioning



Bell

Food

Response



Salivation

Unconditioned Response

4. After Conditioning



Bell

Response



Salivation

Conditioned Stimulus

Conditioned Response



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Natural Fear Response

- ▶ Life Threatened → Fear Structure Activated
 - Unconditioned/natural response
 - Ex: bomb and fear/terror

- ▶ Fear Structure is Complex
 - Physiological responses (e.g. heart beat, breathing)
 - Affect (e.g. fear, sadness)
 - Cognition (e.g. “I am going to die”)
 - Avoidance
 - Hypervigilance

Learned Responses



- ▶ Triggers → Fear Structure Activated
 - Conditioned
 - Ex: blue jeep and fear/terror

- ▶ Relational associations begin around 22 mo.
 - $B = A, C = B, \text{ therefore } C = A$

 - Blue Jeep (B) = Danger (A),
 - Dr. Matt (C) = Blue Jeep (B), therefore
 - Dr. Matt (C) = Danger (A)

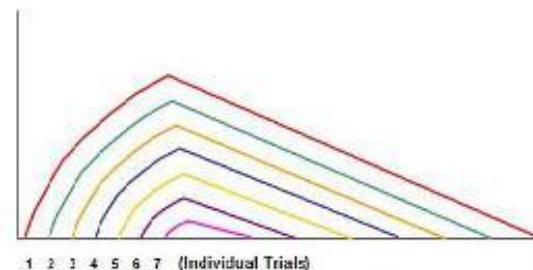
- ▶ Causes conditioned responses to grow to stimuli/triggers not present in the event



Habituation

- ▶ Hardwired mechanism in the brain
- ▶ Central nervous system works towards homeostatis and gets used to a stimulus through repeated, prolonged exposure
- ▶ Experiential Learning = feared memory + less feared or relaxed response
- ▶ Avoidance prevents habituation

Exposure & Response Prevention Therapy



Exposure Process

- ▶ Introduce Fear Memory or Trigger
- ▶ Activate Fear Structure/Response
- ▶ Carry out exposure and allow discomfort to rise
- ▶ Prevention of response (i.e. avoidance)
 - Responses lessen over time (e.g. reassurance)
 - Avoidance or Escape will strengthen fear response
- ▶ Habituation will occur – (20 min – 1 hour)



Outcomes

- ▶ New learning affects the entire fear structure
 - Incompatible association between being relaxed or calm and feared memory/trigger
- ▶ Brain pathways and connections change
 - Amygdala and Limbic System affected b/c activated
- ▶ Cognitions change
- ▶ Emotions change
- ▶ Physiological responses change
- ▶ Integrate new info into memory
 - Every recall of an event alters the memory of that event – better or worse

Application to TFCBT

- ▶ **Gradual Exposure/Systematic Desensitization**
 - Start to finish in every component
- ▶ **Trauma Narrative** uses repeated exposure to the memories, thoughts, and feelings related to the events and recalling the events
 - Then and now
- ▶ **In-Vivo Exposure** uses gradual exposure exercises to reduce the negative impact of triggers/reminders.



Psychoeducation

- ▶ Exposure to information about types of trauma and normal reactions
- ▶ Rationale for treatment approach – specifically exposure components
 - Cleaning a wound
- ▶ Identification of avoidance as a common reaction to trauma



Parenting Skills

- ▶ Improves communication and interaction patterns to promote sharing about feared memories, events, and triggers
- ▶ Introduce effective praise, selective attention, time-out, and contingency management
- ▶ Reinforcers and rewards will be needed to increase participation in exposure.
- ▶ Secondary gain from avoidance may be discussed or tabled.



Relaxation Skills

- ▶ Encourage use over avoidance
- ▶ Deep breathing
- ▶ Progressive muscle relaxation
- ▶ Exercise
- ▶ Mindfulness / Awareness meditation
- ▶ Imagery – multisensory, safe place.



Affect Expression and Regulation

- ▶ Encourage use over avoidance
- ▶ Subjective Units of Distress Scale (SUDS)
 - 0–100
 - 0–10
 - Anchors
 - Frequent use

Cognitive Coping

- ▶ Encourage use over avoidance
- ▶ Increase awareness of thoughts
- ▶ Learn common “thinking traps”
 - All or nothing thoughts
 - Personalization thoughts
 - Prediction thoughts
 - Fundamental attribution error
- ▶ Thought tracking
- ▶ Thought restructuring techniques
 - Examining the evidence
 - Clarifying questions (true/not true; helpful/not helpful)



Trauma Narrative

▶ Rationales:

- If we could just forget about it and it would not be a problem, we would.
- If I had a laser that could zap those memories away, we would do that.
- It's like having a wound, you can ignore it and hope it goes away, or you can wash it and get rid of the germs. This may hurt at first but then it will heal and feel better.
- Writing your story may hurt at first, but will feel better and better as we go on.



Trauma Narrative

- ▶ We will talk about what happened so much that eventually it will feel boring.
- ▶ We will go at a slow pace so it will never hurt more than a little.
- ▶ Let me know if I go too fast and we will slow down.
- ▶ How can we make this fun for you?



Trauma Narrative

- ▶ Create hierarchy of events
 - Detailed
 - Start with mild – moderate first (40–60 SUDS)
- ▶ Frequently monitor SUDS
- ▶ Allow discomfort to rise and prevent responses such as escape or avoidance. Skills can be used.
- ▶ Do not end sessions without a reduction of 50% in SUDS.
- ▶ **Celebrate** the reduction and use of skills in session!!!!
- ▶ End on a positive note, joke, or game each session. Help replace the memory.

Trauma Narrative Notes

- ▶ Any method of expression is good
 - Music, art, recordings, writing, talking, etc.
- ▶ As sharing, give positive praise and prompt addition of thoughts, feelings, and all 5 senses from the memory.
- ▶ Sharing will be about both the past and the current thoughts and feelings.
- ▶ Allow child to lead.
- ▶ Child's perception is most important. Allow inaccuracies.

Trauma Narrative Notes

- ▶ Do not allow them to become completely overwhelmed.
- ▶ Watch for internal activities of avoidance
 - (e.g. dissociation – someone else)
- ▶ Encourage they “do not itch.” It will pass.
- ▶ Repeat, repeat, repeat in any way possible.
- ▶ Symptoms may increase during this component.



TN – Conjoint Parent Session

- ▶ Prepare caregiver by reviewing all of the content of the narrative.
- ▶ Encourage parent to use skills learned along the way in other caregiver sessions.
- ▶ Process questions and role-play responses prior to meeting as a family.



In-Vivo Gradual Exposure

- ▶ Goal: Decrease fear response
- ▶ Separate harmless from danger triggers
- ▶ Determine functional importance of exposure to each trigger
- ▶ Create a hierarchy of triggers
- ▶ Start with mild-moderate SUDS



In-Vivo Gradual Exposure

- ▶ Types of Exposure
 - Verbal
 - Visual
 - Life-like
 - Modeling
 - In-Vivo (Real Life)
- ▶ Use exposure and habituation to reduce conditioned/learned response
- ▶ Promote new learning with positive experiences and fun associated with trigger.

Other Treatments

- ▶ Some variation of the treatment approach can be used for the following Dx's:
- ▶ PTSD
- ▶ Specific Phobia
- ▶ Social Anxiety
- ▶ Panic Attacks w/ or w/o agoraphobia
- ▶ Obsessive Compulsive Disorder
- ▶ Generalized Anxiety
- ▶ Other anxiety related disorders

Summary

- ▶ Trauma Focused Cognitive Behavioral Therapies is the very efficacious treatment available.
- ▶ Gradual Exposure is one of the most effective ingredients in Trauma Focused Treatments as well as all other evidence-based treatments for traumatic stress
- ▶ Gradual Exposure is embedded in every Trauma Focused Cognitive Behavioral Therapies component
- ▶ Exposure treatments are effective for a variety of anxiety disorders

