TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPIES LEARNING COLLABORATIVE

Day Two

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CHILDREN'S MEDICAL & MENTAL HEALTH RESOURCE NETWORK

SIU MEDICINE

WELCOME

- Review
- ACES, Toxic Stress, Body, Brain, Learning and Dev[illegible]
- Across the Life Span with a focus on ACES (trauma that occurs before age 18)
- Trauma Treatment Components
  - Engagement/Assessment
  - Safety and Stabilization
  - Processing and Grieving of Traumatic Events
  - Reconnection

Reflection

INTRODUCTION TO TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

CORE COMPONENTS OF TRAUMA-FOCUSED, EVIDENCE BASED TREATMENT

- Building a therapeutic relationship
- Psycho-education about normal responses to trauma
- Parent Support, conjoint therapy or parenting training
- Emotional expression and regulation skills
- Anxiety management and relaxation skills
- Trauma processing and integration
- Personal safety and other important empowerment activities
- Resilience and closure

TRAUMA FOCUSED INTERVENTIONS

- Assist in overcoming avoidance or trauma-related memories, beliefs and feelings
- Helps children to regain a sense of control over the trauma.
- Assist in the ability to think and talk about the trauma without feeling overwhelmed

TRAUMA FOCUSED INTERVENTIONS

- De-stigmatizes the potential shame
- Normalizes symptoms as common and understandable responses to trauma
- Facilitates exposure to the trauma details to help process the traumatic memory which helps in resolving PTSD symptoms

TARGET CRITERIA FOR TF-CBT

- Child is 3-17 years of age
- Child has a trauma history
- Child has significant symptoms of PTSD
- Child May have other trauma related problems
- Parent Caregiver Involvement is highly desirable

TF-CBT IS NOT INDICATED

- Child does not have a trauma history
- Client does not have a significant mental health symptom related to a traumatic event
- Child has severe cognitive disabilities, autism spectrum disorder or other problems that make it impossible for them to engage in cognitive therapy
- Problems to be managed before considering:
  - Imminent safety
  - Lack of a supportive caregiver
  - Severe disruptive behavior problems

WHY

- 12 empirical studies have shown its efficacy
- Outcomes are better
- Follow-up studies, 2 years after, have proven improvement is sustained
- Effectively prevents long-term effects of childhood/adolescent trauma
- Often works with as few as 12 sessions – sometimes takes 16-20 sessions
- Tested and found to work with children in foster care
- Works across cultures and languages

*Crucial that therapeutic rapport be established with children and parents!

PRACTICE

- **P – Psychoeducation for children and caregivers regarding impact of trauma on children**

- **P- Parenting for parents who need additional information on discipline and child rearing practices**

PRACTICE

- **R – Relaxation techniques for parents and children – Implement and practice**

PRACTICE

- **A – Affect, emotional expression and modulation to help cope with broad range of emotions**

PRACTICE

- **C – Cognitive coping, processing to see relationship between thoughts, feelings, behaviors**

PRACTICE

- **T – Trauma narrative is essential part of the model**

PRACTICE

- **I – In vivo mastery of trauma – mastery over avoidance behaviors, no longer dangerous**

PRACTICE

- **C – Conjoint child and parent sessions to help child and parent process and discuss trauma**

PRACTICE

- **E – Enhancing future safety and development: Make plans and implement for security**

GOALS TO IMPROVE

- Depression and anxiety
- Behavioral problems / Sexualized behaviors
- Shame
- Interpersonal trust and Social competence
- *Parents will improve in same areas

PACING TRAUMA TREATMENT

HONOR
YOUR
PACE

TRAUMA WORKBOOK

WHAT IS A TRAUMA NARRATIVE

- Trauma narrative is a form of gradual exposure therapy.

- The gradual exposure allows the client to experience feelings, thoughts, and memories in small amounts in a safe/controlled environment

TRAUMA NARRATIVE: BENEFITS TO TREATMENT

- Helps break associations between harmless stimuli and danger/trauma.
- Helps identify inaccurate thoughts related to the trauma. Ex. It is my fault, I could have stopped it.

TRAUMA NARRATIVE: BENEFITS TO TREATMENT

- Allows client to tolerate memories without significant emotional distress.

- Allows for avoidance to be ended.

WHEN ARE CLIENTS READY?

- When psychoeducation, emotion/feelings identification, and coping skills are covered.
- Client needs to be able to have ability to use coping skills, they don't have to be experts but do need to have effectiveness. Ex. Reduce anxiety from 7 to a 4

WHEN ARE CLIENTS READY?

- Client needs to be in a safe and stable environment when this is used.

- Do not really want to use the TF-CBT narrative if client is still in unsafe environment where abuse is still occurring.

WHEN ARE CLIENTS READY?

Not a good idea to use if child is being moved to another foster home or in unstable environment.

Do not want to introduce if there is going to be a break in therapy/treatment.

ORGANIZING TRAUMA NARRATIVE

Narrative can take many different forms. Written, Drawn, Oral (therapist can write it down), for younger clients play therapy can be used (therapist can write it down).

TOPICS FOR NARRATIVE

- **First time, last time, most remembered, worse time, disclosure, interview, medical exam, legal proceedings, about therapy.**

- **When ending the narrative want to focus on positives for the future.**

POINTERS

Let the client pick what they want to discuss. (give them as much control as possible)

Use open ended questions:

- What were you thinking/saying to yourself?
- What were you feeling?
- What happened next?

POINTERS

use clarifying/reflective statements:

- tell more about it
- I wasn't there, so help me understand what it was like
- Active/reflective ex. "so your dad was touching….."

POINTERS

- You can interrupt to do coping skills if child appears overly anxious.

- Do not process any difficult, inaccurate, or unhelpful thoughts that come up. Keep them in the moment, move slowly. (can process these things after entire narrative completed or end of session) ex. I think I am so stupid.

POINTERS

- At end of session review coping skills or other topic such as emotional identification.

- Review previous sessions before moving on. (Decreases avoidance, allows comfort to increase).

POINTERS

- Remember they do not have to write about all the trauma.

- Allow the client to choose if they want to share the narrative with the a support person.

- Prepare the support person prior to the joint session

LASTLY

Remember it is about allowing them to process the trauma, address avoidance, and giving them control back in there lives.

BREAK