

INTERVENTIONS

Cognitive Behavioral Therapy (CBT) is a structured, evidence-based form of psychotherapy that focuses on the relationship between **thoughts, emotions, behaviors, and physical responses**.

The basic idea is: **What we think → influences how we feel → influences what we do → which can reinforce what we think.**

CBT helps clients identify patterns that may be keeping them stuck and develop healthier, more effective ways of responding.

Situation → Thoughts → Feelings → Behaviors → Consequences

For example:

Situation: A person doesn't respond to your text.

Thought: "They're mad at me. I must have done something wrong."

Emotion: Anxiety, sadness, rejection.

Behavior: Repeatedly checking the phone or sending multiple messages.

Consequence: Short-term relief may occur when they respond, but the anxiety can become reinforced.

CBT helps the client slow down this cycle and examine whether the thought is accurate, helpful, or based on an assumption.

CBT is commonly used because it gives clients practical skills they can use both inside and outside of therapy. It can help people:

- Identify unhelpful thought patterns
- Challenge cognitive distortions
- Develop healthier coping skills
- Regulate difficult emotions
- Change behaviors that maintain distress
- Improve problem-solving
- Reduce avoidance
- Increase confidence and self-efficacy
- Develop more balanced perspectives
- Recognize patterns between thoughts, emotions, and behaviors

Cognitive Restructuring

Examining and challenging unhelpful thoughts. Instead of: "I'm a complete failure."

Working toward: "I made a mistake, but that doesn't mean I'm a failure."

Behavioral Activation

Encouraging meaningful or rewarding activities when depression or withdrawal has caused someone to stop engaging with life.

Exposure

Gradually approaching feared situations rather than consistently avoiding them.

Behavioral Experiments

Testing whether a person's prediction or belief actually happens.

Problem-Solving

Breaking overwhelming problems into manageable steps.

Skills & Homework

Clients may practice specific skills between sessions so therapy becomes something they apply, rather than something that only happens in the therapy room.

CBT Recap:

"What is happening?" → "What are you thinking?" → "What are you feeling?" → "What are you doing?" → "Is this pattern helping you or keeping you stuck?" → "What could we try differently?"

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CBT Activities

Thought Records

Have the client identify:

- The situation
- Automatic thought
- Emotion
- Evidence supporting the thought
- Evidence against the thought
- A more balanced thought

Example:

"My supervisor corrected me, so I'm terrible at my job."

→ *"I received feedback about one area I can improve. That doesn't mean I'm bad at my job."*

Identifying Cognitive Distortions

Help clients recognize patterns in their thinking, such as:

- All-or-nothing thinking
- Catastrophizing
- Mind reading
- Fortune telling
- Overgeneralization
- Personalization
- Emotional reasoning
- "Should" statements
- Discounting the positive

A useful therapist question is:

"What type of thinking pattern might be showing up here?"

Socratic Questioning

Rather than telling clients that a thought is inaccurate, guide them toward examining it themselves.

Questions might include:

- *What makes you believe this is true?*
- *What evidence supports it?*
- *What evidence doesn't support it?*
- *Is there another possible explanation?*
- *What would you tell a friend in this situation?*
- *Are you assuming something you don't actually know?*

Behavioral Experiments

Test a client's prediction instead of simply talking about it.

Client belief:

"If I speak up in a meeting, everyone will think I'm stupid."

The therapist might develop a small experiment where the client speaks once during a meeting and records what actually happens. The goal is to compare **prediction vs. reality**.

Behavioral Activation

Especially useful when depression has led to withdrawal or loss of motivation.

Help the client schedule activities involving:

Pleasure + Mastery + Connection

For example:

- Going for a walk
- Calling a friend
- Completing a small household task
- Returning to a hobby

The focus isn't necessarily on feeling motivated first.

It's often: **Action → increased engagement → improved mood**

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CBT Activities

Graded Exposure

Help clients gradually approach situations they've been avoiding.

Create a fear hierarchy from least distressing to most distressing and work through it gradually.

This can be particularly useful for anxiety, phobias, panic, and avoidance.

Problem-Solving

Break an overwhelming problem into smaller steps.

Define the problem → Generate options → Evaluate options → Choose one → Try it → Review

This helps clients move from: *"I can't deal with this."*

to: *"What's one thing I can do about this?"*

Coping Skills Training

Teach practical strategies for managing distress.

Examples:

- Grounding
- Breathing
- Progressive muscle relaxation
- Mindful awareness
- Self-talk
- Distraction
- Coping statements

Cognitive Reframing

Help clients examine rigid or unhelpful interpretations and develop a more balanced perspective.

Instead of: *"I failed, so I'm a failure."*

Work toward: *"This didn't go the way I wanted, but I can learn from it."*

Activity Monitoring

Have clients track what they're doing and how they feel throughout the day.

This can reveal relationships between: **Activity → Thoughts → Emotions → Behavior**

It's especially useful when clients say: *"I don't know why I feel this way."*

Core Belief Work

Explore deeper beliefs that may sit underneath recurring automatic thoughts.

Common core beliefs include:

- I'm unlovable.
- I'm incompetent.
- I'm unsafe.
- I'm a failure.
- I can't trust anyone.

The therapist works with the client to examine where these beliefs came from and whether they accurately reflect the client's current reality.

Coping Cards

Create a short card the client can keep on their phone or with them.

For example: *"This feeling is uncomfortable, not dangerous. I don't have to solve everything right now. I can take this one step at a time."*

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Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based therapy specifically designed to help children and adolescents who have experienced trauma, along with their non-offending caregivers.

TF-CBT combines **cognitive-behavioral strategies with trauma-focused interventions** to help young people process **what happened, develop healthy coping skills, and reduce trauma-related symptoms**. The goal isn't to make the client forget the trauma. It's to help them understand that what happened to them does not have to control how they feel, think, or function moving forward.

TF-CBT addresses the connection between:

Trauma → Thoughts → Emotions → Behaviors → Physical responses

Trauma can change the way a child understands themselves and the world.

For example:

Trauma:

A child experiences abuse.

Thought:

"I should have stopped it."

Emotion:

Shame, fear, guilt.

Behavior:

Avoidance, withdrawal, aggression, difficulty trusting others.

Trauma response:

The child continues to feel unsafe even when they are no longer in danger.

TF-CBT is commonly described using the **PRACTICE** components:

P — Psychoeducation & Parenting Skills: The therapist teaches the child and caregiver about trauma and trauma responses. Caregivers also learn strategies for supporting the child.

R — Relaxation: Children learn skills for managing physiological responses to stress.

Examples include:

- Breathing
- Relaxation exercises
- Grounding
- Muscle relaxation

A — Affect Modulation: Children learn to identify, understand, and regulate emotions.

C — Cognitive Coping: Children learn how thoughts influence feelings and behaviors.

They begin identifying thoughts such as: *"It was my fault."* and working toward more accurate beliefs.

T — Trauma Narrative & Processing: The child gradually develops a narrative about their traumatic experience and processes the thoughts and emotions associated with it.

This is an important part of TF-CBT—but it is not simply asking a child to repeatedly tell the story of their trauma.

I — In Vivo Mastery: When appropriate, the therapist helps the child gradually face trauma-related fears or avoided situations in a safe and structured way.

C — Conjoint Child-Parent Sessions: The child and caregiver may work together to communicate about the trauma and practice skills.

E — Enhancing Safety & Future Development: The therapist helps the child and caregiver develop strategies for recognizing danger, increasing safety, and moving forward.

One important distinction between traditional CBT and TF-CBT is the active role of the caregiver.

The caregiver can help the child: Feel safe, Practice coping skills, Understand trauma responses, Correct inaccurate beliefs, Improve communication, Strengthen attachment, and Rebuild trust.

The caregiver also receives support and education because a child's recovery doesn't happen in isolation. TF-CBT is specifically designed around the developmental needs of children and adolescents.

It recognizes that children may communicate trauma through: Play, Behavior, Art, Avoidance, Physical symptoms, Emotional reactions, and/or Storytelling.

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TF-CBT Activities

Psychoeducation About Trauma

Teach the child and caregiver about trauma and common trauma responses.

Explore:

- Fight, flight, freeze, and fawn responses
- Why trauma memories can feel "present"
- Common emotional and behavioral reactions
- How the brain and body respond to perceived danger

Goal: Help the child understand, *"My reactions make sense given what I've experienced."*

Feelings Identification

Help children recognize and label emotions associated with their experiences.

Interventions can include:

- Feelings charts
- Emotion cards
- Drawing emotions
- Emotion thermometers
- "Where do you feel it in your body?"

Goal: Increase emotional awareness and vocabulary.

Relaxation & Grounding

Teach skills to help children regulate their nervous system.

Examples:

- Belly breathing
- Progressive muscle relaxation
- Grounding through the five senses
- Guided imagery
- Movement
- Mindful breathing

For younger children, this might look like: *"Smell the flower, blow out the candle."*

Affect Regulation

Help children understand that emotions are information, but they don't have to control behavior.

Practice:

- Identifying emotional intensity
- Naming triggers
- Choosing coping strategies
- Recognizing escalation
- Learning when to take a break

A useful question: *"What is your feeling trying to tell you, and what can you do with it?"*

Cognitive Coping

Help the child recognize the connection between: **Thoughts → Feelings → Behaviors**

For example:

Thought: *"It was my fault."*

Feeling: *Guilt and shame.*

Behavior: *Withdrawal.*

The therapist can help the child examine the belief and develop a more accurate interpretation.

Cognitive Processing & Reframing

Trauma can create inaccurate or harmful beliefs. The therapist helps the child examine these beliefs and develop healthier, more accurate ones. Common trauma-related beliefs include:

- *"It was my fault."*
- *"I should have stopped it."*
- *"Nobody can be trusted."*
- *"I'm damaged."*
- *"I'm not safe anywhere."*
- *"Everyone will hurt me."*

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TF-CBT Activities

Trauma Narrative

One of the hallmark components of TF-CBT is helping the child gradually create and process a trauma narrative. Depending on developmental level, this might involve:

- Writing
- Drawing
- Storytelling
- Books
- Comics
- Worksheets
- Creating chapters
- Talking through memories

The narrative is developed gradually and at an appropriate pace, rather than forcing disclosure before the child has adequate coping and emotional regulation skills.

Trauma Reminders & Triggers

Help the child identify things that remind them of the trauma. Then teach the child strategies for responding to those reminders.

Triggers might include:

- *Places*
- *People*
- *Smells*
- *Sounds*
- *Dates*
- *Certain words*
- *Physical sensations*
- *Situations*

Gradual Exposure / In-Vivo Mastery

When appropriate, help the child gradually approach safe situations that they have begun avoiding because of trauma-related fear.

Example:

A child becomes afraid to sleep alone after experiencing a traumatic event.

The therapist might develop gradual steps toward sleeping independently rather than expecting the child to immediately stop avoiding it.

Caregiver Psychoeducation

Caregivers learn about:

- Trauma responses
- Triggers
- Avoidance
- Emotional regulation
- Reinforcement
- Effective communication
- Supporting the child's coping skills

This can help caregivers respond with understanding rather than punishment or misunderstanding.

TF-CBT can include structured opportunities for children and caregivers to communicate about difficult experiences.

This can help address:

- Shame
- Misunderstandings
- Avoidance
- Fear
- Questions
- Trust
- Emotional connection

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TF-CBT Activities

Praise & Positive Reinforcement

Help caregivers recognize and reinforce healthy coping and adaptive behaviors.

Instead of focusing exclusively on: *"Stop doing that."*

the caregiver learns to notice: *"I noticed you were really scared and you used your breathing skill. That's a great coping strategy."*

Coping Skills Toolbox

Create a physical or digital "coping toolbox" containing strategies the child can use when overwhelmed.

It might include:

- Comfort item
- Drawing materials
- Music
- Grounding activity
- Breathing exercise
- Coping statements
- Favorite book
- Sensory activity

Conjoint (Family) Sessions

Bring the child and caregiver together when clinically appropriate to practice skills and communication.

This can allow the child to:

- Share parts of their experience
- Ask questions
- Receive support
- Correct misconceptions
- Experience caregiver validation