Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Children and Adolescents

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“History, despite its wrenching pain, cannot be unlived...but, if faced with courage, need not be lived again”

Maya Angelou

Adverse Childhood Experiences (ACE)

Trauma-focused cognitive behavioral therapy gives children and adolescents the tools they need to face their trauma, process what happened, learn coping skills to manage their feelings about it, write and draw pictures about it, and share that experience with a safe adult.
### ACE’s Often Become Public Health Problems

<table>
<thead>
<tr>
<th>Alcoholism</th>
<th>Physical Inactivity</th>
<th>Drug Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe Obesity</td>
<td>Depression</td>
<td>Liver Disease</td>
</tr>
<tr>
<td>Suicide Attempts</td>
<td>Heart Disease</td>
<td>Insufficient Sleep</td>
</tr>
<tr>
<td>Skeletal Fractures</td>
<td>Smoking</td>
<td>Hallucinations</td>
</tr>
<tr>
<td>Poor Health</td>
<td>Hypertension</td>
<td>Multiple Sex</td>
</tr>
<tr>
<td>Partners</td>
<td>Lung Disease</td>
<td>STI’s</td>
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<tr>
<td>Cancer</td>
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#### TF-CBT

Can minimize the ripple effects of ACE’s by interrupting ongoing repetitive trauma through psycho-education and the disruptive impact of accumulating trauma over time.
TF-CBT Developers

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PRACTICE

P – Psychoeducation/Parenting
R – Relaxation
A – Affect Expression and Modulation
C – Cognitive Coping
T – Trauma Narrative and Processing
I – In-Vivo Mastery
C – Conjoint Sessions
E – Enhancing Safety and Future Development
When is TF-CBT Appropriate?

✓ Evidence of Childhood Trauma
✓ Possible link between trauma and current difficulties
✓ Ages 3-18
✓ Some memory of Trauma
✓ Single, multiple and complex trauma
When is TF-CBT Not Appropriate?

✓ Actively Suicidal
✓ Dangerous acting out behaviors
✓ Active Substance Abuse
✓ Placement very brief/temporary
✓ No memory of trauma
✓ Ongoing contact with person who abused the child
TF-CBT includes the Child/Adolescent, the Caregiver, and the Family
Specifics of Treatment

- Child and Caregiver are seen for individual sessions of approximately equal length
- Most often the same therapist sees both the child and the caregiver
- Parameters of Confidentiality
  - Brief skills-focused conjoint sessions in early stages to practice skills together
  - Longer conjoint sessions that are increasingly trauma focused as therapy proceeds
- Clients should always be highly prepared for conjoint sessions to increase chances of success
Therapeutic Engagement with Child

Discussion of session structure and confidentiality
Rapport building
Baseline Assessment
Neutral Narrative
Baseline trauma narrative (gradual exposure)
Assessing comfort and communication skills
End with positive discussion or Activity

Therapeutic Engagement with Caregiver

How Children feel when they experience trauma
Who experienced the identified trauma
What can children do when they experience trauma
Why some children don’t tell about sexual/physical abuse, domestic violence
Therapeutic Hurdles that cause Disengagement

Two thirds of children in need of mental health counseling, do not receive services at time of trauma.

No show rates can be as high as 50%.

Drop outs occurring after two or three sessions are very common.

There are concrete and attitudinal obstacles that can decrease the likelihood of children getting to their appointments for counseling.
TF-CBT Core Values

Components Based – Allows for Flexibility

Respectful of cultural and religious values

Adaptable to age, gender,…

Family focused with expectation for involvement of caregivers and siblings

Therapeutic relationship is central

Self efficacy focused with highlight on strengths with praise
Psycho-Education

“What Do You Know?” A Bilingual Therapeutic Card Game

“The ABC’s of Personal Safety” “My Body Belongs to Me”

PLAY Cards, Legos, Dollhouse, Jenga

ART Question and Answer Game

ART Drawing, coloring, painting, play doh

Stories “A Terrible Thing Happened” “ABC Feelings” “About Me” “Maybe Days” “Finding the Right Spot”
Parenting Skills

Behavior Management Skills
Use of Praise, Reflective listening, selective attention, (teach others how we want to be treated)

Explain how children learn behavior

Explain trauma related symptom development

Encourage Adaptive behaviors (Global praise, specific praise, reflective listening, enhancing cooperation, selective/differential attention, time out, creating family rules, contingency reinforcement, PRACTICE)

Breathing, Mindfulness, Meditation

Affect expression and Affect Regulation
Relaxation

Progressive muscle relaxation  (Head to toe)
Image-induced relaxation    (Visalizations)
Focused breathing            (Belly Breathe - ELMO)
Meditation                   (Music/white noise/)
Mindfulness Exercise         (Grounding….focus on here and now)
Present Focus Activities     (What color is the carpet/wall/desk)
“BELLY BREATHE”

ELMO – SESAME STREET

https://youtu.be/_mZbzDOpylA
Affect Expression & Modulation

Affect Expression Skills – Identifying and expressing Feelings

Affect Regulation – Accepting, labeling, expressing Feelings and gradual exposure during the trauma narrative
Cognitive Coping

Talking to Ourselves
Acknowledging internal thoughts and dialogues
ID and tracking internal thoughts (journaling)
Sharing internal thoughts
Examining thoughts, feelings, and behaviors
(Non-trauma related thoughts only)
Cognitive Triangle..........(Events)   Thoughts-Feelings-Behaviors
Coping Diamond – Include Bodily Sensations
Read Books about cognitive coping “The little engine that could”
   the movie “TROLLS”
Thought record

YouTube trailer
TROLLS

JUSTIN TIMBERLAKE

ANNA KENDRICK

“CAN’T STOP THE FEELING”

https://www.youtube.com/watch?v=oWgTqLCLE8k
Trauma Narrative and Processing

Reasons we avoid trauma discussion

Reasons to directly discuss traumatic event(s)

Before beginning narrative, read a children’s book about the trauma they experienced "Something is wrong at my house" "Someone I loved died"

Structure and collaborate session with the child

Offer choices

Utilize “tell me about the first time”

Elicit thoughts, feelings and body sensations

Be patient with pauses and silence

Remain as reality based as possible

Help child regain composure by end of session (positive ritual/song, video/they choose)
Trauma Narrative Development

Create a cover for your book/story

Child dictates narrative to therapist when under age 10 (younger children draw pictures about the trauma)

First chapter introduces child with name, age, favorite hobby or positive memory

Many children write from least anxiety provoking to most

Another option is to write in chrono order forward or backward in time

When the narrative is complete, chapters may be organized, chronological and may type it on computer, add pictures

Add counseling process, court, medical exam, family trauma

Most traumatic/disturbing/embarrassing traumatic episode
In Vivo Mastery

To decrease trauma-related avoidant behavior (school, sleep)
Design a plan

Collaborate with the caregiver

Have confidence in the plan

Gradually expose child to innocuous trauma stimuli

Praise and reinforce child’s efforts (use thought record)
Cognitive Processing

- Praise the sharing of feelings
- Identify dysfunctional thoughts
- Formulate possible replacement thoughts
- Develop Socratic Questioning
- Use humor, exaggeration, detective approach
- Challenge dysfunctional thoughts
- Examine contradictory evidence/facts
- Test the accuracy of thoughts
- Use role play (best friend)
Conjoint Sessions

Initial phase of treatment may be brief skill building sessions
- Caregiver practicing praise
- Mutual exchanging of praise
- Child teaching caregiver relaxation skills
- Caregiver practicing reflective listening

Final phase of treatment is review and practice of skills
- Play “what do you know” game
- Sharing trauma narrative when clinically appropriate
- Clarifying questions or confusion about trauma
- Role playing personal safety skills with parent
Enhance Safety & Future Development

- Sex Education (with parents permission)
- Practice Confident Communication (Assertiveness skills training)
- Review Safety Rules
- Touching Rules
- Improve problem solving and general skills for any child exposed to family violence (no secrets)
- “My Body Belongs to Me”
- Increase knowledge and awareness (Knowledge is Power)
- Review and practice safety rules
- With adolescents review and practice dating safety
Preparing to End Therapy

- Review skills and progress achieved
- Fade out and plan booster session (anxiety/depression/court)
- Discuss plan, encourage confidence in managing setbacks
- Emphasize caregiver’s role as a continued therapeutic resource for the child
- Plan and celebrate clients’ therapy graduation

CELEBRATE WITH AN END OF THERAPY PARTY!
TF-CBT WEB BASED TRAINING & TF-CBT THERAPIST CERTIFICATION TRAINING

Medical University of South Carolina  www.musc.edu/tfcbt

Rowan University  New Jersey  www.rowan.edu/tfcbt

CARES INSTITUTE
References


Resources
Red Flag green flag:  ABC’s of Personal Safety, Carol Grimm
Your Body Belongs to You, Cornelia Maude Spelman
Moody Cow Meditates, Kerry MacLean
Finding The Right Spot, Janice Levy
ABC Feelings, Alexandra Dells-Abrams, PhD
About Me, Randall G Holland, PhD
The Foster Care Guide for Kids, Laura Greer
Maybe Days, A Book For Children in Foster Care, Jennifer Wilgocki and Marcia Kahn Wright
A Terrible Thing Happened, Margaret M Holmes
What Do You Know?  A Therapeutic Card Game, CARES Institute Rowan
THANK YOU