

Trauma-focused Cognitive Behavioral Therapy for Children and Parents

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Overview of Practice Components



PRACTICE components

- Psychoeducation and parenting skills
- Relaxation
- Affective expression and regulation
- Cognitive coping
- Trauma narrative development & processing
- In vivo gradual exposure
- Conjoint parent child sessions
- Enhancing safety and future development



Psycho-education

- Begins during first session and continues throughout treatment
- Provide information about trauma, common psychosocial reactions, etc.
- Review benefits of early, effective tx
- Explain treatment plan and **theoretical rationale** for skills, exposure and processing



Initiating Treatment with Caregivers

- Review assessment findings
- Encourage optimism, but predict possible temporary resistance or exacerbation of symptoms
- Establish parameters of confidentiality
- Provide overview of treatment model
- Establish time-frames
- Highlight the caregiver's role



Parent Skills Training

- Highlight importance of modeling healthy coping (i.e. importance of taking care of self)
- Emphasize powerful parental influence in improving child behavior patterns
- Review and observe parent child interactions
- Refocus parental attention on child's strengths and encourage use of praise



Praise

- Focus on actively praising the child
 - Praise a specific behavior
 - Provide praise ASAP after behavior occurs
 - Be consistent
 - Do not qualify your praise
 - Praise with much greater intensity and frequency as compared to the intensity and frequency of criticism
- "Catch your child being good!"
- Offer "global" praise generously (i.e. I'm so proud to be your parent; I love you)



Parent Skills Training cont'd

- Decrease negative attention to problem behaviors (i.e. reduce yelling and encounter discussions)
- Create or re-establish structure, rituals and rules (3-5)
- Utilize **effective** negative consequences (e.g. time out, loss of privileges, work chores, etc.)



Initiating Treatment with Children

- Orientation
- Rapport building
- Baseline assessment
- Integration with initial skills



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Coping Skills



Relaxation Skills Training

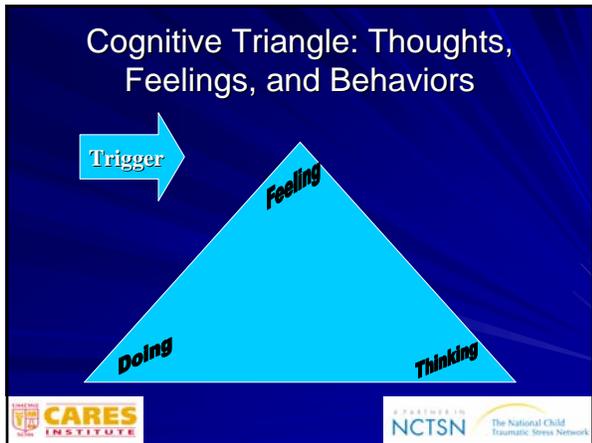
- Progressive relaxation – guided tension releasing exercises
- Image induced relaxation (e.g. wet noodle vs. tin soldier; rag doll; blowing bubbles)
- Relaxing the mind via mindfulness



Affect Expression and Regulation Skills Training

- Accepting feelings
- Labeling feelings
- Identifying feelings in self and others – *look, listen and ask*
- Expressing feelings – *show and tell*
- Coping with the wide array of feelings associated with trauma





- ### Cognitive Coping Skills Training
- "Talking to ourselves": acknowledging internal thoughts and dialogues
 - Identifying and tracking internal thoughts
 - Sharing internal thoughts
 - Examining the interrelationships of thoughts, feelings and behaviors
- CARES INSTITUTE**
- A PARTNER IN **NCTSN** The National Child Traumatic Stress Network

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Education- low level GE

- What is domestic violence, child sexual abuse?
- Who abuses children?
- How do children feel when they have experienced (identified trauma)?
- Why does sexual abuse, violence, etc. occur?
- Why don't children tell about sexual abuse, domestic violence or other trauma ?



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The Trauma Narrative



Preparation for Gradual Exposure

- Establish rapport
- Assess communication skills
- Assess anxiety responses to abuse-related stimuli
- Formulate tentative hierarchy of increasingly anxiety provoking stimuli
- Encourage the sharing of detailed narratives about a recent positive experience for practice



Gradual Exposure With Children

- Present treatment rationale frequently (use age-appropriate analogies)
- Structure and direct session
- Offer limited control with choices
- Use age appropriate creative methods
- Remain as reality based as possible
- Encourage expression of feelings, thoughts and sensations
- Help child regain composure (relaxation)



Direct Discussion of Trauma

- Reasons we avoid this with children:
 - Child discomfort
 - Caregiver discomfort
 - Therapist discomfort
 - Legal issues
- Reasons to directly discuss traumatic events:
 - Desensitization
 - Resolve avoidance symptoms
 - Correction of distorted cognitions
 - Model adaptive coping
 - Identify and prepare for trauma/loss reminders



Facilitating Detailed Narratives

- Ask broad, open-ended questions
 - What were you thinking?
 - What were you saying to yourself?
 - How were you feeling?
 - What happened next?
- Make clarifying and reflective statements
 - Tell me more about it...
 - I wasn't there, so tell me...
 - I want to know all about...
 - Repeat the part about...
 - So, your uncle began touching your vagina...



Sample Gradual Exposure Hierarchy

- General info about childhood trauma
- Nonabusive interactions with offender
- The disclosure and investigation
- The first or most recent traumatic episode
- Other specific episodes of trauma
- The most disturbing or embarrassing traumatic episodes



Gradual Exposure Hints

- Help child re-create the scene
- Avoid asking – do you remember?
- Be patient with pauses and silence
- Do not plan GE for the end of session



Modes of Gradual Exposure

- Reenactment with play materials
- Visualization describing thoughts, feelings and sensations
- In vivo exposure
- Creative products depicting or describing the abuse (e.g., drawings, poems, books, etc.)
- Pop culture: songs, movies, TV shows



■ My uncle came into my room to kiss me goodnight. He pulled down the covers and touched me down there. I felt scared. I pretended I was asleep. When he was done, he left. The next morning I got up and my uncle said, "Good morning, how are you?" and I said, "Fine". I went to school.



■ My uncle came into my room to kiss me goodnight. I felt good. He pulled down the covers and touched me down there, on my vagina. I felt scared and dirty, and thought why is he doing this, he's my favorite uncle. I pretended I was asleep. When he was done touching my vagina, he left. The next morning I got up and my uncle said, "Good morning, how are you?" and I said, "Fine". Inside I felt scared and I didn't know what to say or do. I went to school.



Managing Avoidance

- Praise child for his/her effort
- Repeat treatment rationale
- Slow down pace or take a step back
- Don't over attend to COWs
- Encourage use of coping skills
- Be creative
- Gently persist




Organizing the Narrative

- Help child put chapters in chronological order
- Re-read book for accuracy and dysfunctional thoughts
- Create positive ending (e.g. what was learned in counseling, personal strengths and resilience, expectations for the future)




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Follow-up to Trauma Narrative: Cognitive/Affective Processing

- Examine emotional responses to trauma
- Identify and list underlying thoughts
- Distinguish functional and dysfunctional thoughts
- Look for cognitive distortions




Examples of Cognitive and Affective Processing

- Sexuality
 - "Am I gay?" "I was abused because I dress sexy."
- Body Concerns
 - "I might die of AIDS." "I might be pregnant."
- Interpersonal Concerns
 - Family
 - "I tore apart my family."
 - Friends
 - "My friends think I'm a slut."
- Safety Concerns
 - "I will never trust another man." "I can't go anywhere alone."
- Self Image
 - "I am so stupid." "I am unlovable."




Self statements

can become self fulfilling prophecies.....




Dispute Dysfunctional Thoughts

- Identify helpful vs. hurtful thoughts
- Examine contradictory evidence/facts
- Test the accuracy of thoughts
- Use the Socratic method
- Use role plays (e.g. best friend)



Let's Practice:

Dear Dad,

I am writing because I have some things to tell you. I'm glad you are in jail now. Now you can't hurt me or other kids anymore. Everyone knows what you did to me. Some people think it was wrong, and some people think it was OK. I think you ruined my life. I keep asking why did I do that? I should have told you to stop. I'm really mad that I told 2 years too late.

From,
The daughter you hate



Organizing the Narrative

- Help child put chapters in chronological order
- Re-read book for accuracy and dysfunctional thoughts
- Create positive ending (e.g. what was learned in counseling, personal strengths, expectations for the future, summary)



My uncle came into my room to kiss me goodnight. I felt good. He pulled down the covers and touched me down there, on my vagina. I felt scared and dirty, and thought why is he doing this, he's my favorite uncle. I pretended I was asleep. When he was done touching my vagina, he left. The next morning I got up and my uncle said, "Good morning, how are you?" and I said, "Fine". Inside I felt scared and I didn't know what to say or do. I went to school.



What I Learned in Counseling

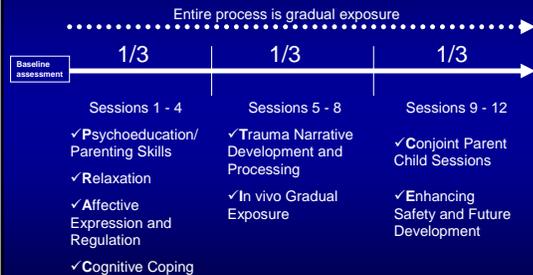
I came here because I was sexually abused by my uncle. I used to feel scared and dirty. Now I know my body is OK. I don't know why he did that, but he has a problem and it wasn't my fault.

I didn't know what to say or do about the sexual abuse. I felt like I didn't do anything, but I did. I told my Mom and a wrote a book about it. That makes me feel proud.

If this ever happens to you, you could say, "No!", get away and tell. If it's hard to say no or get away – just tell – that is the most important thing anyway! Tell someone you trust.



TF-CBT Sessions Flow



Parallel Work with Caregivers cont'd

- How caregivers talk to and behave towards children can greatly influence developing beliefs about self, others and the world.
- How might parents' feelings and thoughts about the trauma impact on their children's behaviors and developing beliefs?
- Provide parents with a forum to share their feelings and thoughts related to the trauma (even the socially undesirable ones)



Cognitive and affective processing for caregivers:

- Examine thoughts which are permanent, pervasive, or too personalized
 - Permanent: "My child will **never** be happy again."
 - Pervasive: "**No one** can be trusted with my child."
"The world is not a safe place."
 - Personalized: "This happened because I am a terrible parent."
"I **should** have known that man was a sex offender."
- "If my best friend had a child who experienced a similar traumatic experience, would I say to him or her what I am saying to myself?"
- "Would I want my child to overhear me making this statement out loud?"



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Sex Education/Personal Safety



My Body Song

*My body's nobody's body but mine
 You run your own body let me run mine
 Sometimes its hard to say NO and be strong
 When the no feelings come, then you
 know something's wrong
 My body's nobody's body but mine
 You run your own body let me run mine
 My body's mine from my head to my toes
 Leave me alone when you hear me say no*

www.petersalsop.com



Sex Education

- Dependent on the age of the child
- Broad or specific
 - Puberty
 - Sex vs. sexual abuse
 - Relationship issues
- Talk with caregiver first
- Resources



Personal Safety Skills

- Model open communication beginning use of accurate terms for private parts
- Start CSA education young and continue through adolescence
- Practice NO, GO and TELL
- Improve problem solving and assertiveness skills
- Increase awareness
- Counteract shame by enhancing confident body language



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Grief Focused Components

- Communicating about death
- Mourning the loss
- Addressing ambivalent feelings about deceased
- Preserving positive feelings
- Redefining the relationship, embracing new relationships
- Making meaning (Cohen, et al.,2006)



Goals for Joint Sessions

- Therapist models appropriate support of child
- Caregiver models skillful coping
- Facilitates open communication
 - Trauma knowledge and education
 - Sharing the trauma narrative
 - Sex education
 - Personal Safety




Goals for Joint Sessions Cont..

- Continuation of gradual exposure
- Correct cognitive distortions
- Prepare for challenges and traumatic reminders




Preparing for Joint Sessions: Sharing Narrative with Caregiver

- Assess caregiver's readiness
- Caregiver may not know details of what happened
 - Avoidance
 - Legal issues
- Explore what caregiver knows about the traumatic event
- Encourage caregiver's emotional reactions
- May use child's artwork, stories, drawings (with child's permission)
- Role-play caregiver – child interaction




Terminating Therapy

- Review skills and progress achieved
- Fade out and/or plan booster sessions
- Discuss and plan for natural setbacks
- Encourage clients' confidence in managing setbacks
- Emphasize parents' role as a continued therapeutic resource for the child
- Celebrate clients' therapy graduation




**History, despite its wrenching pain,
cannot be unlived.
But, if faced with courage,
need not be lived again.**

Maya Angelou
"On the Pulse of Morning"






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