

Working Through Trauma: Trauma Focused-Cognitive Behavioral Therapy For Children and Families

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Overview

- History of and Support For Trauma Focused-Cognitive Behavioral Therapy
- Components of TF-CBT for use with children and families
- Importance of the trauma narrative

Trauma Focused EBT: DROPS

- Developmentally and culturally appropriate
- Resiliency: not deficit based
- Overcome avoidance: mastery of trauma
- Parents important in treatment
- Skills and safety focused

"Best Practices"

- Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)
 - Kauffman Best Practices Project (2004)
www.nctsn.org/nctsn_assets/pdfs/reports/kauffmanfinal.pdf

What is TF-CBT?

- Components-based model of psychotherapy that addresses the unique needs of children with PTSD symptoms, depression, behavior problems, and other difficulties related to traumatic life experiences.
 - Child Sexual Abuse Task Force and Research & Practice Core, National Child Traumatic Stress Network (2004)

TF-CBT

- Based on learning and cognitive theories
- Designed to reduce children's negative emotional and behavioral responses and correct maladaptive beliefs related to trauma
 - PTSD symptoms:
 - Intrusive/upsetting memories, thoughts, dreams
 - Avoidance of things/situations/people (trauma reminders)
 - Emotional numbing
 - Physical reactions: hyperarousal, concentration, irritability
 - Depression
 - Anxiety
 - Sexualized behavior
 - Shame
 - Interpersonal trust
 - Social competence
 - Child Sexual Abuse Task Force and Research & Practice Core, National Child Traumatic Stress Network (2004)

TF-CBT

- Provides support to parents to cope with their own distress and respond to their traumatized children
 - Reduce depression
 - Reduce PTSD symptoms
 - Reduce emotional distress about child's trauma
 - Improve parenting practices
 - Support for child
 - Child Sexual Abuse Task Force and Research & Practice Core, National Child Traumatic Stress Network (2004)

Research Support

- TF-CBT is the most researched and most supported of all current treatments for childhood PTSD and child trauma
- More than 12 studies have demonstrated that TF-CBT helps children and families recover from trauma (PTSD symptoms, depression)
- Many studies have compared TF-CBT to supportive therapy, child-centered therapy, play therapy and results show that children receiving TF-CBT improved faster and more completely
- Children have shown improvements 1-2 years posttreatment

• Child Sexual Abuse Task Force and Research & Practice Core, National Child Traumatic Stress Network (2004)

What is Known About TF-CBT From the Research

- Works for children who have experienced any trauma, including multiple traumas
- Effective for children from diverse backgrounds
- Works in as few as 12 sessions
- Has been used successfully in clinics, schools, homes, residential treatment, inpatient settings
- Effective even if no parent involved in treatment
- Effective for children in foster care
- Used effectively in a variety of languages and countries

• Child Sexual Abuse Task Force and Research & Practice Core, National Child Traumatic Stress Network (2004)

TF-CBT and Cultural Competence

- TF-CBT has been successful in reducing PTSD symptoms in children of many different cultural backgrounds
- TF-CBT supports cultural competence by:
 - Using a highly collaborative approach respectful of cultural, community, and familial values
 - Parents are actively engaged in decision making
 - Parents are seen as experts regarding their children. Parents take a leadership role in joint sessions
 - Therapists work hard to understand cultural backgrounds
 - Therapists understand that cultural beliefs may affect parents views on reporting, meaning of sexual abuse, and sexual education

• Child Sexual Abuse Task Force and Research & Practice Core, National Child Traumatic Stress Network (2004)

Contraindications of TF-CBT

- Conduct problems or behavior problems prior to the trauma
- Suicidal or substance dependent

TF-CBT Skill Acquisition

- tfcbt.musc.edu
 - TF-CBT Web. A free on-line course which includes video demonstrations, scripts, cultural considerations, resources, self-tests, CEUs
- Cohen, J. A., Mannarino, A., & Deblinger, E., (2006). *Treating Trauma and Traumatic Grief in Children and Adolescents*. The Guilford Press
 - TF-CBT treatment manual
- Workshops, supervision, consultation

Clinical Assessment

- Need to assess for psychiatric disorders
- Goals:
 - Understand the child through comprehensive evaluation
 - Clinical interview
 - Observation
 - Standardized assessments
 - This is basis for effective treatment of child
 - Trauma resolution is goal of treatment
 - Making sense of event, regulate emotions, safe environment, resiliency, social supports

Assessment

- Comprehensive Assessment
 - Child Assessment-Interview/Observation
 - Parent Assessment-Interview/Observation
 - Input from others
 - Assessment instruments

Trauma-Influenced Problem Areas: Assessment of Child and Family

- Cognitive
- Relational
- Affective
- Family
- Traumatic behavior
- Somatic

• Cohen, Mannarino, Deblinger (2006)

Assessment Instruments

- Parent report measures
 - Achenbach Child Behavior Checklist (CBCL)
 - UCLA PTSD Index for DSM IV, (Parent Version)
 - Trauma Symptom Checklist for Young Children (TSCYC)
- Teacher report measures
 - Achenbach Teacher's Report Form (TRF)
- Self-report measures
 - Trauma Symptom Checklist for Children (TSCC)
 - UCLA PTSD Index for DSM IV, (Child Version) (Adolescent Version)

What Are the Core Values of TF-CBT? (CRAFTS)

- Components based
- Respectful of cultural values
- Adaptable and flexible
- Family focused
- Therapeutic relationship is emphasized
- Self-efficacy is emphasized

• Cohen, Mannarino, Deblinger (2006)

Components of TF-CBT (PRACTICE)

- Psychoeducation
- Parenting skills
- Relaxation and stress management
- Affective expression
- Cognitive coping and processing
- Trauma narrative
- In vivo mastery of trauma reminders
- Conjoint child-parent sessions
- Enhancing future safety and development
 - Child Sexual Abuse Task Force and Research & Practice Core, National Child Traumatic Stress Network (2004)

Components of TF-CBT: Psychoeducation

- What is TF-CBT?
 - Child is having trauma symptoms
 - Symptoms need to be addressed in order to avoid long-term difficulties
 - Talking about the trauma is important
 - Implementation will be gradual/supportive
 - Collaboration with parent
 - Respect culture/religious/family values
 - Cohen, Mannarino, Deblinger (2006)

Components of TF-CBT: Psychoeducation

- Provide education throughout the course of treatment
 - about child abuse
 - reactions of victims
 - normalization
 - safety skills
 - healthy sexuality
 - diagnosis and treatment
 - parent management of symptoms
 - Cohen, Mannarino, Deblinger (2006)

Components of TF-CBT: Parenting Skills

- Teach
 - Praise
 - Selective attention
 - Time out
 - Contingency reinforcement schedules (behavior charts)
 - Cohen, Mannarino, Deblinger (2006)

Components of TF-CBT: Relaxation

- Reduce physiological manifestations of stress and PTSD
- Taught prior to trauma narrative
 - Focused breathing
 - Mindfulness
 - Progressive muscle relaxation
 - Cohen, Mannarino, Deblinger (2006)

Components of TF-CBT: Affective Expression and Modulation

- Help children identify, express, and manage feelings more effectively
- Learn how parent is managing feelings so they can develop affective modulation skills and cognitive coping skills to model coping for the child
- Thought interruption and positive imagery
- Positive self-talk
- Safety
- Enhance problem solving and social skills
 - Cohen, Mannarino, Deblinger (2006)

Components of TF-CBT: Cognitive Coping and Processing Part I

- Explore thoughts in order to challenge and correct inaccurate and unhelpful cognitions
- Thoughts <--> Feelings<--> Behaviors

• Cohen, Mannarino, Deblinger (2006)

Components of TF-CBT: Trauma Narrative

- Teach parent and child why trauma narrative is important
- Introduce books
- Gradual exposure
- Unpair thoughts, feelings and reminders of the trauma from overwhelming negative emotions
- Describe in detail what happened before, during, after the trauma and thoughts and feelings
- Identify dysfunctional thoughts/beliefs that may underlie emotional and behavioral difficulties.
- Desensitize the child to traumatic reminders, decrease avoidance, and hyperarousal
- Integrate traumatic experience into child's life
- Write narrative in book format, include worst memory/worst moment

• Cohen, Mannarino, Deblinger (2006)

Sharing the Trauma Narrative With the Parent

- Teaches the child that the parent can tolerate the trauma narrative
- Parent will need to support child through this time
- May need to teach parent to identify and dispute dysfunctional thoughts

• Cohen, Mannarino, Deblinger (2006)

Components of TF-CBT: Cognitive Coping and Processing Part II

- Process the traumatic experience
- Identify, explore, correct trauma-related cognitive errors
- Address inaccurate and unhelpful cognitions

• Cohen, Mannarino, Deblinger (2006)

Components of TF-CBT: In Vivo Mastery of Trauma Reminders

- Resolve fears that interfere with the child's ability to function optimally
- Identify feared situation, develop in vivo exposure plan, increase exposure to feared stimuli, praise success
- Result is sense of mastery and competence

• Cohen, Mannarino, Deblinger (2006)

Components of TF-CBT: Conjoint Child-Parent Sessions

- Goals: Education, read trauma narrative, open communication
- Family and therapist decide on structure of sessions
- Likely topics of conjoint sessions: attributions regarding trauma, safety planning, healthy sexuality/relationships, sharing of emotions

• Cohen, Mannarino, Deblinger (2006)

Components of TF-CBT: Enhancing Future Safety and Development

- Increase self-efficacy and preparedness
- Knowledge is power

How Do You Know When Treatment Is Over?

- Child and parent will report relief from symptoms
- Parent will feel comfortable managing child's behavior and trauma symptoms
- Safety plan is in place

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