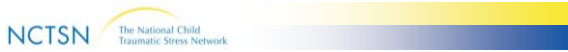


# Trauma-Focused CBT for Childhood Traumatic Grief

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## Death as Trauma Leading to PTSD/PTSS

- A: Person was exposed to: **death**, threatened death, actual or threatened serious injury, or actual or threatened sexual violence,
  - B: Hyperarousal symptoms, e.g., intrusive thoughts, memories, dreams, with physical and/or psychological distress
  - C: Avoidance of reminders or cues
  - D: Negative trauma-related mood or cognitions
  - E: Hyperarousal, e.g., irritability, poor attention, disrupted sleep, increased startle, risk taking
- > 1 month, functional impairment



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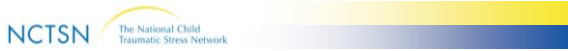
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## Many Traumatic Deaths Including...

- 70,000 opioid deaths/year, mostly young people, many of whom have children or child siblings
- Suicides, homicides primarily impact young people
- Motor vehicle, other accidents
- Mass disasters—natural, violence: e.g., Tree of Life shooting in Pittsburgh
- Sudden medical illnesses
- Pandemic—witness sudden, frightening death, cannot observe mourning rituals, personal threat



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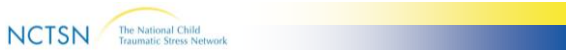
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### Tasks of Childhood Bereavement

- Experience the deep pain associated with death.
- Accept the permanence of death (varies according to developmental level).
- Reminisce about the deceased person—good and bad.
- Incorporate important aspects of the deceased into own identity
- Convert the relationship from one of interaction to one of memory
- Commit to new relationships
- Regain healthy developmental trajectory

Wolfelt (1996); Worden (1996)



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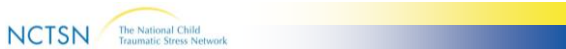
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### “Typical” Childhood Grief

- Children are able to engage in these tasks
- Emptiness, sadness, longing for the deceased, but without guilt, ↓self-esteem, death preoccupation
- Intensity: intense “pangs” (sadness, longing) interspersed with ~normal functioning
- Duration: self-limited; diminishes over the course of several weeks-months



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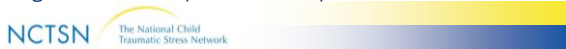
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### Childhood Traumatic Grief

- Similar terms: Maladaptive grief, complicated grief, Prolonged Grief Disorder (DSM-5-TR)
- Child develops trauma symptoms and complicated grief symptoms after death of important attachment figure
- Trauma symptoms: PTSD intrusion, avoidance, maladaptive cognitions and emotions, hyperarousal— that interfere with being able to engage in/resolve:
- Complicated grief symptoms e.g.: role confusion; persistent yearning; difficulty accepting the death; avoiding reminders, numbness, etc.
- May have one without the other, but with both, trauma- and grief-focused components are helpful



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### Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- Evidence-based treatment for traumatized children, adolescents and their parents/caregivers
- Short-term (12-20 sessions)
- Provided in parallel to child and surviving parent or caregiver, with several conjoint sessions for both

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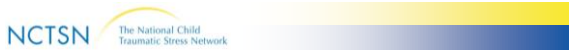
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### Who is TF-CBT For?

- Children 3-18 years with known trauma history and non-offending parent or caregiver
- Any traumas—single, multiple, complex
- Prominent trauma symptoms (PTSD, depression, anxiety, with/without behavioral problems)
- Parental/caretaker involvement is optimal but not required
- Settings: clinic, school, residential, inpatient, refugee, home
- Format: individual or group; face-to-face or telehealth

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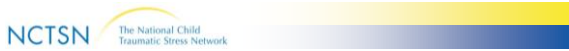
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### Evidence That TF-CBT Works

- 23 RCT comparing TF-CBT to other conditions
- TF-CBT → greater improvement in PTSD, depression, anxiety, behavior problems vs. comparison or control conditions
- Parents participating in TF-CBT also experienced greater improvement vs. parents participating in comparison conditions

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### TF-CBT for Childhood Traumatic Grief

- CTG: trauma symptoms interfere with child's ability to engage in typical grieving tasks
- Provide trauma- and grief-focused interventions:
- Trauma-focused components to resolve trauma symptoms
- Grief-focused components to engage in typical tasks of grieving
- Describe sequentially here for clarity; in practice, they are often integrated together

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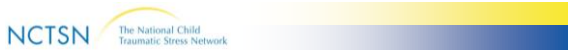
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### TF-CBT Components-Based Treatment: PRACTICE

#### Phase- Based Treatment

- Psychoeducation
  - Parenting Component
  - Relaxation Skills
  - Affective regulation Skills
  - Cognitive processing Skills
- STABILIZATION PHASE
- Trauma narration and processing
- TN PHASE
- In vivo mastery of trauma reminders
  - Conjoint child-parent sessions
  - Enhancing safety
- INTEGRATION PHASE

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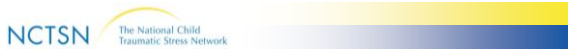
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### TF-CBT for CTG: Grief-Focused Components

- Grief Psychoeducation
- Naming the Loss (What I miss and don't miss)
- Preserving Positive Memories
- Committing to New Relationships
- Treatment Closure

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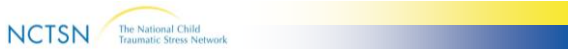
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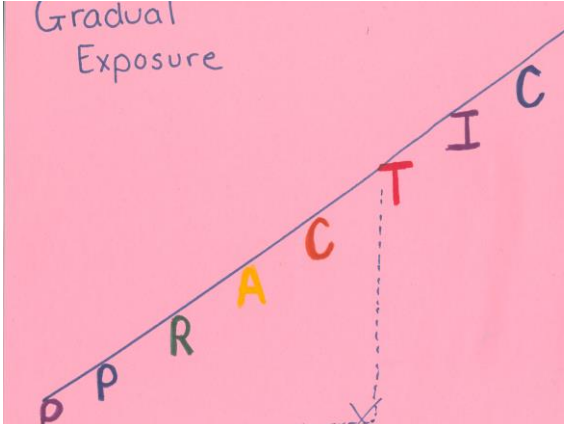
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### Psychoeducation

- Educate about trauma reminders and common reactions to the death/other traumas
- Provide information re: trauma and grief symptoms
- Identify child's reminders/ connections to symptoms:  
 Trauma: reminders of the traumatic death  
 Loss: reminders of losing the person  
 Change: reminders of how life has changed
- Validate the child's and parent's reactions.
- Provide hope for recovery.
- Pandemic may be traumatic reminder: ask, validate

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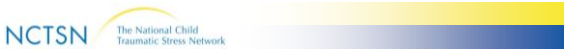
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### Parenting Component

- Parents receive individual sessions for all PRACTICE components.
- Parenting skills to enhance child-parent interactions including:
  - Praise, effective attention, contingency reinforcement
  - Help parent connect the child's behavioral problems to child's CTG symptoms
- Validate parent's own trauma/grief responses

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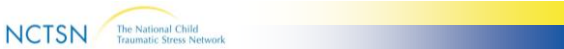
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Relaxation Skills

- Reverse physiological arousal CTG effects via:
- Focused breathing, mindfulness
- Progressive muscle relaxation
- Exercise
- Yoga
- Songs, dance, blowing bubbles, reading, prayer, other relaxing activities
- Use relaxation strategies when reminders occur

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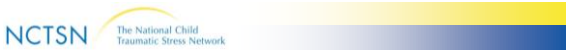
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Affective Modulation Skills

- Identify and modulate upsetting affective states including:
- Problem solving
- Anger management
- Present focus
- Obtaining social support
- Positive distraction activities
- Use skills in relation to reminders

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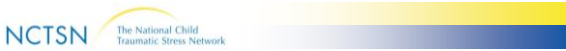
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Cognitive Processing Skills

- Recognize connections among thoughts, feelings and behaviors
- Replace thoughts with more accurate/ more helpful ones
- Child's cognitive processing of personal trauma experiences typically occurs during trauma narration
- Free TF-CBT Triangle of Life app available at Google+ and Apple Store

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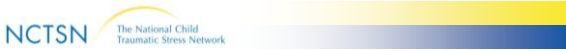
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### Trauma Narration & Processing

- Gradually develop a detailed narrative of child’s traumatic grief experiences.
- Cognitive processing, including how I’ve changed re: myself, relationship with others, my view of the world, beliefs (e.g., faith) and hopes for future
- Share with parent during individual parent sessions as child is developing TN
- For complex (chronic interpersonal) trauma: timeline to: Identify overarching “theme” of different traumas  
Identify important chapters to include  
Recognize resiliency and strength

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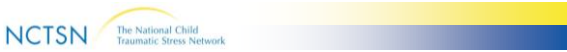
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### In Vivo Mastery of Trauma Reminders

- Only optional TF-CBT component—for ongoing avoidance of generalized reminders (e.g., if child avoids using bathroom after discovering parent dead in bathroom)
- Develop fear hierarchy, gradually master increasingly feared stimuli
- May start during stabilization phase—takes several weeks
- May be especially difficult during pandemic (e.g., may not be able to expose child to feared situation while staying at home).

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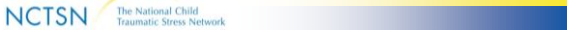
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### Conjoint Parent-Child Sessions

- Child shares trauma narrative and processing directly with surviving parent/caregiver during conjoint session
- Share their new cognitions about traumatic death (potentially also about complicated grief)
- May also develop a family safety plan (e.g., who will take care of me if you die, etc.); improve general communication; or build other skills

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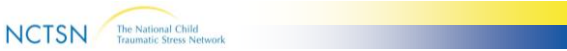
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### Enhancing Safety and Future Development

- Safety plans continued for individual situations
- Social skills, problem solving, drug refusal, etc.
- Additional skills as individual child/family need

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NCTSN The National Child Traumatic Stress Network



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### TF-CBT for CTG: Grief-Focused Components

- Grief Psychoeducation**
- Naming the Loss (What I miss and don't miss)**
- Preserving Positive Memories**
- Committing to New Relationships**
- Treatment Closure**

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NCTSN The National Child Traumatic Stress Network



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### Grief Psychoeducation

- Assist the child in talking about death (start bereavement tasks after resolution of trauma reminders)
- Correct misconceptions about death, particularly disaster-related deaths, which may pose special issues (e.g., bodies not recovered, don't see deceased after death)
- Cultural issues especially relevant with CTG

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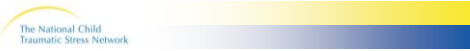
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NCTSN The National Child Traumatic Stress Network



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**Naming the Loss, Part 1 (“What I Miss”)**

- Naming what has been lost with the death—helps the child to concretize permanence of death
- May accomplish this in many ways: describe different things that did with deceased, special things, everyday things, favorite characteristics, etc.
- What will miss in the future (e.g., graduation, learning to drive, etc.)

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**Naming the Loss, Part 2 (Resolving Ambivalent Feelings, or “What I Don’t Miss”)**

- May be because of conflict in the relationship (e.g., abuse, normal parent-child conflict, unresolved anger)
- May be due to stigma or shame over the way the person died (e.g., drug OD, drunk driving, suicide, AIDS)
- May be because of anger at “unnecessary death”, e.g., didn’t get medical care, “was a hero for others, didn’t think of me”—relevance to pandemic responders
- Write an imagined letter to/from deceased

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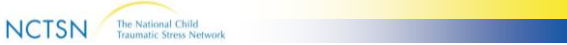
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**Preserving Positive Memories**

- After resolving trauma and ambivalence, can tolerate memories and start to reminisce more fully.
- Make something enduring to preserve positive memories (collage, video, etc.).
- May make name anagram here  
**M:** made the best mac n cheese  
**A:** always in my heart  
**R:** loved rock music  
**Y:** yellow was her favorite color
- In pandemic or disaster, may not have access to mementoes: computer technology, narratives can help fill in these gaps.
- Child may want to have another memorial service.

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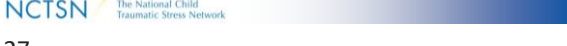
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### Transforming the Relationship and Committing to New Relationships

- Helping the child transforming the relationship from one of interaction to one of memory
- Use the past tense when referring to the deceased; encourage the parent to do so and help the child to also
- Balloon exercise
- Identify what the child still can hold onto in the relationship and what the child must let go of.
- Addressing challenges to the child and parent in committing to present and future relationships
- Helping child and parent move forward in this regard

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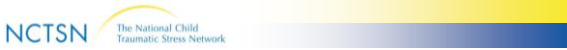
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### Treatment Closure Issues

- Preparing for future trauma and loss reminders: perpetual calendar
- Making meaning of traumatic grief: What would you tell other children; how do you think you have changed; what have you learned from this person's death?
- Death is different from other endings: treatment closure issues for CTG.

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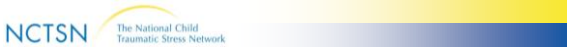
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### CTG Issues During Community Disasters

- Pandemic: unable to say goodbye, practice usual mourning rituals, may be no gravesite, addressing safety
- Therapists who are traumatized— provide optimal care to children and families and also care for themselves
- Making a family disaster preparedness plan becomes more complicated if your family member died.
- Educating teachers/classmates how to optimally interact with children with CTG

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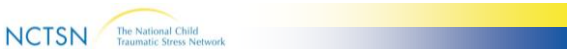
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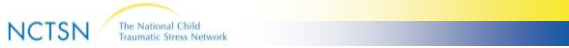
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### TF-CBT National Therapist Certification

<https://tfcbt.org>

- Licensed therapists eligible for 5 year certification
- TF-CBTWeb2.0,
- Live 2 day training,
- 12 consultation calls,
- 3 completed cases with standardized assessment instrument
- Pass online TF-CBT knowledge test
- Fee; \$250/5 years
- Recertification (no test): \$100/5 years



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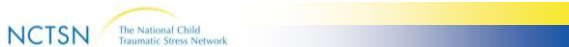
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### TF-CBT via Telehealth

- 2 pilot studies (Stewart et al, 2015; Stewart et al, in review): high acceptability, feasibility, low dropouts, high effectiveness for PTSD symptoms
- Tip sheets, webinars, other resources are available for implementing TF-CBT via telehealth at: <https://tfcbt.org/telehealth-resources>



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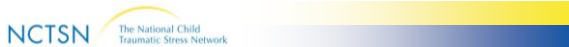
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### TF-CBT CTG Resources

- TF-CBTWeb 2.0: <https://tfcbt2.musc.edu>
- CTGWeb: [www.musc.edu/ctg](http://www.musc.edu/ctg)
- “The Courage to Remember” video and print curriculum: <https://www.nctsn.org/resources/courage-remember-curriculum-guide>
- Ready to Remember: Jeremy’s Journey of Hope and Healing: <https://www.nctsn.org/resources/ready-remember-jeremys-journey-hope-and-healing>
- Rosie Remembers Mommy: Forever in her Heart: <https://www.nctsn.org/resources/rosie-remembers-mommy-forever-her-heart>
- Treating Trauma and Traumatic Grief in Children and Adolescents, 2<sup>nd</sup> Edition: [www.guilford.com/p/cohen](http://www.guilford.com/p/cohen)



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Summary

- After the death of important attachment figures, children may get “stuck” on traumatic aspects of the death and develop traumatic and problematic grief reactions (“childhood traumatic grief”)
- Integrating TF-CBT trauma-focused PRACTICE components with grief- focused components can effectively improve children’s trauma and problematic grief reactions

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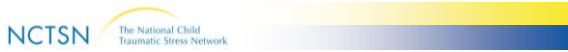
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Maya Angelou:

“The world is changed one child at a time”.

Thank you for all you do to help children and families!

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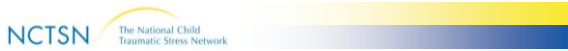
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