

Trauma-Focused CBT Education:



Understanding trauma and working with children, adolescents, and adults (18 years of age).

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Jeremy Pape comes to Midwest Center and South Shore in 2013 with over 18 years of experience working with children, adolescents and their families in the behavioral health field. He obtained his Bachelor's Degree in Psychology at Purdue University, and his Master's in Social Work at University of Illinois at Chicago. He has served as a mental health therapist/social worker in a variety of settings including community and school-based mental health as well as residential and acute care settings.



Objectives



- ❧ Understand TF-CBT
- ❧ How it is structured
- ❧ Signs and symptoms including external and internal reminders “cues”
- ❧ Interventions and techniques
- ❧ Intake and outcome measurements used
- ❧ Discuss additional resources available for clients and parents

Events that can cause PTSD



- ❧ Sexual abuse or violence
- ❧ Physical abuse
- ❧ Natural or man made disasters, such as fires, floods, hurricanes, etc.
- ❧ Violent crimes such as assault or school shootings
- ❧ Motor vehicle accidents
- ❧ Exposure to community violence, domestic violence and war.

Information



- ❧ 5% of adolescents have met criteria for PTSD in their lifetime. Prevalence is higher for girls than boys (8.0% vs. 2.3%) and increase with age.
- ❧ The type of event and intensity of exposure impact the degree to which an event results in PTSD.
- ❧ Other variables include: female gender, previous trauma exposure (single incident vs. multiple incidents), preexisting psychiatric disorders, parental psychopathology and low social support.

What is TF-CBT?



- ❧ TF-CBT is trauma-focused cognitive behavioral therapy that is a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents.
- ❧ Research studies show that TF-CBT is the treatment with the best empirical evidence.
- ❧ It combines trauma-sensitive interventions with CBT strategies.

Why TF-CBT?



- ☞ Trauma Focused-CBT helps address the needs of individuals with PTSD, problematic behaviors, depression, and/or problems related to the traumatic experience(s).

Why TF-CBT?



☞ Individuals and parents are provided with education in order to enhance safety, manage distress, parenting skills, family communication, and managing feelings and behaviors.



Why TF-CBT?



- TF-CBT is clinical based, individual, short-term treatment. This involves individual sessions along with parent-child joint sessions.

Why TF-CBT?



- ☞ TF-CBT works for clients with co-morbid conditions; such as:
 - ☞ Attention deficit disorder
 - ☞ Attention deficit hyperactivity disorder
 - ☞ Oppositional defiant disorder
 - ☞ Obsessive-compulsive disorder
 - ☞ Conduct disorder
 - ☞ Bipolar disorder
 - ☞ Reactive attachment disorder

TF-CBT Helps!



- ☞ TF-CBT helps reduce intrusive thoughts.
- ☞ Reduces memories and nightmares.
- ☞ Reduces avoidance of trauma reminders.

TF-CBT Helps!



- ☞ Reduces emotional “numbing”.
- ☞ Reduces hyper arousal: physical (heightened sexually) and psychological (intense anxiety and depression)
- ☞ Reduces impairment in life. Helps improve daily living!

When not to use it



- ❧ Severe aggression
- ❧ Severe substance abuse
- ❧ Severe self-injury
- ❧ Severe cognitive impairment
- ❧ Inability to remember the trauma due to age, developmental delay or extreme dissociation.
- ❧ **Stabilize these therapy interfering behaviors first!**

Be ready to talk about it



- ❧ TF-CBT developers have found that the therapist's uneasiness with discussing the clients abuse experience delays the start in trauma work (www.NCTSNet.org).
- ❧ Be ready and prepared to talk about it!
- ❧ Unpleasant sexual experience versus traumatic event. Clients may not want to say that they have "trauma". Do not force this upon them. Continue with the work.

Structure of sessions



- ❧ 12-16 weeks of treatment, 60-90 minute session.
- ❧ According to The National Child Traumatic Stress Network, over 80% of traumatized children and adolescents will show significant improvement with the 12-16 week sessions (www.NCTSNet.org).

P.R.A.C.T.I.C.E.



- ☞ TF-CBT is based on “P.R.A.C.T.I.C.E.” Components.
- ☞ These are used to help manage stressing situations and understand trauma reminders related to the traumatic event(s).



P: Psych-education and Parenting Skills



- ❧ Therapist provides education based on the traumatic event. (Trauma and PTSD)
- ❧ Forming a therapeutic relationship with the individual and parent.
- ❧ Educating on the impact of the trauma on the individual and common reactions to the trauma.

R: Relaxation



- ❧ Individualized stress management skills and relaxation techniques.
- ❧ Mindfulness, regulation of emotions, and managing stresses to help with the intensity of emotions and feelings.

A: Affect expression



- ❧ Help the individuals identify their feelings and coping with a range of possible emotions.
- ❧ Body sensations, feelings in others, expressing feeling, identify trauma related feelings (e.g. sleep difficulties, but didn't acknowledge that it was related to PTSD).
- ❧ Examples: Imagery, positive self-talk, Feeling charades...

C:Cognitive Triangle



- ❧ Teach and recognize the connections between thoughts, feelings and behaviors: Cognitive Triangle
- ❧ **Thoughts:** ideas we have in our head and things we tell ourselves.
- ❧ **Feelings:** these are the emotions and sensations in our body.
- ❧ **Actions/behaviors:** things we do with our body.

Cognitive Triangle

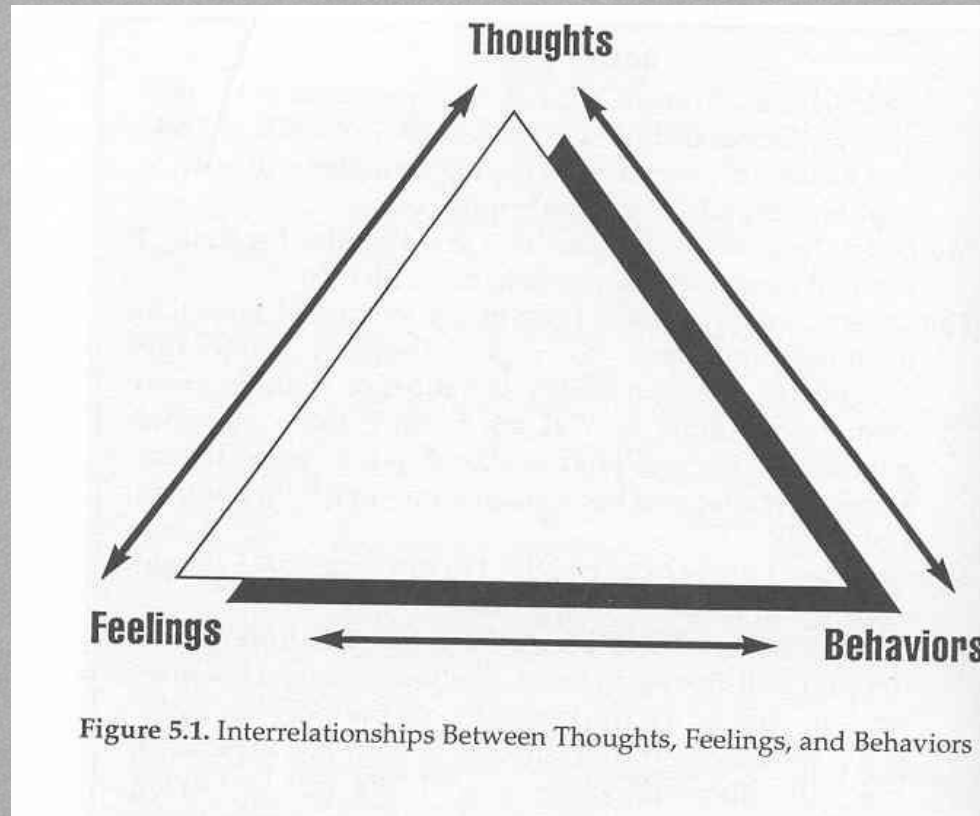


Figure 5.1. Interrelationships Between Thoughts, Feelings, and Behaviors

T: Trauma Narrative



- ❧ Trauma narratives are used to modify cognitive distortions that occur (“it was my fault”) and altered core views of self (“I’m not a good person”), others (“I can’t trust people”) or the world (“nothing is safe”).
- ❧ Narrative can be developed and processed around a trauma theme rather than the actual traumatic event.
- ❧ Validation and acceptance of feelings and emotions of the trauma narrative is extremely important for both parents and therapist to implement.

I: In-Vivo Desensitization



- ❧ Therapist makes a plan to help avoidant behaviors that may occur.
- ❧ Trauma reminder and gradual exposure (e.g. sexual abuse occurred on a playground).
- ❧ Separate *harmless* conditioned fear responses (e.g. trauma reminders or triggers) from real danger.
- ❧ Some therapists do not feel comfortable with this technique. If you do not feel comfortable, do not do it!

C: Conjoint child-parent session



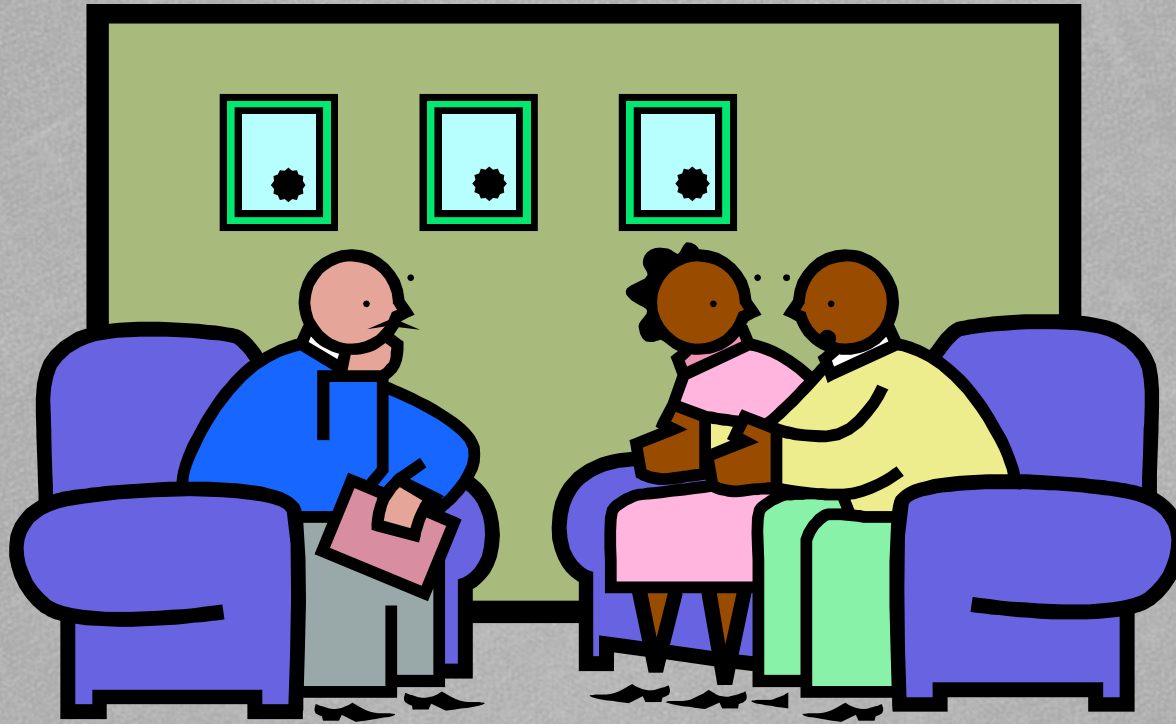
- ❧ Therapist assists the individual in sharing the trauma narrative. (Family sessions)
- ❧ Games and activities may be used if the individual is not comfortable with sharing the narrative yet.
- ❧ Teach parents age appropriate responses.
- ❧ Promote opportunity for caregiver and child to practice talking about the trauma.

E:Enhancing safety



⌘ Therapist will assist in safety skills training and learn to cope with future trauma reminders “cues”.





Now, lets get into more depth
with these components!!

Trauma reminders “cues”



- ☞ There are two types of trauma reminders:
 - ☞ 1. Internal cues: body sensations, flashbacks, intrusive thoughts, dreams.
 - ☞ 2. External cues: certain sights, sounds, smells, weather, etc.

Trauma Reminder



- ❧ **Flashbacks:** The client's body is physically here; however, their mind is reliving the event or parts of it.
- ❧ Dissociation may also occur when the client is experiencing flashbacks.

Trauma Reminder



☞ **Body sensation/external reminder:** The client may experience a smell (e.g. client with cinnamon) or experience the touch of someone when no one is around them.

Trauma Reminder



❧ **Intrusive thoughts:** An unwanted, unexpected thought occurs. Individual may be singing a song and dancing, and then experience an intrusive thought related to the trauma.

Minimizing and Comparing



- ❧ In some cases, clients may attempt to minimize or compare their trauma to others, “He just broke my nose. It’s not like he meant to.”
- ❧ “My molestation is not that big of a deal compared to Betty who was raped.” This does not mean the individual did not experience trauma. Do not allow the client to minimize or compare. Validate the individual for their feelings, emotions, and going through it.

Danger vs. Safety



- ❧ “Why does this keep happening to me? “
- ❧ Example: Raped by two older men yet believing online relationships with older men is appropriate.
- ❧ Example: Just walked out of a physically abusive relationship yet already in another physically abusive relationship.

Danger vs. Safety



- ❧ Inability to identify danger situations versus safe situations.
- ❧ Traumatic experiences can undermine the sense of protection and safety.
- ❧ Those who have experienced trauma place themselves in dangerous situations due to cognitive distortions.

Danger vs. Safety



- ⌘ According to the NCTSN Core Curriculum on Childhood Trauma, traumatic experiences suggest strong biological responses that can persist and that can alter the normal course of neurobiological maturation.
- ⌘ This can also make it difficult to work with clients who experienced trauma and are placed back into dangerous environments.
- ⌘ Very important to teach safety skills for use in risky situations that may arise in the future and create a safety plan to help child be safer regarding ongoing dangers.



Interventions and Techniques!

Trauma Narrative



- ☞ Have the client write out their trauma narrative.
- ☞ Add sensory details as well as thought and feelings.
- ☞ After reviewing the trauma narrative, have the client write down their current thoughts and feelings in parenthesis.

Trauma Narrative



- ❧ If the individual has difficulties writing their narrative, encourage them to do it in a different manner. Stay focused on the theme of the trauma.
- ❧ They can do it in a poem, song, music autobiography, chapters in their life, etc.

Trauma Narrative



“From when I was only three, Dad was always hurting me.
There was never safety for me, only danger was waiting for me.
He traded me for drugs and cash like I was just part of his stash.
He said I was just like crack when they had me on my back.
My mom knew all along. I don't know who did more wrong.
Why can't they see there is a me?
Will anyone ever care?”

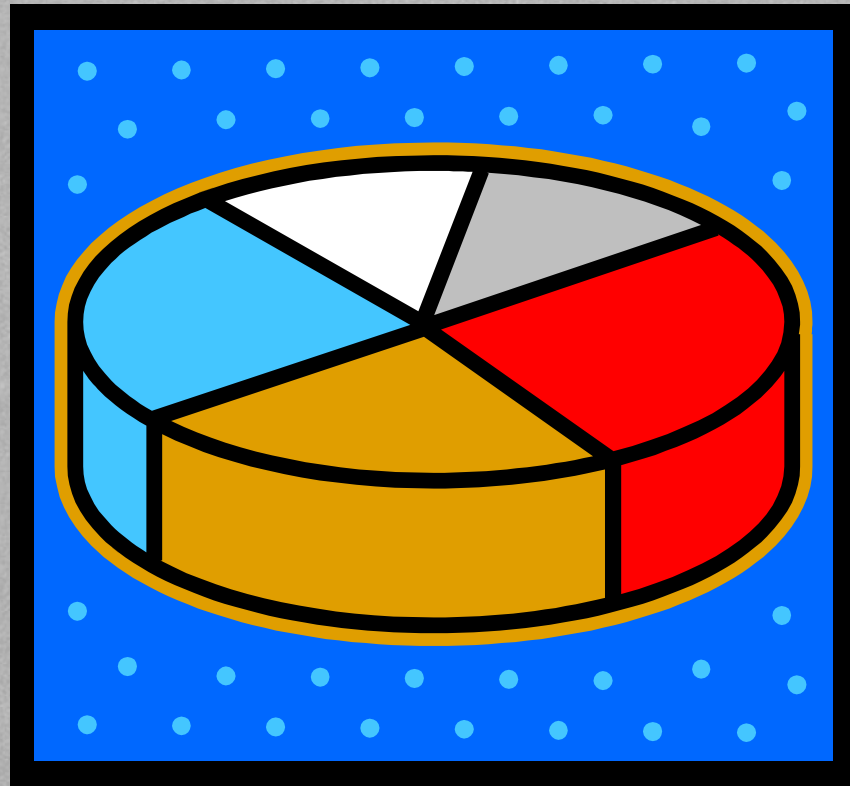
(Cohen, J.A., Trauma-focused CBT for you with complex trauma)

Life story outline



- ❧ Tell the life story with time. Add the positive and negatives of the timeline.
- ❧ Chart with years in clumps.
- ❧ What can you remember?
- ❧ This helps with autobiographic memory that may be distorted from the traumatic event.

Blame Pie



Blame Pie



- ❧ Who is to blame?
- ❧ Assign percentages to each individual or thing of who's to blame?
- ❧ Assign different colored markers to each individual/thing.
- ❧ Below each individual/thing, have the client write down why.
- ❧ Challenge distorted perceptions.



Regret vs. Responsibility



❧ Differences in how we perceive regret and how we perceive responsibility.

❧ Regret: Guilt, anger, sadness

❧ Responsibility: Accountability, ownership, task

Relaxation techniques



- ❧ Trauma reminders may tense muscles and cause intense anxiety.
- ❧ Practice breathing techniques and progressive muscle relaxation!



∞ Have the child blow bubbles to help slow their breathing and relax their muscles.

Relaxation



☞ Squeeze a stuff animal as hard as possible. Then release. Notice the sensations of squeezing tight then relaxing the muscles when you stop.

☞ Yoga and meditation.



Sensory items



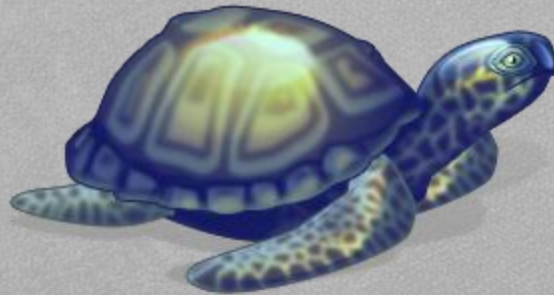
- ❧ When clients experience flashbacks and/or dissociates, the sense of touch may not be an appropriate way to help them.
- ❧ Sensory items may be suggested (A frozen orange, smell of their favorite lotion).



Action index cards



- ❧ Creating fun index cards with animated images.
- ❧ For example: A little girl is taking off her shirt in a public place. Show her the index card of a turtle and tell her to act like one instead of taking her shirt off.



Selected measures for TF-CBT



- ☞ UCLA PTSD Index: provides information about the trauma history and symptoms.
- ☞ CPSS PTSD assessment (see handout)
- ☞ Adolescent Dissociative Experiences Scale: self-report for dissociative symptoms.

Resources!



- ❧ There are many resources available for clinicians!
- ❧ www.musc.edu/tfcbt (TF-CBT web resources)
- ❧ <http://depts.washington.edu/hcsats>
- ❧ www.NCTSNet.org
- ❧ <http://tfcbt.musc.edu/> (Free CEU web-based learning course)

Resources!



Midwest Center & South Shore

Is a residential DBT program that was created for male and female children and adolescents with pervasive emotional, behavioral or psychiatric challenges that impact the youth's functioning at home, in school and within the community.

If you know someone in need please contact us at:

888-629-3471

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www.Midwest-Center.com



Questions?!

Thank you



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