

Trauma-Focused Cognitive Behavioral Therapy


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Traumatic Exposure Among Children and Adolescents


- 25% of all girls and 10-12% of all boys experience sexual abuse/assault by the age of 18.
- One study (Costello, 2002- Large epidemiological study) suggests that 25% of all children/adolescents have experienced a traumatic event before 16 years of age and 6% at least one in the previous six months



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Posttraumatic Stress Disorder (PTSD)


- Exposure to traumatic event
- Re-experiencing symptoms
- Avoidance symptoms
- Hyperarousal symptoms



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Other Psychiatric Disorders

- High level of comorbidity with PTSD
- Other psychiatric disorders:
 - Depression
 - Generalized Anxiety Disorder
 - ADHD
 - Substance Abuse



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Long-term Consequences of Untreated Childhood PTSD

- Significant risk for depression and other psychiatric disorders
- PTSD is highly correlated with the development of drug and alcohol problems

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Empirical Support for TF-CBT

- 6 completed randomized controlled trials (RCT) using comparison treatments, conducted in Pittsburgh, New Jersey and across both sites
- >500 sexually abused/multiply traumatized children, 3-18 years old
- 2 ongoing RCTs for children exposed to sexual abuse or domestic violence as primary traumas, ages 4-12 years old

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Empirical Support for TF-CBT

- All of the 6 completed studies supported the superiority of TF-CBT over other active treatments for traumatized children with regard to improvement in a variety of domains: PTSD, depression, anxiety, internalizing, externalizing, sexualized behaviors, shame, abuse-related cognitions

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Why is now a really important time to talk about Trauma Focused Cognitive Behavioral Therapy services in Maine ?



- The Maine Department of Health and Human Services (DHHS) has funded TF-CBT training for over 150 licensed therapists in the past 12 months.
- These 150 licensed therapists are located throughout the state
- The MaineGeneral Medical Centers' Edmund N. Ervin Pediatric Center recently received a 5-year, \$2 million National Child Traumatic Stress Network (NCTSN) grant.
- The Central Maine Youth Trauma Initiative (CMYTI) plans to train 40 additional therapists (mostly from Kennebec and Somerset Counties) this August.

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What is TF-CBT?

A hybrid treatment model that integrates:

- Trauma sensitive interventions
- Cognitive-behavioral principles
- Attachment theory
- Developmental Neurobiology
- Family Therapy
- Empowerment Therapy
- Humanistic Therapy

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What Children is TF-CBT Appropriate For?



- Children with known trauma history-single or multiple, any type
- Children with prominent trauma symptoms (PTSD, depression, anxiety, with or without behavioral problems)
- Children with severe behavior problems may need additional or alternative interventions
- Parental involvement is optimal
- Treatment settings: clinic, school, residential, home, inpatient
- Evidence based for children five and older




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Difficulties Addressed by TF-CBT


- **CRAFTS**
 - Cognitive Problems
 - Relationship Problems
 - Affective Problems
 - Family Problems
 - Traumatic Behavior Problems
 - Somatic Problems






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Core Values of TF-CBT

- **CRAFTS**
 - Components-Based
 - Respectful of Cultural Values
 - Adaptable and Flexible
 - Family Focused
 - Therapeutic Relationship is Central
 - Self-Efficacy is emphasized



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Child and Parent Components

- Individual sessions for both child and parent
- Parent sessions - generally parallel child sessions
- Same therapist for both child and parent

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TF-CBT Components

- **PRACTICE**
 - Psychoeducation and Parenting Skills
 - Relaxation
 - Affective Modulation
 - Cognitive Processing
 - Trauma Narrative
 - In Vivo Desensitization
 - Conjoint parent-child sessions
 - Enhancing safety and social skills

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Psychoeducation

- Goals:
 - Normalize child's and parent's reactions to severe stress
 - Provide information about psychological and physiological reactions to stress
 - Instill hope for child and family recovery
 - Educate family about the benefits and need for early treatment
 - **PSYCHOEDUCATION GOES ON THROUGHOUT THERAPY!**

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Parenting Skills

- TF-CBT views parents as central therapeutic agent for change
- Goal is to establish parent as the person the child turns to for help in times of trouble
- Explain the rationale for parent inclusion in treatment, i.e., not because parent is part of the problem but because parent can be the child's strongest source of healing
- Emphasize positive parenting skills (praise), enhance enjoyable child-parent interactions

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Relaxation

- Reduce physiologic manifestations of stress and PTSD
- Develop individualized relaxation strategies for manifestations of stress (headache, stomachache, dizzy, racing heart, etc.)
- Focused breathing/mindfulness/meditation
- Progressive, other muscle relaxation
- Physical Activity
- Yoga, singing, dance, blowing bubbles
- "If it's not fun, you're not doing it right".



NCTSN The National Child Traumatic Stress Network

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Affective Modulation

- Feeling Identification
 - Accurately identify and express a range of different feelings
 - Board games (e.g., Emotional Bingo)
 - Feeling brainstorm
 - Color My Life or person
 - Traumatized children may have restricted range of affect expression
 - End on a positive note.

NCTSN The National Child Traumatic Stress Network

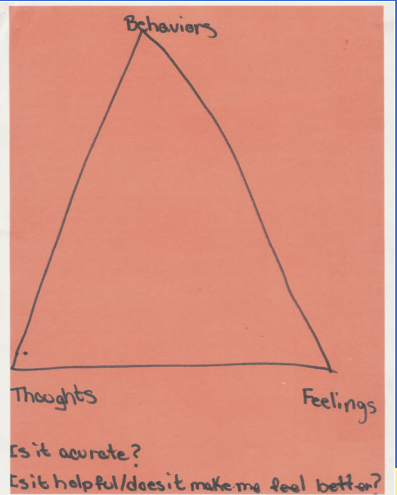
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Cognitive Processing

- Help children and parents understand the cognitive triad: connections between thoughts, feelings and behaviors, as they relate to everyday events
- Help children distinguish between thoughts, feelings, and behaviors
- Help children and parents view events in more accurate and helpful ways
- Encourage parents to assist children in cognitive processing of upsetting situations, and to use this in their own everyday lives for affective modulation

NCTSN The National Child Traumatic Stress Network

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NCTSN The National Child Traumatic Stress Network

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Trauma Narrative

- Reasons to directly discuss traumatic events:
 - Gain mastery over trauma reminders
 - Resolve avoidance symptoms
 - Correction of distorted cognitions
 - Model adaptive coping
 - Identify and prepare for trauma/loss reminders
 - Contextualize traumatic experiences into life

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Cognitive Processing of Trauma

- Identify child and parent trauma-related cognitive distortions, from trauma narrative or otherwise
- Use cognitive processing techniques to replace these with more accurate and/or helpful thoughts about the trauma
- Encourage parents to reinforce children's more accurate/helpful cognitions
- Ex: it's my fault, I'll never be like other kids, she's lost her innocence, you can't trust any men, etc...
- Responsibility vs. regret

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In Vivo Mastery of Trauma Reminders

- Mastery of trauma reminders is critical for resuming normal developmental trajectory
- To be used only if the feared reminder is innocuous (not if it's still dangerous)
- Hierarchical exposure to innocuous reminders which have been paired with the traumatic experience
- Therapist **MUST** have confidence that this will work or it won't

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Conjoint Parent-Child Sessions

- Share information about child's experience
- Correct cognitive distortions (child and parent)
- Encourage optimal parent-child communication
- Prepare for future traumatic reminders
- Model appropriate child support/redirection



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Enhancing Safety Skills

- May be done individually or in joint sessions
- Develop children's body safety skills
- Develop a safety plan which is responsive to the child's and family's circumstances and the child's realistic abilities
- Practice these skills outside of therapy
- For sexually abused children, include education about healthy sexuality
- For children exposed to DV, PA, CV, may include education about bullying, conflict resolution, etc.



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TF-CBT Resources

- A good place to start if you have questions about TF-CBT is:

<https://www.tfcbt.org/>

- Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program:

<https://www.tfcbt.org/members/>

- Currently 35 Nationally Certified TF-CBT Therapist in Maine



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Questions?

Please feel free to contact me if there is anything that I can do to be helpful:

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