Trauma-Focused Cognitive Behavioral Therapy

Liam Shaw MBA, LCSW
Project Director/Principle Investigator
Central Maine Youth Trauma Initiative (CMYTI)
Edmund N. Ervin Pediatric Center
MaineGeneral Medical Center
Augusta, Maine

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) 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

Posttraumatic Stress Disorder (PTSD)

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

Other Psychiatric Disorders

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

**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

**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.
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

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

Difficulties Addressed by TF-CBT

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

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
Child and Parent Components

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

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

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!

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
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”.

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.

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
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

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

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

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
**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.

**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

**Questions?**

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

@ Liam.Shaw@Mainegeneral.org