Trauma-Focused Cognitive Behavioral Therapy Training Part 4

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Adapted from Cohen, Mannarino, and Deblinger, 2017

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Goals for Part 4

Participants will:

1. Improve clinical skills in implementing the following TF-CBT treatment components: *In vivo* mastery of trauma reminders, Conjoint child-parent sessions, and Enhancing future safety and development
2. Identify cultural and developmental factors that impact treatment
3. Learn about secondary traumatic stress and strategies to mitigate negative effects of trauma work

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TF-CBT PRACTICE Components

P sychoeducation and parenting skills
R elaxation
A ffective expression and modulation
C ognitive coping and processing
T rauma narration & processing
I *n vivo* mastery of trauma reminders
C onjoint child-parent sessions
E nhancing future safety and development

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Generalized Avoidance Related to Trauma

- Trauma Narration is one way of helping child master traumatic memories
- Some kids suffer from generalized avoidant behaviors related to the trauma: avoiding places, people, or things that remind child of trauma (i.e., school refusal; separation anxiety; sleep problems)
- Avoidance interferes with child's functioning and healthy adaptation
- Trauma reminders/cues are inherently innocuous – reminders of past trauma vs. cues that present situation is unsafe
- Avoidance is self-reinforcing: child comes to believe that avoidance is only way of coping with fear
- Child must be gradually exposed to feared situation to overcome it

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Sesame Street and the FDNY: Fire at Hooper's Store
https://youtu.be/q6Z6njK-LGs

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In Vivo Mastery of Trauma Reminders

- Behavioral plan to overcome generalized avoidance and/or cope with trauma reminders
- **Goal:** resolve generalized avoidant behaviors by gradually helping the child get used to the feared situation
- **Steps**:
  - Identify and assess the feared situation/reminders
  - Functional behavior analysis
  - Engage parent and child in creating specific desensitization plan to gradually approach feared situation (use of SIT and cognitive coping)
  - Create fear hierarchy
  - Allow child to choose where to begin
  - Plan each step carefully with child and caregiver
  - Praise and reinforce *in vivo* work

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In Vivo Mastery of Trauma Reminders (continued)

- Ensure parent is committed to follow through with plan; parent uses praise, selective attention, and rewards
- Make sure that each step of plan is tolerable for child and parent
- If child does not want to follow through with step, coach caregiver to see if child can tolerate 30 more seconds, using relaxation skills
- Therapist MUST have confidence that this will work or it won't
- Goal: improved adaptive functioning for child and child regains sense of competence and mastery

- https://www.youtube.com/watch?v=ZOS2qZ78j0E

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In Vivo Mastery of Trauma Reminders and Telehealth

- Identify trauma reminders in home and community
  - Coping plans for trauma reminders
  - Desensitization plans for avoidant behaviors
- Create SUDS scale/fear hierarchy in PowerPoint
- Send reminders to client/family about *in vivo* assignments
- Client can take you with them on exposures with phone or tablet as appropriate

Stewart, 2020

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Cultural Considerations for *In Vivo*

- Explore cultural associations related to triggers, fears, and avoidant behavior
- Explore any cultural barriers to acknowledging fear
- Desensitization plan takes into account and incorporates family's cultural beliefs and practices

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Developmental Considerations for *In Vivo*

- Educate parent on how avoidance interferes with child's development
- Desensitization plan takes into account child's developmental stage
- For younger children use of transitional objects, rituals, and imagination

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Sample Desensitization Plan for Child who Fears Going to Sleep in Their Own Bed

- Educate parent on role of sleep in PTSD and trauma recovery and developmental importance of child being able to sleep alone
- Efforts to make child feel safer in room (i.e., nightlight, flashlight, checking closets, etc.)
- Bed-time rituals, transitional objects, relaxation techniques, and cognitive coping statements
- Warn parents that first few nights will likely be difficult (first try over the weekend) but persistence is key
- Plan: parent initially stays in child's room for 15 minutes, gradually reduces time spent in room, and eventually moves to chair outside room
- Parent reassures child s/he will check in at regular intervals (not when child is crying)
- Parent praises child for complying (staying in bed quietly) for increasing intervals and offers reward in morning for staying in bed all night
- Special reward: gift or special outing when child falls asleep and stays in own bed for the whole night

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In Vivo Mastery of Trauma Group Activity

Based on what you know about Zoe and her traumas, what are her observed and possible trauma reminders?

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In Vivo Mastery of Trauma Group Activity (continued)

- Groups work on assigned trauma reminder and develop a desensitization or coping plan.
- Discuss possible obstacles and/or challenges.
- Consider the child's developmental stage and any cultural issues.
- Discuss ways to engage caregivers and ensure follow through.
- Reporter provides summary of plan to the larger group.

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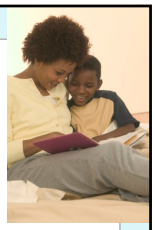
Conjoint Child-Parent Sessions



- Parent and child meet together to review the child's trauma narration
- Goal is to increase child's comfort in talking with parent directly about the trauma
- Parent can prepare questions, supportive comments, or an empathy letter for child

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Rationale for Conjoint Child-Parent Sessions

- Caregivers have opportunity to demonstrate comfort in talking about the trauma and model appropriate coping
- Child has opportunity to share narrative and experience sense of pride rather than shame and/or distress
- Enhanced communication about trauma and opportunity to clear up any misunderstandings
- Setting the stage for healthy future discussions about trauma between child and caregiver

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Preparing for Conjoint Sessions to Share Narrative

- Common Child Concerns:
  - Fear of upsetting the parent: reassure child that parent is discussing similar things in their own sessions, and that the parent wants to be able to share the child's experiences, thoughts and feelings
  - Concern that the parent will be mad at the child for things they written: reassure child that parent wants to understand what the child is going through, and the therapist does not believe the parent will be upset or angry at any of the child's thoughts or feelings
- Prepare parent by reading child's TN out loud during parent sessions; ensure parent is emotionally able to tolerate hearing the TN
- Coach parent to be able to respond appropriately and supportively during joint session (can prepare parent by doing role plays)

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Video: Preparing Parent for Conjoint Session

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Readiness for Conjoint Sessions

Four factors to assess:

1. Caregiver's willingness to be supportive of the child
2. Caregiver's ability to be supportive of the child
3. Caregiver's ability to manage personal distress
4. Willingness of the child to engage in conjoint sessions with caregiver

- Parent should have heard the therapist share the narration 2-3 times and be able to emotionally tolerate reading it (not sobbing or using avoidance techniques) and be able to make supportive verbalizations when role playing with therapist

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Assessing Caregiver Readiness

- Have the caregiver practice using reflective listening skills about benign topics in and out of session with their child.
- Ask the caregiver to describe their own experience of the trauma.
  - How they found out. Their first reaction.
- Provide Gradual Exposure for the caregiver
- Wait until the child has completed the cognitive restructuring. Build more coping skills with the caregiver until the TN is complete.

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When to Not Have Conjoint Sessions

- The parent is unable to provide appropriate support
- The parent continues to be overly emotional in response to child's traumatic experience
- The child is adamantly opposed (evaluate how realistic objections are)
- Other clinical issues (e.g. trauma involves parent, instability in the relationship)

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Alternatives to Narration Sharing

- Have joint session with parent and child but do not include review of child's TN
- Instead focus on:
  - General communication
  - Conflict resolution
  - Praising each for what they have done successfully
  - Problem solving
  - Building opportunities for positive interactions

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Structure of Conjoint Sessions

- For one hour sessions, the joint sessions are typically divided:
  - Meet with the child for 15 minutes
  - Meet with the parent for 15 minutes
  - Meet with parent and child together for 30 minutes
- Can be adjusted as needed

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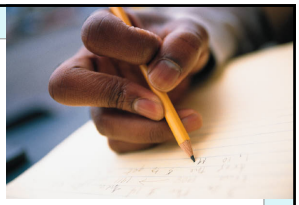
1st Conjoint Session Meeting with Child



- During meeting with child, therapist can use relaxation exercises as needed and then have the child read the trauma narration out loud and suggest the child is ready to share it with the parent.

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1st Conjoint Session Meeting with Parent

- Read the trauma narrative one more time to assess readiness
- Also help parent phrase any questions or comments that they may have for the child

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1st Conjoint Session

- Child shares trauma narration
- At conclusion parent and therapist praise child for bravery and invites child to share feelings
- Parent shares supportive comments
- Opportunity for child or parent to ask prepared questions
- End session on a positive note

Therapist role

Allow child and parent to communicate directly to one another only intervening if there are difficulties (inaccurate or unhelpful cognitions that the other does not challenge)

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Conjoint Parent-Child Sessions and Telehealth

- Prepare caregiver using collateral sessions
  - Privacy
  - Importance of video to gauge non-verbal responses
- Parent and child seen at same time: camera positioning, minimize distractions and ensure privacy
- Use screen sharing for child to share narrative with parent during session
- If parent and caregiver are not able to be in same location, set up three-way conference

Stewart, 2020

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Other Conjoint Sessions

- At the end of the first joint session the therapist, parent and child should decide on the content of the following sessions
- May decide to have quizzes or games to reinforce psychoeducation
- Parent can read empathy letter
- Focus on enhancing safety

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Cultural Considerations for Conjoint Sessions

- Address any culture-related concerns about direct discussion of trauma in family prior to conjoint session
- Enlist parent support in challenging culture-related distortions (as appropriate)

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Developmental Considerations for Conjoint Sessions

- For younger/active children, incorporate games/activities to keep them engaged
- Younger children may need more assistance from therapist with reading/explaining TN to parent
- For teens, balance issues of confidentiality, safety, boundaries/privacy, and support

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Challenges to Conjoint Sessions

- Think about challenges you have had or anticipate having in implementing conjoint sessions
- Enter your challenge at mentimeter.com

- Group discussion to brainstorm strategies for overcoming challenges

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Why and When We Focus on Safety

- Finkelhor et. al. (2007) - Nationally representative sample showed that:
  - Poly-victimization (repeat victimization) was the strongest predictor of severe trauma symptoms
  - Victimization of any one type left significant increased vulnerability for re-victimization, even of different types of subsequent re-victimization
  - Highest relative risk of re-victimization was for sexual victims, maltreatment victims and poly-victims (children with 4 or more types of victimization)
- Rationale for focusing on safety at the end of treatment

Finkelhor, D, Ormrod, RK, Turner, HA (2007). Re-victimization patterns in a national longitudinal sample of children and youth. Child Abuse and Neglect, 31, 479-502

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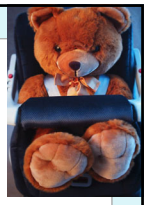
Enhancing Safety



- Can be done in individual and/or conjoint sessions
- Review psychoeducation and body safety
- Develop an individualized safety plan
- Incorporate safety from self-harm, suicidal ideation, substance abuse as appropriate
- Play games or do **role plays** with child and parent together to reinforce safety issues
- Practice in and outside of sessions
- Improve problem solving skills in stressful situations
- Vigilance vs. hypervigilance
- Increase awareness and assertive communication skills
- Counteract shame by enhancing confident body language

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Sex Education

- Dependent on the age of the child
- Broad or specific
  - Puberty
  - Sex vs. sexual abuse
  - Relationship issues/timelines
- Talk with caregiver first
- Resources
  - https://amaze.org

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Sexual Abuse Can Happen to Anyone: https://youtu.be/STyNOVjgxcM

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Increasing Awareness

- External awareness
  - Safe/unsafe people
  - Safe/unsafe places
  - Safe/unsafe situations/touches
  - Physical boundary violations
- Internal awareness
  - Psychological safety
  - Physical sensations/red flags
  - Thoughts and Feelings
  - Emotional boundary violations

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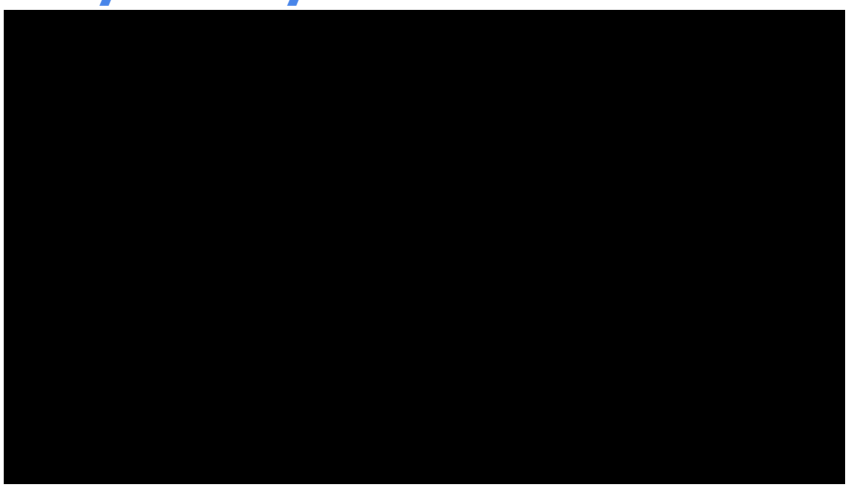
Body Safety



Boss of my Body:
https://youtu.be/zAALZxa6NCw

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Body Language and Assertive Communication

- Coach child to make verbal and nonverbal communication congruent
  - Look the person in the eye
  - Neutral facial expression
  - Confident body posture
  - Firm voice
  - Tell the person what you want
- Explore cultural issues related to authority and respect
  - Is it okay for kids to make eye contact with adults?
  - Is it okay for kids to be assertive with adults?

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Safety and Assertive Communication

- Setting boundaries
- Asking for help
- Luring by strangers
- Teasing/bullying
- Abuse/dating violence
- Communication with caregivers/peers
- Internet/social media/phone safety
  - Teens and Internet Safety: A Public Service Announcement: https://youtu.be/h1QQCb7aiqQ

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#That'sNotLove: Because I Love You

https://youtu.be/4JYyHa03x-U

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Cultural Considerations For Enhancing Safety

- Address any cultural values that may interfere with safety planning (i.e., *respeto, simpatía,* family privacy)

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Developmental Considerations for Enhancing Safety

- Safety activities/role plays to fit child's developmental level
- Hoola Hoop Boundaries, My Safe Neighborhood
- Parents of younger children more actively involved in safety planning
- Safety and technology
- Web-sites for teens:https://www.breakthecycle.org/; https://www.loveisrespect.org
- Apps: Safe Spot, MY3-Support Network, Safety Plan, Love is Not Abuse, myPlan

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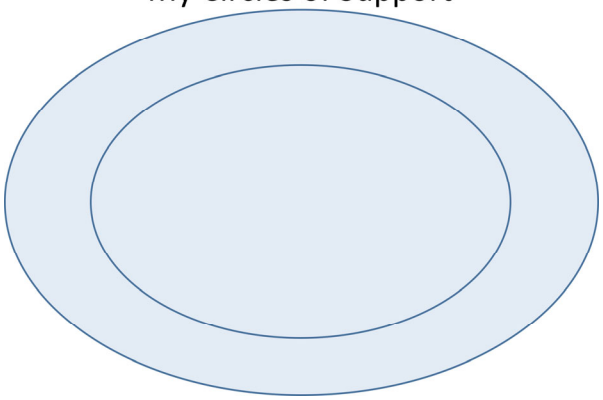
My Circles of Support



Resource created by the MUSC Telehealth Outreach Program

MUSC Medical University of South Carolina

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Safety Planning Activity

- Zoe and her younger brother are starting to have unsupervised visits with their mother. Mom is continuing in outpatient substance abuse treatment and participating in a domestic violence therapy group. Mom's husband has recently been released from jail. There is a no-contact order in place between Zoe and her stepfather, and mom has been warned that there is not to be any contact with her husband during visits with the children.
- What are your primary safety concerns for Zoe and her brother? Develop a safety plan and consider how to engage Zoe and her caregivers in the process.

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Termination Issues

- Discuss termination with child and parent in advance
- Fade out and/or plan booster sessions
- Review progress and skills learned by child, parent, and family
- **Review symptom improvement as shown by assessment measures**
- Making meaning out of trauma – advice to other kids/parents about what has been learned
- Emphasize parents' role as continued therapeutic resource for child
- Problem solve on how parent and child can use skills learned in therapy to deal with any future issues, including planning for natural setbacks (conveying confidence in their ability to manage setbacks)
- Prepare for trauma reminders – Circle of Life activity
- Explore future goals for child and family
- Explore feelings about saying good-bye, including issues around loss
- Celebrate!

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Cultural Considerations for Termination

- Encourage parents to continue to utilize parenting skills learned in therapy; reinforce ways in which skills are consistent with cultural beliefs and parents' goals for the child
- Solicit feedback from family regarding cultural appropriateness of treatment
- Address cultural beliefs that may serve as challenges to understanding termination of therapeutic relationship

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Developmental Considerations for Termination

- Educate and prepare parents and child for potential setbacks related to developmental transitions
- Assist child in saying good-bye in developmentally appropriate manner (may use a transitional object)

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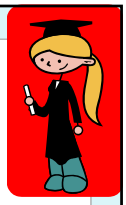
Termination/Graduation Rituals



- Review of child's therapy activities
- Graduation party – celebrate accomplishments
- Special cards and/or certificate
- Photo and frame activity
- Transitional object and/or therapeutic tool
- Share feelings about saying good-bye
- Discuss sources of ongoing support for child and family

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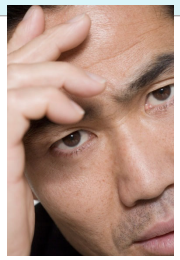
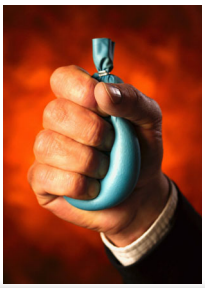


The Impact of Trauma on You



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"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."

Rachel Remen, 1996
Kitchen Table Wisdom

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Trauma Stewardship
https://traumastewardship.com

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Secondary/Vicarious Traumatization

- Experience of working with trauma survivors can be traumatic for professionals who help trauma and disaster victims
- Symptoms are similar but usually less severe than PTSD-like symptoms experienced by direct trauma victims
- Risk increases when traumatic exposures are unexpected, or among those without adequate preparation

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Signs of Secondary Traumatic Stress

- Avoidance (including of certain clients)
- Preoccupation with clients/client stories
- Intrusive thoughts/nightmares/flashbacks
- Arousal symptoms
- Thoughts of violence/revenge
- Feeling estranged/isolated/no one to talk to
- Feeling trapped, "infected" by trauma, hopeless, inadequate, depressed
- Difficulty separating work from personal life

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Top Ten Signs You're Too Stressed

1. You find yourself hoping to get the flu, just so you have a reason to stay in bed for a day.
2. Your children shudder in fear when your boss's name is mentioned.
3. You've wondered (more than once) if your cell phone would float when hurled into a river.
4. You start using a pencil instead of a pen to put dates with your partner in your schedule.
5. Medical journals or case files have become "light bedtime reading."
6. Your best friends think you've moved away because they haven't heard from you in so long.
7. You consider Red Bull a part of a balanced diet.
8. You fall asleep during trips to the dentist's office, because it's the only time you put your feet up.
9. You're too tired to remember the name of your dog.
10. It takes you six days of vacation to even begin to feel relaxed, and six minutes back in the office to make you forget that you took a vacation at all.

http://www.familyhomelessness.org/media/94.pdf

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Secondary Trauma and Telehealth

- Stress of pandemic and losses for therapist
- Stress of transitioning to/from telehealth and trying to support clients while staying safe and dealing with our own stress
- If providing treatment from home, consider location, boundaries, and transition ritual
- Staying connected with family, friends, and colleagues
- Seeking support as needed

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Secondary Trauma vs. Burnout

Burnout

- Associated with stress and hassles involved in your work
- Is cumulative and relatively predictable
- A vacation or change of job can help a lot

Secondary Trauma

- Trauma exposure as an occupational hazard – nature of the work vs. amount of work
- Can occur after one incident or as a result of cumulative exposure
- Can change the helper's worldview

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Assessments for STS and Compassion Fatigue

- Secondary Traumatic Stress Scale
- Professional Quality of Life Scale
- Useful for realizing how much and in what ways trauma work affects us
- Can be done individually or in individual or group supervision
- Helps identify problem areas for intervention

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Scoring of the Secondary Traumatic Stress Scale

- Add up all items for total STS score
- Below 30 – little or no STS
- 31-38 mild STS
- 39-47 moderate STS
- 48-51 high STS
- 52 and above – severe STS

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Talking about STS

- Discuss the ways in which trauma work has impacted you – negatively and positively.
- What strategies (individual and organizational) have helped you address STS?

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Dealing with Secondary Traumatic Stress

- Personal strategies:
  - Knowing your own personal vulnerabilities and unresolved or triggering issues
  - Knowing your limits
  - Awareness of how trauma work affects you
  - Self-care (physical, psychological, emotional, spiritual)
  - Stress management
  - Supports, relationships
  - Cognitive coping: focus on positive aspects of work, positive self-talk
  - Good boundaries between professional and personal life

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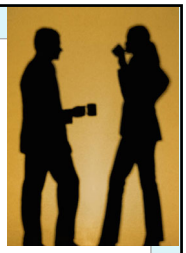
Self-Care: Workplace or Professional



- Take a break during the workday
- Take time to chat with co-workers
- Make quiet time to complete tasks
- Identify projects that are exciting or rewarding
- Set limits with clients and colleagues
- Arrange your workspace so it is comfortable and comforting
- Get regular supervision and consultation
- Develop a non-trauma area of professional interest
- Balance your caseload so no one day or part of the day is "too much"
- Have a peer support group, participate in debriefings

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Organizational Strategies

- Reduce caseloads/workloads
- Provide adequate supervision
- Provide good mental health insurance coverage and Employee Assistance Program
- Explicitly acknowledge the job stress and the possibility of work-related secondary traumatization of staff
- Provide staff educational workshops to increase individual awareness, develop peer support, decrease traumatized individuals' sense of isolation, and encourage self-care
- Provide adequate coverage and backup for staff in stressful positions
- Encourage ongoing discussion of secondary trauma among staff and administration
- Cultural shift

(Osofosky et al, 2008)

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STS Resources

- STS Consortium: https://www.stsconsortium.com/covid-19-resources
- Tend Academy: https://www.tendacademy.ca/resources/
- NCTSN STS Resources: https://www.nctsn.org/resources/all-nctsn-resources?search=secondary+traumatic+stress&resource_type=All&trauma_type=All&language=All&audience=All&other=All
- Emotional Well-Being and Coping during COVID-19: https://psychiatry.ucsf.edu/coronavirus/coping
- Provider Resilience App: https://apps.apple.com/ca/app/provider-resilience/id559806962 https://play.google.com/store/apps/details?id=org.t2.pr&hl=en

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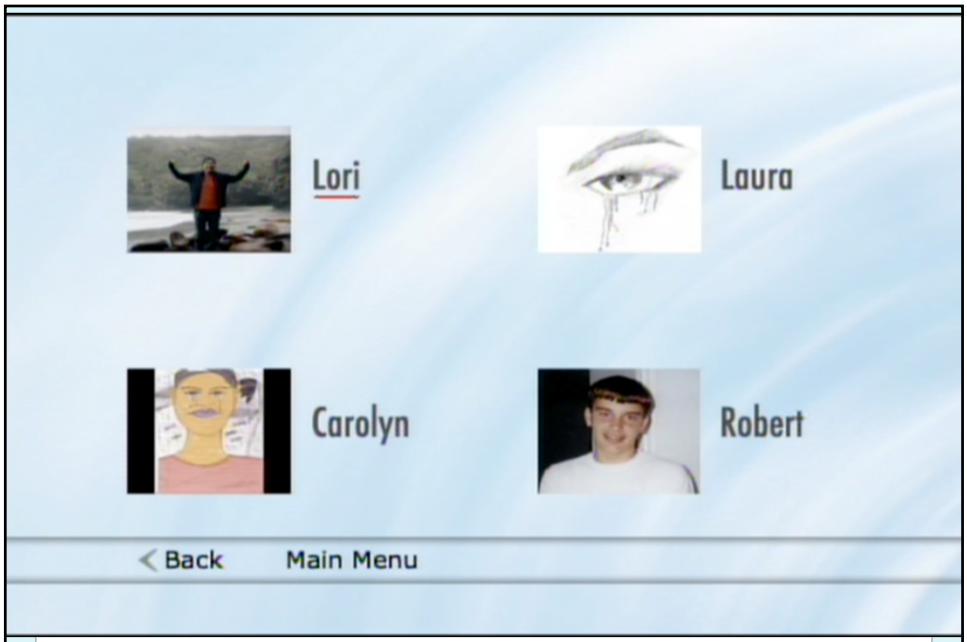

Resilience: Lori's Story

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Affirmations

Use the Mentimeter link/QR code to write an affirmation or positive statement that will help you in your work with children who have experienced trauma

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Questions

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