Trauma-Focused Cognitive Behavioral Therapy Training Part 3

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Adapted from Cohen, Mannarino, and Deblinger, 2017

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Goals for Part 3

Participants will:

1. Identify benefits of direct discussion of traumatic events
2. Improve clinical skills in implementing the following TF-CBT treatment component: Trauma narration and processing
3. Describe resources for implementing trauma narration and processing with clients
4. Identify cultural and developmental factors that impact treatment

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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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Readiness to Begin Trauma Narration

- Preparation: rapport and trust building, coping skills/SIT, feelings rating and modulation
  - May do a neutral narrative as practice
- Assess child readiness: PRAC
- Evaluate safety, stability, and support
- Gradual Exposure

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Goals for Direct Discussion of Trauma

Reasons to directly discuss traumatic events:

- Desensitization
- Resolve avoidance symptoms
- Correction of distorted cognitions
- Un-pair association of trauma memory or reminders from distressing emotions
- Model adaptive coping
- Identify and prepare for trauma/loss reminders
- Meaning making

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Reasons Why We Avoid Direct Discussion of Trauma with Kids

- Child discomfort
- Parent discomfort
- Therapist discomfort
- Legal issues

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Gradual Exposure: Not just for the narrative!

Gradual exposure develops throughout treatment

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Narration is a process not a product

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Introducing Trauma Narration

- Clearly explain rationale to child and parent
- Therapeutic books can be used as example to introduce trauma narrative
- Books on Domestic Violence: A Place for Starr, When Mommy Got Hurt (for young children), A Family That Fights, I Wish the Hitting Would Stop/Deseo Que los Golpes Paren, A Safe Place, and Clover's Secret
- Books on Child Sexual Abuse: Please Tell/Por Favor Di, When I Was Little Like You, Kids Helping Kids Break the Silence of Sexual Abuse
- Books on Child Physical Abuse: Helping
- Families Heal/Ayudando a Sanar a las Familias
- Songs about Trauma/Abuse
  - https://en.wikipedia.org/wiki/List_of_songs_about_child_abuse

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Mansion by NF:https://youtu.be/3FvZkb0sg4U

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Steps for Trauma Narration

1. Explore feelings about trauma narration
2. Introduce trauma narration
3. Child chooses form of narration
4. Therapist and child plan out chapters or table of contents with ratings
5. Child decides where to start, with therapist encouraging gradual exposure
6. Therapist does feelings ratings with child throughout sessions to monitor distress level
7. Child develops narrative over the course of several sessions
8. Therapist and child review entire narrative each session (child can add more detail as needed)
9. Session ends with positive activity or discussion and self-care plan

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Starting Trauma Narration

- Let child choose how s/he would like to tell his/her story
- Child may start by creating a title page with artwork and decorations
- It can be helpful to plan out the "chapters" of the story prior to starting
  - Chapters are calibrated in careful increments to lead up to more upsetting aspects of the story in a gradual manner
  - First part of narrative can tell about the child and life before the trauma
  - Child can gradually start talking about the trauma (e.g., relationship with offender prior to abuse, the day of the first incident)

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Organizing Trauma Narration: Ideas for Chapters

- Introduction/About the Author
- Life Before the Abuse
- About the Perpetrator
- The Day Before the Abuse
- The First Time it Happened
- The Worst Part
- The Last Time it Happened
- When I Told
- My Family's Reaction
- Something I Haven't Told Anyone
- Talking to the Police/Social Worker
- The Medical Exam
- Removal from Home/Separation from Family
- Foster Care
- Going to Court
- First Time in Therapy
- The Hardest Part to Tell
- What I Learned in Therapy
- Feelings About the Perpetrator
- Advice to Other Kids
- What I Have Learned about Myself
- Taking My Life Back
- Letters to Self, Parents, Perpetrator, Other Kids
- My Future

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Sample Gradual Exposure Hierarchy: Sexual Abuse Focus

1. Basic information about the child and family
2. Nonabusive interactions with the offender
3. The first episode of abuse or "grooming" incidents
4. Other abusive episodes (associated with events such as holidays, birthdays, etc.)
5. The most recent abusive or traumatic experience
6. The disclosure and resulting investigation and/or medical exam
7. The most disturbing or embarrassing abusive episodes
8. Final summary chapter: the counseling experience, what has been learned, who helped and future expectations

(Deblinger, Mannarino and Cohen, 2015)

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Trauma Narration Role Play Part 1

1. Think of real-life case and provide group with demographics and brief treatment summary **or** use Zoe as a case example
2. Discuss possible barriers to getting started with TN and create a plan to overcome.
3. **Role Play:**
   1. Therapist practices introducing the idea of trauma narration (What it is and why we are doing it with this client)
   2. Begin narration process with client (Identify format, create chapter list, identify PRAC skills to use)

*Therapists build on skills learned during previous components (PRAC)

*Co-therapists jump in to assist

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Developing Detailed Trauma Narration

- Child should be encouraged to talk/write/draw about the traumatic event(s) with as much detail as possible
  - Ask broad, open-ended questions:
    - What happened next?
  - Make clarifying and reflective statements:
    - Tell me more about it ….
    - I want to know all about ….
    - Repeat the part about …..

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Responding to Client Distress

- Offer tissues, water, breaks
- Validating statements:
  - "It's good and brave to share feelings."
  - "It's okay to cry."
  - "Sometimes kids feel shaky when talking about upsetting things. That's okay."
  - "Every time we talk about the abuse it will get a little easier."
  - "Facing those memories is hard work, but I know you can do it."
  - "The more you share your feelings, the better you will feel in the long run."
- Praise and affirmation:
  - "I'm so proud of you!"
  - "Thank you for sharing today. I know that wasn't easy, but you did a great job. How do you feel?"

(Deblinger, Mannarino, & Cohen, 2015)

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Hints on Gradual Exposure

- Subjective Units of Distress (SUDS)/Feelings ratings at beginning, middle, and end of session
- Help child re-create the scene
- Avoid asking, "Do you remember?"
- Be patient with pauses and silences
- Do not leave GE for end of session – ensure enough time for child to regain composure via SIT or pleasurable activity
- Review treatment rationale frequently
- Structure and direct sessions while offering child to feel some sense of control via appropriate choices
- Use age-appropriate, creative methods
- Monitor distress and symptoms between sessions
- Predict that some symptoms may increase during TN, which may increase avoidance
- Create self care plans and involve caregivers
- Don't over-attend to COWS

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Trauma Narrative Strategies

- Alternative methods for creating a trauma narrative:
- Cartoon strip
- Poem
- Talk Show Interview
- Song
- Drawings
- Instant message/text message
- Play narrative for young children
- **RELY ON CHILD'S STRENGTHS AND INTERESTS TO OVERCOME AVOIDANCE**

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Gradual Exposure and Trauma Integration

- Allow child to tell his/her story in completion prior to adding thoughts and feelings
- At some point in narration process, therapist should ask the child to describe the worst moment, worst memory, and/or worst part of the traumatic event, and include this in the narrative
- The child should be encouraged to describe this in as much detail as possible, including drawing a picture of this memory
- Facilitate trauma integration by encouraging child to include at end of narrative:
  - What s/he has learned or how s/he has grown from going through the traumatic events
  - Advice s/he might give to other children who have experienced similar types of trauma
- Helps child integrate both positive and negative effects of this experience into their concepts of themselves, the world, and relationships with others

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The Me I Once Was
https://youtu.be/PYUpdXnFSc8

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Trauma Narration and Telehealth

- Ensure privacy and safety
- Session structure: 10 minutes relaxation/resent before and after narrative work
- Use screen sharing: Microsoft Word, PowerPoint, Clip Art, whiteboard function for drawing
  - Child can type in chat box and therapist can transfer text
  - Child can narrate and therapist can type while child views screen
- Child can create art or build scenes– take screen shots and supply envelopes
- Self-care plan and fun activity for after session

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Stewart, 2020

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Reviewing Trauma Narration

- Over **several repetitions**, the child will experience progressively less extreme emotional reactions and physiological reactivity
- If the child experiences a high degree of reactivity, relaxation techniques can be utilized during the session
- Kids tend to feel proud and brave to know it's not as hard to talk about as it used to be: give them lots of praise for this!

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Sharing Trauma Narration

- Assess parent readiness/appropriateness
- To prepare the parent for hearing and seeing the child's trauma narration, the therapist should ask the parent to describe the parent's own experience of the trauma
- Therapist helps parent process his/her reaction to hearing the narration and feelings about the trauma
- Repeat narration with parent until s/he is able to maintain composure
- Therapist may help parent create an empathy letter

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Considerations for the Trauma Narrative- Caregiver

- Use child's artwork, stories, drawing (with child's permission) to share with caregiver each session.
- This is the next step in gradual exposure. Material should have been reviewed along the way.
- Sharing TN may not be appropriate, especially in complex trauma cases when trust is a major theme
- Role-play caregiver – child interaction
- Potential responses
  - May have difficulty expressing appropriate emotional support at first
  - May be supportive at some times but unable at other times
  - May be able to hear only part of narrative
  - See it as "fact finding"

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Cultural Considerations for the Trauma Narrative

- Use of culturally-appropriate books/stories as examples
- May need to reinforce rationale for direct discussion of trauma with child and parent if coping style is characterized by avoidance and/or subject is taboo
  - Use of fables or stories
- Child may need parent's explicit permission to talk about the trauma
- Hearing narration may trigger parent's own trauma history

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Developmental Considerations for Trauma Narration

- Developmentally-appropriate examples
- Form of narration and level of detail will depend on child's development (neutral narrative to establish baseline)
- Consider impact of child's developmental stage might have on his/her narration and efforts to make sense of the trauma
- For younger children:
  - Ask questions to establish understanding
  - Don't overreact to confusing or obviously inaccurate narration details
  - Use of puppets for initial distancing from overwhelming emotions

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When There Are Multiple Traumas or Complex Trauma

Which trauma is the focus of the TN?

- What were the findings from the clinical interview and any structured instruments?
- Which trauma was most disturbing or caused the greatest amount of distress?
- Was child highly avoidant of one more than the others?

*Include traumas that are contributing to trauma symptoms

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When There Are Multiple Traumas or Complex Trauma (cont'd)

- Limit the number of sessions for the TN so that it is not overwhelming for the child
- Provide some structure so that the child understands what will be covered
- Possible utility of life narrative or timeline
- Provide details about at least one trauma experience
- Look for underlying core trauma themes of blame, shame, betrayal, feeling damaged

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Trauma Narration Role Play Part 2

Continue the Role Play from Part 1:

- Use the same client but switch roles (if you were the client, now be the therapist)
- Practice eliciting the details of one trauma chapter
- Use screen share word document, chat, and/or pen and paper to record what the client is sharing

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2,000 Years Ago

The philosopher Epictetus said:
"The thing that upsets people is not what happens but what they think it means."

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Cognitive Processing Part II: Processing the Traumatic Event(s)

- **After trauma narration is completed,** directly explore and correct the child's cognitive distortions (inaccurate or unhelpful thoughts)
- Review the child's trauma narration in session and ask the child about his/her thoughts and feelings during the trauma
- After all the child's thoughts and feelings have been added, the therapist should help the child examine each thought for accuracy and helpfulness

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Cognitive Processing of the Traumatic Experience

- Develop optimal understanding of the trauma within the context of the child's life
- Common negative distortions: permanent, pervasive, personalized
  - Self-blame
  - Overestimating danger
  - Changed self and/or world view
- Complex trauma distortions:
  - Themes: safety, trust, intimacy, power/control, esteem

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Cognitive Processing with Caregivers

- Help parent identify their own cognitive distortions and related feelings
  - "I should have known this would happen"
  - "I'm a bad parent"
  - "My child's life is destroyed"
  - "Our family is destroyed"
  - "I can't handle anything"
  - "I can't trust anyone anymore"
- Help parent challenge their own distortions and replace them with more accurate and helpful cognitions
- Help parent identify and practice effectively challenging child's cognitive distortions

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Where to Start

- Identify thoughts
- Normalize thoughts
  - "Many children believe they should have told sooner."
  - "I've talked to many children who think they should have been able to stop their father from hurting their Mom."
- Validate feelings
  - "I can see how badly it makes you feel when you think it was your fault."
- Develop understanding of how they came to have this thought

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Ways to Identify Cognitive Distortions

- Trauma Narration
- Attending to child's attributions in session
- Parent's perspective
- Child's responses in role plays, puppet shows, etc.
- Talk about how child/parent felt when thinking about trauma over the past week and elicit problematic thoughts

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Ways to Identify Cognitive Distortions

- Use the Dealing with Trauma TF-CBT Workbook
  - Your Thoughts and Feelings About the Trauma(s) page
- Review responses on the UCLA PTSD Reaction Index
  - I have thoughts like "I'm bad"
  - I have thoughts like "the world is really dangerous"
  - I have thoughts like "I will never be able to trust other people"
  - I think part of what happened was my fault

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Cultural Considerations for Cognitive Processing

- Explore possible culturally-related beliefs/distortions, especially related to shame and/or religious beliefs
- Focus on healthy and helpful aspects of cultural values vs. unhealthy/unhelpful aspects
- Use progressive logical questioning and reframing

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What Is Usually Not Helpful

- Telling child something like "it's not your fault"
- Children have heard this sort of statement from many others (e.g., parents; police; advocates, etc.)
- If these statements from others were truly helpful, children would no longer have these types of distortions
- They need to figure this out for themselves with the help of their therapists

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Techniques for Challenging Trauma-Related Cognitive Distortions

- Lists and definitions
- The "Best Friend" role play
- "Responsibility Pie"
- Examining the evidence
- Progressive Logical Questioning

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Lists and Definitions

Good strategy for negative thoughts involving overgeneralization of untrue or unhelpful thoughts

"I am a bad kid."
Make a list of all the qualities that make for a good kid.

"My child has lost her innocence and had her childhood taken away by the abuse."
"Let's make a list of what are signs that a child is innocent and enjoying their childhood."

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Allocating Responsibility

"If you had a pie and divided up responsibility for the sexual abuse, how would you draw it?"

I did not say no or try to stop him.

He did it to me. He knew it was wrong.

She had to know what was going on.

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Logical Progressive Questioning

- Identify and understand problematic belief
- Reflect and validate
- Why is the belief problematic?
- What do you want to say to the client?
- How can you turn this into an eliciting question?
- Questions as steps from distorted to adaptive thought
- Use reflection while thinking of next question
- Don't try to move too fast

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Socratic Method

- Revealing the issue:
  - What evidence supports this idea? What makes you think it is true?
  - What evidence is against its being true?
- Finding reasonable alternatives/exceptions:
  - What might be another reason for the situation?
  - Why else did it happen? What is another way to look at it?
- Examining various potential consequences:
  - What are worst, best, bearable and most realistic/likely outcomes?
- Evaluate those consequences:
  - What's the effect of thinking or believing this?
  - What could be the effect of thinking differently?
  - What will happen if I keep telling myself this?
  - What could happen if I changed my thinking?

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Old Thought: The sexual abuse was my fault

Possible Endpoint:

What I want to tell her	**Turn into eliciting questions**

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Socratic Questioning Example

- **Example: Thought = The sexual abuse was my fault.**
- Therapist: What makes you say it was your fault?
- Client: Because I didn't tell anyone it was happening. I should not have gone back there.
- T: Thinking back, why didn't you tell anyone?
- C: Well, he said he would hurt my mother.
- T: Oh. Did you believe him?
- C: Yes, at the time I did.
- T: That sounds really scary. Any other reasons you didn't tell?
- C: I guess I was worried my mom wouldn't believe me.
- T: And when you did tell her, she actually did have a hard time believing you.

Mannarino & Cohen, 2018

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Socratic Questioning Example (continued)

- C: Yeah.
- T: So you weren't far off on that, actually. Any other reasons you didn't tell?
- C: Well, he told me I would go to jail if the police found out.
- T: Did you believe that?
- C: Well, I was young. I guess I did.
- T: Hmm... Sounds like you actually had some important reasons for not telling. You were worried he would hurt your mother, you were worried about your mom's reaction, and you were convinced you could go to jail for telling. Do those seem like good reasons for a 9- year-old to keep silent?
- C: Well, now that I think about it more...I guess it did make sense.

Mannarino & Cohen, 2018

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Allocating Responsibility

Yes I did not fight him. However, at the time I was scared and he is bigger than me.

She did not know what was going to happen; The offender is responsible.

He knew it was wrong; he is responsible.

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Cognitive Processing of Trauma(s) and Telehealth

- Use different font colors and sizes for thoughts and feelings
- Add images and/or thought bubbles to represent thoughts and feelings
- Use cognitive triangle slides to process trauma-related thoughts, feelings, and behaviors
- Best friend role play/puppet shows
- Responsibility pie – whiteboard or draw pie with client using screen sharing or create pie chart in Microsoft Word or PowerPoint
- Make charts for examining the evidence

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Developmental Considerations for Cognitive Processing of the Traumatic Experience(s)

- For young children:
  - Use of best friend role play
  - Responsibility pie
  - "Who made it happen?" game
  - Positive self-talk

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Feven's Story

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Feven's Distortions

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Round Robin Role Play Activity for Cognitive Processing of the Trauma

- Choose one of Feven's cognitive distortions to work on
- Discuss which techniques would be most helpful to challenge this distortion
- Role play – one person is Feven and one person starts as therapist
- Therapist practices techniques to challenge the cognitive distortion
- Pass role of therapist on to other group members
- Report to larger group: which distortion did you work on and which techniques were most effective?

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Ending Narration with Integrated Understanding

Final chapter may include the following:

- What have you learned?
- What would you tell other youth who experienced this?
- How are you different now from when it happened/when you started treatment?
- Personal strengths
- Expectations for the future

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Questions

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