Trauma-Focused Cognitive Behavioral Therapy Training Part 1

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Adapted from Cohen, Mannarino, and Deblinger, 2017

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Virtual Training Requirements and Logistics

- Keep your video on throughout the day.
- Be present for entire training. We will have several breaks.
- Feel free to use the chat for questions.
- Put your computer/phone on mute when you are not talking.
- We will have a lot of time to share and practice. Have fun!

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Goals for Part 1

Participants will:

1. Learn about TF-CBT as an evidence-based treatment for children and families who have experienced trauma
2. Be able to identify appropriate cases for TF-CBT
3. Improve clinical skills in engaging children and families in TF-CBT
4. Identify cultural and developmental factors that impact treatment

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Introductions

- Name
- Program/Setting
- Favorite activity/coping skill during pandemic

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What is Trauma?

- Witnessing or experiencing an event that poses a real or perceived threat to the life or well-being of the child or someone close to the child
- Types of Trauma:
  - Acute Trauma
  - Chronic Trauma
  - Complex Trauma
  - Historical Trauma
  - Racial Trauma
  - Traumatic Grief
  - Systems-Induced Trauma
  - Community Trauma

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Building Community Resilience (BCR) 'pair of ACEs' framework

Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

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Prevalence of Trauma

Individuals who experience significantly higher rates of trauma include:

- Black, Indigenous and Latinx youth
- Homeless youth
- Lesbian, gay, bisexual, and transgender youth
- Refugee youth, particularly those not accompanied by a caregiver adult.
- Youth with an Intellectual and/or Developmental Disability
- Youth in Foster Care

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What Is Trauma? Psychoeducation Video for Kids: https://youtu.be/jJ8HxglH0jQ

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What Is Child Traumatic Stress?

- The physical and emotional responses of a child to traumatic events
- Traumatic events overwhelm a child's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal
- Trauma is "an event that shakes you to your core and causes you to question your fundamental assumptions about the world."

Richard Tedeschi

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How Childhood Trauma Affects Health Across a Lifetime | Nadine Burke Harris

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https://www.youtube.com/watch?v=95ovIJ3dsNk

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Trauma Symptoms

- Post-Traumatic Stress Disorder
  - Persistent re-experiencing of the trauma
  - Persistent avoidance of stimuli associated with the trauma
  - **Negative alterations in cognitions and mood that are associated with the traumatic event**
  - Persistent alterations in arousal and reactivity
  - An individual must have symptoms in all four areas described above in order to receive a diagnosis of Post-Traumatic Stress Disorder (PTSD)
- Other trauma-related symptoms: depression, anger, anxiety, dissociation, behavioral problems, sleep problems

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Chronic Trauma Exposure (Complex Trauma)

- Typically includes complex trauma experiences and
- complex trauma outcomes
- Trauma sequelae are often broader than one
- diagnosis and may include:
  - Severe affective dysregulation
  - Interpersonal difficulties
  - Adversely affected belief systems
  - Somatic distress or disorganization
  - Serious self-esteem issues
- Typically results in significant functional impairment

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Ask Us Who We Are Documentary: “We Carry It with Us”

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Effects of Trauma Exposure

- **Attachment**
  - World is uncertain and unpredictable
  - Socially isolated
  - Difficulty relating to and empathizing with others
- **Biology**
  - Changes in brain chemistry and structure
  - Higher levels of stress hormones
  - Unexplained physical symptoms/increased medical problems
- **Mood Regulation**
  - Difficulty regulating their emotions
  - Difficulty knowing and describing their feelings and internal states
- **Dissociation**
  - Feeling of detachment or depersonalization
  - “Observing” something happening to them that is unreal
- **Behavioral Control**
  - Poor impulse control
  - Self-destructive behavior
  - Aggression towards others
- **Cognition**
  - Problems focusing on and completing tasks
  - Problems planning for and anticipating future events
  - Learning difficulties
  - Problems with language development
- **Self-Concept**
  - Disturbed body image
  - Low self-esteem
  - Shame
  - Guilt

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Breakout Room Activity

Briefly share examples of the effects of trauma exposure that you notice in your own clients.

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What is TF-CBT?

- A hybrid model that integrates:
  - Trauma sensitive interventions
  - Cognitive-behavioral principles
  - Attachment theory
  - Developmental Neurobiology
  - Family Therapy
  - Humanistic Therapy

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Goals of TF-CBT

- Resolve PTSD, depression, anxiety and other trauma related symptoms
- Optimize adaptive functioning
- Enhance safety, family communication and future developmental trajectory

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Empirical Support for TF-CBT

The California Evidence-Based Clearinghouse for Child Welfare
CEBC

TF-CBT Rated a "1" on the CEBC Scientific Rating Scale in the area of Trauma Treatment for Children

Over 21 completed randomized controlled trials (RCT) in six countries

- >500 sexually abused/multiply traumatized children, 3-18 years old
- TF-CBT found to be superior over other active treatments for traumatized children with regard to improvement in a variety of domains:
  - PTSD
  - Depression
  - Anxiety
  - Internalizing, Externalizing and Sexualized Behaviors
  - Shame
  - Abuse-related Cognitions
- Treatment gains continued at 6 and 12-month follow-up
- TF-CBT with 7- to 14- year-old children exposed to IPV and with elevated PTSD: 8 sessions effectively improves children's IPV-related PTSD and anxiety

(Cohen and Mannarino)

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Treatment Research

- Studies have been conducted with children exposed to sexual abuse, domestic violence, traumatic losses, civil war, sex trafficking and multiple traumas
- Improved parental distress, parental PTSD, parental support, and parental depression compared to client-centered or nondirective treatment

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Core Values Of The TF-CBT Model

C omponents-based
R espectful of cultural values
A daptable and flexible
F amily focused
T herapeutic relationship is central
S elf-Efficacy is emphasized

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TF-CBT components are designed to address the following domains (CRAFTS)

C ognitive problems
R elationship problems
A ffective problems
F amily problems
T raumatic behavior problems
S omatic problems

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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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TF-CBT Proportionality
Time: 8-16 sessions
Parenting Skills
Gradual Exposure
Psychoeducation
Relaxation
Affect
Modulation
Cognitive Coping
Stabilization Phase
1/3
Trauma
Narration
and
Processing
Trauma Narrative Phase
1/3
In vivo
Conjoint
sessions
Enhancing safety
Integration/ Consolidation Phase
1/3

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TF-CBT Proportionality – Complex Trauma
Time: 16-25 sessions
Parenting Skills
Gradual Exposure
Enhancing Safety
Psychoeducation
Relaxation
Affect Modulation
Cognitive Coping
Stabilization Phase
1/2
Trauma
Narration
and Processing
Trauma Narrative Phase
1/4
In vivo
Conjoint Sessions
Enhancing Safety
Integration/ Consolidation Phase
1/4

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Goals of Direct Discussion of Trauma

- To unpair thoughts, reminders, or discussions of the traumatic event, from overwhelming negative emotions such as terror, horror, extreme helplessness, or rage (and create new, positive associations)
- To desensitize child to traumatic reminders and thereby decreasing avoidance and hyper-arousal
- To identify and prepare for trauma/loss reminders
- To model adaptive coping
- Correct trauma-related cognitive distortions
- To enable the child to integrate the traumatic experience into the totality of the rest of his/her life

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Gradual Exposure Includes:

- Therapist naming the trauma/s
- Therapist "musing"- wondering aloud about the possible connection between traumas and feelings/thoughts/actions
- Exploring/discussing what other children with the same trauma experience might think or feel/Using examples of other youth
- Direct discussion about the client's own experience

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Child and Parent Components

- **Inform caretakers that TF-CBT is a treatment for families, not just for children; build this expectation!**
- Individual sessions for both child and parent
- Parent sessions - generally parallel child sessions
- Same therapist for both child and parent
- Child and parent receive about the same amount of time at each session

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Parent Components of TF-CBT

- Psychoeducation (including Orientation to TF-CBT) and Parent Skill Building
- Stress Inoculation Techniques (affective expression and modulation, relaxation, thought stopping)
- Cognitive Processing - The Cognitive Triangle
- Sharing Child's Trauma Narration
- Cognitive Processing of the Trauma
- Conjoint Parent/Child Sessions: Discussion of trauma and enhancing safety
- Termination/Graduation

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Session Structure

Individual Session with Child:
Put session components in the correct order:

1. Brief Check-In
2. Review Homework and Skill Learned in Previous Session
3. Engage in Component-Based Activity (get creative!)
4. Practice New Skill
5. Assign Homework
6. End session with positive discussion or activity

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Session Structure (continued)

- Collateral Session with Parent
  - Brief Check-In
  - Review Homework and Skill Learned in Previous Session
  - Engage in Component-Based Activity/Discussion
  - Practice New Skill
  - Assign Homework
  - End session with positive discussion

OR

- Conjoint Session with Parent and Child

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https://www.nctsn.org/resources/promise-trauma-focused-therapy-childhood-sexual-abuse-video

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Managing COWS (Crisis of the Week)

- Is it a real crisis or a way to avoid trauma work?
- If crises are real:
  - Provide another therapeutic alternative to address these crises
  - Devote a designated amount of time each session to these issues (remainder of session time will be spent on trauma-focused therapy)
  - Agree to set aside trauma issues for a specified treatment period to focus on stabilization. Establish specific goals and start TF-CBT when goals are attained.
- Systems issues
  - Court involvement
  - Changes in placement
  - Group homes/residential treatment facilities

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Addressing COWs

- Communicate treatment rationales and plans clearly, label and acknowledge COWs
- Establish session **structure** that allows crises to be addressed without "hijacking" session
- Milk the COW: Encourage use of TF-CBT coping and parenting skills to deal with crises
- Encourage parental follow through by practicing in session and in waiting room, and reviewing weekly homework at the beginning of session

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Fidelity to the Model

- **PRACTICE** components build on previously mastered skills and therefore should be presented in order in most cases…
- All components should be provided to all children who are receiving TF-CBT
- Model requires high degree of clinical insight, judgment, and creativity
- Use of Fidelity Checklists: TF-CBT Brief PRACTICE Checklist

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Flexibility with the TF-CBT Model

- Clinical judgment and the child's individual situation may dictate that more or less time be spent on specific TF-CBT components
- Opportunities for creativity in implementing activities for each component
- In many clinical situations, aspects of several components can be blended together in a single session to provide an optimal intervention
- Therapist may return to previously learned component when reinforcement is needed
- Conjoint sessions may be held earlier in treatment to address important family issues or reinforce skills

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Cultural Considerations

- Importance of viewing trauma in cultural context
- Retention in treatment is higher for diverse clients when treatment incorporates important cultural beliefs
- Use of Culturally Modified TF-CBT or Honoring Children, Mending the Circle as appropriate

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Cultural Constructs

- Family focus (collectivistic vs. individualistic)
- Interpersonal relationships and communication
- Causes for and expression of psychological distress
- Spirituality/religion
- Alternative/complementary medicine
- Child rearing practices
- Views on sexuality and sexual development
- Gender/family roles
- Language

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Developmental Implications for Treatment

- Provide age-appropriate education and skill building exercises
- Continuously assess children's understanding and retention by asking questions and listening
- Incorporate and demonstrate knowledge of age-appropriate activities, music, movies, etc.

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Who Is Appropriate for TF-CBT?

- Children ages 3-18 who have experienced 1 or more traumatic events
- Children who present with clinically significant levels of post-traumatic stress symptoms (not necessary to meet full criteria for PTSD)
- Children with clinically significant levels of depression, anxiety, shame or other dysfunctional abuse-related feelings, thoughts or developing beliefs
- Children who are able to engage in treatment (no active psychosis, suicidality, severe substance abuse, etc.)

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Pathway to Trauma Treatment

- What is the clinical presentation?
  - Presence of trauma symptoms
- What is the connection between the trauma exposure and current symptoms?
- What is "driving the train"?
- Is child currently stable enough and in a stable enough environment to engage in treatment?
- Who may be an appropriate caregiver to include in treatment?
- Is it necessary to start with different treatment and sequence to TF-CBT?
- **Therapist needs to be convinced of the need for trauma treatment if the family is going to get on board**

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Screening for TF-CBT Telehealth

- Trauma screening
  - Childhood Trust Events Survey
- Appropriateness for telehealth
  - Vision or hearing difficulties
  - Safety/self-harm/suicidal ideation concerns
  - Impulsivity, attention problems, destructive behaviors
  - Privacy in home
  - Adult/caregiver present in home during session
  - Access to necessary equipment

Stewart, 2020

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Trauma Assessment

- Clinical interview with child **and** caretakers
- Assess trauma exposure and impact
- Structured instruments:
  - Child and Adolescent Trauma Screen (CATS)
  - UCLA PTSD Reaction Index for DSM 5
  - Child PTSD Symptom Scale (CPSS-V)
  - Trauma Symptom Checklist for Children
  - Children's Attributions and Perceptions Scale
  - Parent Emotional Reaction Questionnaire (PERQ)

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Standardized Assessments –UCLA PTSD Reaction Index for DSM 5

- Self-report instruments (Child and Adolescent Version 7-18, and Parent Version), available in English and Spanish
- Screen both for exposure to traumatic events and for all DSM-5 PTSD symptoms
- Screen for meeting diagnostic criteria for PTSD in DSM 5
- Indicates whether the child meets each of four criteria (Re-experiencing, Avoidance, Negative Alterations in Thought and Mood, E-Hyperarousal) required for a diagnosis
- Can also be used as a continuous measure
  - Cut-off point of 35 associated with increased likelihood of having PTSD

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UCLA Brief COVID-19 Screen for Child/Adolescent PTSD ©

Name: _____ ID #_____ Age: _____ Sex: □ Female □ Male
Grade in School _____ School: _____ Teacher: _____ City/State _____
Interviewer Name/I.D. _____ Date (*month, day, year*) ____/____/____ (Session #_____)

The coronavirus illness has made a lot of people very scared and worried about their own safety and health, and the safety and health of their family and friends. To help me understand how you are doing with what is happening, I'd like to ask you some questions about some ways that we know people react to this kind of danger. For me to better understand your answers, it's helpful for me to ask you a few questions first.

Have you or someone close to you gotten very sick or been in the hospital because of this illness?	□ Yes □ No
Have you or someone close to you been quarantined because of having symptoms of this illness?	□ Yes □ No
Have you or someone close to you been told of a positive test for this illness?	□ Yes □ No
Does someone close to you work around people who might have this illness?	□ Yes □ No
Have you or a family member had to move away from home because of this illness?	□ Yes □ No
Has anyone close to you died because of this illness?	□ Yes □ No

If yes, can you tell me who? _____

Military Families

Has a military member of your family been deployed to a place where people have this illness?	□ Yes □ No
Have you and your family been quarantined and made to stay on your military base?	□ Yes □ No
Has a military member of your family been unable to return home or leave a foreign country because of being quarantined or because of having this illness?	□ Yes □ No

Has anything else happened to you/your family because of this illness that has been very upsetting?	□ Yes □ No

Describe: _____

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Trauma Assessment Resources

- NCTSN: Measures Review Database: https://www.nctsn.org/treatments-and-practices/screening-and-assessments/measure-reviews/all-measure-reviews
- Trauma Reaction Cards: https://www.traumareactioncards.com/
- UCLA Brief COVID-19 Screen for Child/Adolescent PTSD
  - https://istss.org/clinical-resources/assessing-trauma/ucla-ptsd-assessment-tools

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Cultural Issues Related to Assessment

- Explore client's cultural beliefs and how culture influences client's conception of the trauma, related symptoms, and mental health services
- Assess for any cultural or historical trauma for child and family members
  - Trauma in past generations
  - Intergenerational trauma
  - Trauma in country of origin or during immigration process, separation, deportation
  - Discrimination and oppression
- Importance of assessing cultural values and acculturation issues when developing therapeutic alliance with child and family

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Developmental Considerations in Assessment

- Use developmentally appropriate measures and strategies
- Consider language and reading level (may use interview format)
- For school-age youth & young adolescents
  - Dry erase board/chalk board for marking answers
  - Small rewards for each 'set' of questions completed (attention span & age determines whether this is 5 questions or an entire questionnaire)
- For all youth (& caregivers)
  - Praise for 'hard work' completing questions
- Complete 1 measure each session so session can include engagement activities

Amaya-Jackson, Dorsey & Briggs, 2007

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Assessing Narration Capacity

- Baseline narration
  - Can you tell me why your adult brought you here today
- Benign narrative
  - Share a positive or neutral event. "I wasn't there so tell me all about it."
  - What were you thinking
  - What were you saying to yourself
  - What happened next
  - Tell me more about

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Assessing Trauma Reminders

- Are there environmental cues that remind the child of the trauma and cause distress?
- Identify reminders, when and where they occur, and how child reacts
- Early treatment goal will be to help child cope with triggers and teach parents how to help
- Unidentified reminders: what are the antecedents to child's unexplained behavior?
  - Have parent and child keep a detailed log

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Utilizing Assessment Results in Treatment Planning

- Identifying target symptoms
- Providing feedback to families
  - Linking symptoms to trauma and presenting problem
- Creating treatment plan with child and family
- Orientation to TF-CBT
- Psychoeducation

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Removed

https://www.youtube.com/watch?v=IOeQUwdAjE0

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Screening and Assessment with Zoe

- What are the traumas experienced by Zoe?
- What trauma reactions can you observe?
- What are some trauma reactions you may not be able to observe in Zoe?
- Identify Zoe's trauma reminders.
- What could be some challenges to assessment with Zoe?

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Caregiver Engagement in TF-CBT

- TF-CBT is meant to be delivered in a parallel format with the caregiver and child
- Parents are often traumatized themselves (direct or vicarious) by their child's experiences
  - Skill building components can help them cope better
  - Gives them the opportunity to model and encourage their children to practice skills
- The caregiver can help the child sustain gains after treatment ends
- Child may have greater gains/symptom decrease
- Parents get better too!

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Challenges to Caregiver Engagement

- Difficulties engaging in therapeutic process due to mistrust
- Therapeutic process disrupted by multiple problems and numerous crises (COWs)
- Parental response characterized by disbelieving or minimizing
- Overly permissive or authoritarian reactions to children's behavior problems
- Parental emotional distress/PTSD due to vicarious trauma or their own trauma
- Engaging resource parents and substitute caregivers

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Strategies for Engaging Caregivers

- Address such issues as stigma, cultural concerns, and previous experiences with therapists
- Focus on what parents need and want from therapy
- Provide education about psychotherapy (what to expect: it occurs over time, not all at once, etc.)

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Strategies for Engaging Caregivers

- Emphasize importance/primacy of parental role
- Recognize concrete barriers to participating in treatment
- Actively listen without judgment
- Acknowledge parental distress
- Find things to praise in the parent

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Orientation to TF-CBT

- Acknowledge, validate, and address parental concerns
- Clarify need for treatment and benefits of early treatment to prevent long-term difficulties
- Review the assessment results with parent and child and link child symptoms to trauma
- Review components of the model and theoretical rationale
- Explain gradual exposure and why it's important for trauma integration
- Emphasize vital role that parents play in child's recovery
- Encourage collaboration and optimism; establish parameters of confidentiality

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Parent Quote

"It was like a light bulb went on in my head. I finally got what it was like….Until I saw it in his own words, I never got that all this time he's been living through this just like me."

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Engaging Children Who Are Avoidant in Trauma-Focused Work

- Normalize avoidance (book: You've Got Dragons)
- Incorporate low-level exposure exercises in fun skill-building and educational activities
- Enhance feelings of control by offering choices
- Utilize children's natural interests
- Plan to end each session with a fun activity
- Don't limit gradual exposure to narrative work- be flexible and creative!!
- Other creative approaches…..

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TF-CBT via Telehealth Considerations

- Risk factors during COVID-19
- General considerations for telehealth
- Help with the technology
- Explain importance of video sessions vs. audio specific to TF-CBT

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Engaging Children in Telehealth

- Position camera to ensure client knows you are looking at them and are focused on client
- Consider shorter sessions as needed
- More animation and excitement
- Use interactive activities and props
  - Teleplay Therapy Resources and Support Facebook Page
    - Would You Rather Cards, Harry (Potter) Scavenger Hunt, I Spy, Guess the Picture
  - Telehealth Scavenger Hunt
  - https://tfcbt.org
  - MUSC: https://telehealthfortrauma.com
  - May require more prep time
  - Use large font (especially for smart phones)
- Problem solving for clients who are not comfortable on camera
- Allow time for engagement while maintaining treatment fidelity

Stewart, 2020

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Safety Protocol for Telehealth

1. Adult caregiver is available in home during session
   -Caregiver informed that you will check in with them on camera at beginning of session
2. List of contact information for caregivers
   -Verify contact information each session
3. Record child's location in the home
4. Child needs to stay in view of camera throughout session
5. Define emergencies and explain safety protocol for emergencies
   -Caregiver will be called into the room
   -If crisis can not be de-escalated or caregiver does not respond and client or other is in imminent danger, 911 will be called
   -Know local crisis/mobile response resources

Stewart, 2020

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Engagement: The Ongoing Process

- *Each session* - continue to evaluate both the child and caregiver's engagement
- Motivate for each session! Both the child and caregiver must understand- what's in it for them

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Parent Engagement Role Play

Maria is a Mexican-American mother of three. Her oldest daughter, Isabella, recently disclosed that Maria's husband, Jorge, had been sexually abusing her for four years. Maria was also sexually abused as a child but never told anyone. Child welfare services told Maria that Jorge had to stay away from the family and that she had to follow through with therapy for Isabella, or she would risk losing all three of her children.

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Questions for Role Play

- What are Maria's primary concerns and needs?
- What are some possible barriers to engaging Maria in Isabella's treatment?
- What are some strategies or approaches that would be helpful to engage Maria effectively?

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Questions

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