TF-CBT Booster Training

CINDY ROLLO, LCSW-C
AUGUST 27 & 30, 2021

DEVELOPERS OF TF-CBT
ANTHONY P. MANNARINO, PH.D.
JUDITH A. COHEN, M.D.
ESTHER DEBLINGER, PH.D.

Thanks to the developers, Dr. Judith Cohen, Dr. Anthony Mannarino, and Dr. Esther Deblinger.

Thanks also to the many national TF-CBT trainers who contribute new ideas, slides, and hand-outs for TF-CBT training regularly.

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Virtual Training Requirements and Logistics

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

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Training Agreements

- Protect confidentiality
- Demonstrate mutual respect
- Attend to Self-Care

Learning Objectives

Following the training, clinicians

1. Are able to identify how gradual exposure is incorporated in TF-CBT
2. Are able to utilize strategies for achieving the goals of the components of TF-CBT.
3. Are able to formulate the necessary steps to support clients in the narration process.
4. Are able to recognize and address unhelpful and inaccurate trauma related cognitions.

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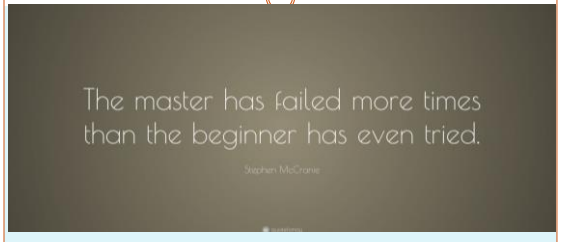

What Have We Learned So Far?

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TF-CBT Pacing

Time: 8-16 sessions

Parenting Skills

Gradual Exposure

Pscyhoeducation Relaxation Affective Modulation Cognitive Coping	Stabilization Phase	1/3
Trauma Narrative 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 Narrative and Processing	Trauma Narrative Phase	1/4
In vivo Conjoint Sessions Enhancing Safety	Integration/ Consolidation Phase	1/4

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Where Do We Start Again???

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Goals of a Good Trauma Evaluation

- Getting an accurate assessment of their exposure and their current level of PTSD and related symptoms
- Building your relationship- continuing engagement and building trust
- Psycho-education- consciously chose the language you use (i.e. PTSD versus "when bad things happen in our lives, and how it affects us").
- Gradual Exposure (GE)

Gradual Exposure During Assessment

- When you finish the part of the assessment that identifies exposures, list them back to the client.
- List with as much specificity as you have.
- Ask which one or ones currently bother them the most.
- Tell the client to think about that one (and any others you think may be important) as they answer the next set of questions.
- When possible, insert the name of one or more of the traumas they have experienced (gradual exposure) as you ask the questions about symptoms

But the trauma doesn't bother me at all?

Distinguishing avoidance from resilience

- Are they able to talk about the details of the event?
- What do the assessment measures let us know?
- Do I need to redo assessment measures?
- Timeline to point out functioning changes
- Do the caregivers confirm this report?
- Is there something else more pressing at the time?
- What is the risk if they don't process this event further?

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Explaining Findings and What Comes Next

- Explain the plan of treatment (i.e. TF-CBT, if indicated)
- What's Important to Cover
  - Effectiveness of the treatment modality
  - How long treatment takes (3-6months)
  - Who will be involved
  - Skill building initially
  - How, when and why there will be caregiver involvement
  - There will be a time when you will have them talk about the bad things they have experienced
- **Obtain "Buy-in" for TF-CBT**

Familiarize Families With TF-CBT

Let them know what to expect:

- Weekly sessions
  - parallel format with the caregiver and child
- Practice skills in session and at home
  - *Goal is to help kids develop coping skills to deal with their trauma related thoughts and feelings and later in treatment will have the chance to share some of the details of what happened.*

* Therapy can take less time overall and is more effective when sessions are attended regularly and a supportive caregiver actively participates

Explaining the Structure to Youth

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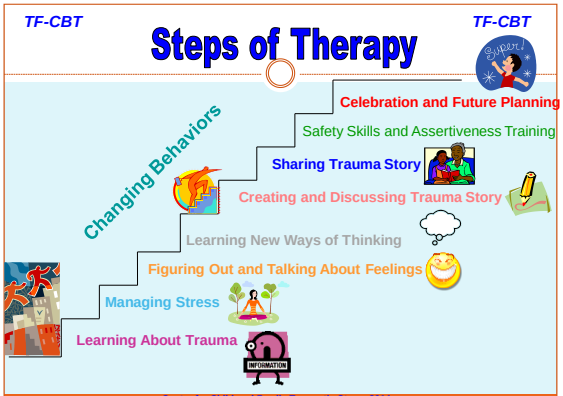
Steps of Therapy

TF-CBT

TF-CBT



Center for Child and Family Traumatic Stress 2014
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Session Structure

Meet individually **with Youth**

- Brief Check-In
- Review home practice and skill learned in previous session
- Engage in component-based activity/discussion
- Practice new skill
- Assign homework practice
- End session with positive discussion

Meet individually **w/ caregiver**

- Brief Check-In
- Review home practice and skill learned in previous session
- Engage in component-based activity/discussion
- Practice New Skill
- Assign home practice
- End session with positive discussion

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Conjoint Session Structure

- Brief separate check-in with parent (and youth if needed)
- Review homework and skill learned in previous session
- Engage in discussion about plan for conjoint
- Bring parent and youth together to practice or share a component specific skill
- Praise and assign home practice
- End session with positive discussion

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Fidelity is Achieved When…

- All of the TF-CBT components are implemented
- TF-CBT components in order of PRACTICE acronym, unless there is clinically appropriate justification
- Appropriate proportionality and pacing of components
- Completion of TF-CBT within appropriate time frame
- Gradual Exposure (GE) is included throughout treatment

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Which PRACTICE component(s) did you implement today?
Record C (child) P (parent) J (joint) in box to indicate type of session and with whom PRACTICE component was implemented.

TF-CBT Treatment Component	Session #:	1	2	3	4	5	6	7	8	9	10
	Date:	/	/	/	/	/	/	/	/	/	/
A: Assessment measures administered and engagement methods used **GE:** Refer to trauma(s) during assessment and in relation to engagement											
P: Provide psychoeducation about trauma(s), reactions, reminders and treatment **GE:** Use proper words for trauma(s) and body parts; identify trauma reminders											
P: Provide parenting skills (praise, selective attention, active listening, time out, etc.) **GE:** Connect parental response and youth's symptoms/behaviors to trauma											
R: Provide individualized relaxation skills (e.g., focused breathing, mindfulness, etc.) **GE:** Connect use of relaxation skills to youth's trauma reminders											
A: Provide affect expression, identification and modulation skills **GE:** Connect use of skills to youth's trauma reminders											
C: Introduce cognitive triangle and optimistic thinking in general terms with children **GE:** Help PARENT use cognitive coping for trauma-related maladaptive thoughts											
T: Develop youth's trauma narrative (TN) in calibrated increments with thoughts, feelings, sensations, helpful and worst moments. Cognitively process maladaptive thoughts and end TN with positive lessons about self, others, parent(s) and future. Share TN with parent in individual session when clinically appropriate **GE:** Write, read and/or review TN											
I: GE: Plan in-vivo desensitization for generalized avoidance as needed											
C: Conjoint trauma-focused youth-parent sessions: youth and parent trauma education, share TN when clinically appropriate, Q&A; improve communication **GE:** Share TN or address other trauma related issues in conjoint session											
E: Address personal safety skills and assertive communication; increase awareness of problem-solving skills and/or social skills; provide sex ed when appropriate **GE:** Address safety skills related to youth's trauma and future development											

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Caregiver Engagement in TF-CBT: *Why Does It Matter?*

***Caregivers are central to recovery and treatment following trauma for children**

#1 predictor of recovery is parental response

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Building Caregiver Engagement

- **Validate and praise** caregivers**!**
- Clearly explain role of caregivers in treatment (**repeatedly revisit the rationale for caregiver involvement**)
- Teach skills that could apply to all kids
- **Place emphasis on how it is beneficial specifically for this caregiver.**
- Clearly state that there is no penalty for talking openly or expressing dislike of services
- Ask about past treatment experiences
  - If treatment "spoke to their family values"
  - If the therapist understood and respected their "family dynamic"
  - Directly discuss cultural appropriateness of treatment

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Engagement Considerations for Caregivers with Trauma Histories

- Emphasize physical environment and comfort
- Demystify treatment process
- Minimize use of jargon
- Explore beliefs about hope and change
- Emphasize parental competency and good intentions
- Exploring existing attributions and beliefs
- Evaluate adult and child exposure to current traumatic stressors and trauma triggers

Sarah Gardner, Center for Child and Family Traumatic Stress at Kennedy Krieger Institute. Developer of FamilyLive Treatment Model

Building Engagement Practice

How you would assess appropriateness of the caregiver participating (in each phase of treatment) and increase engagement with this parent.

Identify a spokesperson for your group.

1. Caregiver and teen do not get along, and teen does not want parent involved.
2. Caregiver is blaming child for their trauma.
3. Youth trauma is also the caregiver's traumas (i.e. suicide of a spouse and DV).
4. Caregiver has work scheduling issues and it has been difficult for them to attend.

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Gradual Exposure: Not just for the narrative!

Gradual exposure develops throughout treatment

Psychoeducation

Parenting Skills

Relaxation

Affective Modulation

Cognitive Coping

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Relationship Between Safety, Trust and Gradual Exposure (GE)

Address Safety Early and Often

- In your sessions and in the milieu
- Normalize and discuss why trust may be an issue
- Creating and maintaining a nurturing environment
- Provide honest clear responses. Be transparent and consistent!

Support Control, Choice, and Autonomy

- Creating opportunities for empowerment and choice whenever possible.
- Ask: "What can I do to make you feel more comfortable during this process?"
- Shifting the viewpoint from, "We, the providers, know best," to the more collaborative, "Together, we can find solutions."

Recognize the Importance of Culture and Identity

- Develop mechanisms to address physical and emotional safety concerns related to race, ethnicity, gender and sexual identity.

Tips for Using Gradual Exposure During TF-CBT

- May start using relaxation skills without gradual exposure, then introduce GE. May feel vulnerable when relaxed.
- Assume that you need to do gradual exposure early and often.
- Present rationale for gradual exposure frequently (use age-appropriate analogies)
- **Be careful about asking them too much about their specific traumas too early in treatment**

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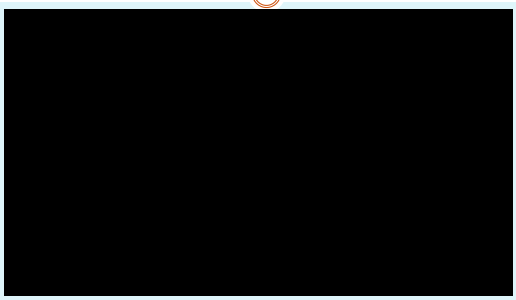
Ruby Finds a Worry: Tom Percival



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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

Tips for Using Gradual Exposure During TF-CBT

- Don't use the word "trauma" without naming some specific aspect of the trauma
- If you have a multiply-traumatized client, make sure you are regularly naming the traumas you will be covering in their trauma narrative.
- Vary the names you use in gradual exposure- alternate specific naming with general naming throughout the treatment.
- Don't use the term "trauma narrative." (i.e. "When I have you tell me the story about when you witnessed Dad and Mom fighting, we will be looking for thoughts that are either not true or make you feel bad.")
- Youth are not asked about their trauma-related cognitions until the trauma narration and processing component

TF-CBT Component Review

- **PRACTICE**
  - **Psycho-education 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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Goals of Psychoeducation

- **Normalize exposure to trauma**: *"You're not alone/not the only one"*.
- **Explain and normalize PTS symptoms/PTSD and avoidance:** *"You're not crazy"*.
- **Describe TF-CBT** (components, structure, and homework expectation): *"There's hope, we've got a treatment that works"*.
- **Explain how treatment works** (e.g., learn skills to feel better when scared/worried; learn how thoughts drive feelings and behavior; talking about what happened lowers the emotions when remembering or being reminded; putting the trauma into perspective helps put it into the past).
- **Educate family about trauma reminders**
- PSYCHOEDUCATION GOES ON THROUGHOUT THERAPY!

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Anger Because Nobody Knew It Was Happening

Gradual Exposure in Parenting Skills

- Connect the youth's behavioral and emotional problems to trauma experiences (behavior as adaptation)
  - Survival Coping Strategies
  - View dysregulation as response to stress instead of willful misbehavior.
  - Listen and look for specific trauma and loss reminders that might connect to a child's reaction.
  - Help your child become aware of internal and external cues connected to their specific triggers.
- Connect parenting-related emotions and behaviors to the child's/parent's traumatic experience
  - *Recognize your own triggers and the impact of those on your parenting.*

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Considerations for Complex Trauma

- Help caregiver understand
  - Youth may re-enact previous relationships with caregivers.
  - Push them away before they can be pushed away.
- Conjoint sessions during TF-CBT can often be mini in-vivo experiences around trust, safety, and attachment.

Psychoeducation and Parenting Skills

What would you say and do with the client? And the Caregiver?

1. For an adolescent with complex trauma that does not view their experiences as traumatic. Aunt is "almost done" with the youth and says the focus should be on the behavior.
2. For a 6-year-old that has experienced sexual abuse by her uncle. Mom participates and is distraught that her brother could have hurt her daughter.
3. 12- year-old male who was raised in El Salvador with his grandparents and siblings until he was 10, when he came to live with his parents. He experienced community violence and was recently assaulted. His mother is participating in treatment.

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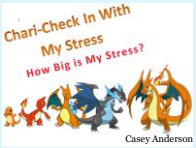
Relaxation, Affect Expression and Modulation and Cognitive Coping

Goals are to:

- Develop individualized strategies for coping and decreasing manifestations of stress and PTSD symptoms
- Reduce distress related to trauma reminders
- Support gradual exposure and narration



Casey Anderson

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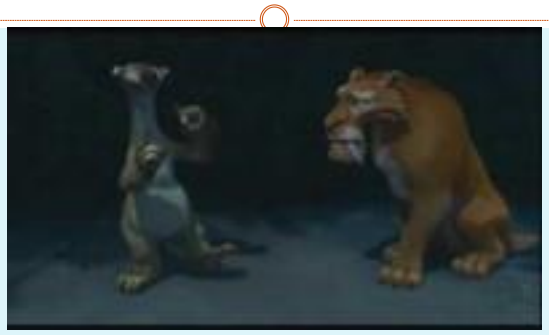
Ice Age: Fear



https://www.youtube.com/watch?v=YLOCUA9eTQM

Relaxation and Affective Regulation

- Validate skills previously used
- View numbing as protective adaptations that are no longer adaptive
- May have more difficulty distinguishing stressed from relaxed state
- Increase client's attunement to emotions being experienced during the session
- Highlight function of emotions
- Importance of home practice
- If not successful, consider other strategies
- Increasing ability to manage emotions reduces reliance on avoidance

Kliethermes & Wamser, 2013

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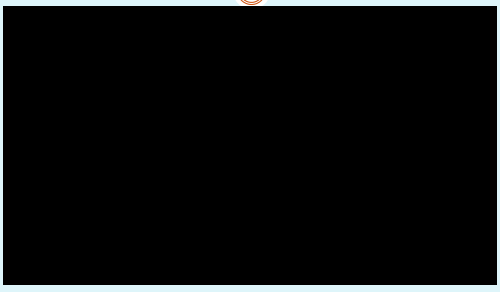
Being With All of Your Experiences



https://www.youtube.com/watch?v=jaNAwy3XsfI&feature=emb_logo

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Big Hero 6 Baymax Comforts Hiro

https://www.youtube.com/watch?v=6h73QbqkLs

Cognitive Coping

- Help increase awareness of cognitions during stressful experiences
- Use cognitive triangle to process recent conflicts
- Can help identify triggers "signals of danger"

Kliethermes & Wamser, 2013

* Youth are not asked about their trauma-related cognitions until the trauma narration and processing component

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You Are Not Your Thoughts

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Skill Building and Home Practice with Caregivers

- Their own use of the skills
- Supporting their child's use of the skills
- Help parents practice reflective listening
- Building gradual exposure
- Use culturally-appropriate and feasible examples and strategies
- Can start working on caregivers' trauma related unhelpful and inaccurate thinking.

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Relaxation, Affect Expression and Modulation and Cognitive Coping Practice

Task: Create a list of strategies for how you would meet this goals of the assigned component with this client. Share your favorites from your list with the larger group.

- **Breakout room: Relaxation**
  For a 8 year old that witnessed his uncle shot and killed by unknown assailants in a drive-by shooting. He "freezes" whenever he is exposed to loud noises or sees a gun on T.V.
- **Breakout room: Affective Modulation**
  for an adolescent that has experienced complex trauma and reports that he does not experience anxiety, fear or sadness. The only feeling he has been able to identify in session is anger.
- **Breakout room: Cognitive Coping**
  for a 18 year old female with an intellectual disability that is struggling with understanding the difference between thoughts, feeling and actions and how to change thoughts.

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Shamelessly Sharing!

1. What has been your favorite book, activity, website, metaphor, app or other resource that you have used in your TF-CBT work so far?

2. What tip would you give a clinician who is just starting to use TF-CBT?

https://www.menti.com/xowzp7tai9

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There is an app for that…

- UCLA guided meditation app
- Sesame Street:
  - Breathe, Think, Do
  - Incarceration, Divorce
- Triangle of life
- CPT coach
- One in Ten Podcast
- Stop Breathe & Think app
- Mind Yeti app
- CBT Thought diary app
- Insight timer app
- Virtual Hope box app
- Cosmic kids website and app (yoga)
- Brain Architects Podcast
- PTSD Coach
- Mindfulness Coach
- PTSD Family Coach
- COVID Coach (self-care and coping)

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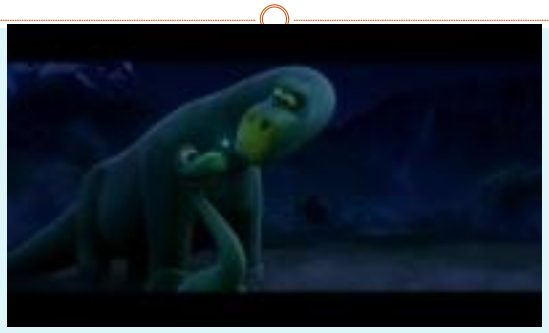
Trauma Narration



The Good Dinosaur

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
- To identify and prepare for trauma/loss reminders
- To model adaptive coping
- To 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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Trauma Narrative: Should I Start?

- Is the area where mastery is lacking a long term issue?
- How has gradual exposure incorporated throughout treatment?
- Can any stress reactions to narrative be managed safely? (supervision out of tx, caregiver will respond to safety needs, meds)
- Might the narrative work increase mastery?
- If client avoidant, what are they worried will happen?
- What do I already know about their capacity for narration?
  - Baseline narration
  - Benign narrative

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Narration Considerations

- Allow client to guide what events or experiences should be included in the TN (Cohen et al., 2006)
- Provide rationale for processing trauma that includes meaning making
  - The meaning connected to the traumatic events may be more significant that repeated processing of the details of the trauma
- Try to avoid stopping the trauma work mid-narration
- Encourage clients to utilize relaxation, affective regulation and cognitive coping skills during processing
- Trauma processing may be necessary to obtain an optimal level of self-regulation (Deblinger, et al., 2011)

Kliethermes & Wamser, 2013

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Constructive Trauma Processing

- Actively engaging in trauma-related content, gaining insight, and making meaning of the experience in a coherent way.
- Incorporating contextual information to increase specificity or overgeneralized trauma memories, improving threat and nonthreat discrimination, incorporating information that is inconsistent with maladaptive beliefs, integrating verbal and nonverbal memories

Hayes, A., et al (2017). Constructive and Unproductive Processing of Traumatic Experiences in Trauma-Focused Cognitive-Behavioral Therapy for Youth

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Development of the Trauma Narrative

- Assess feeling state
- Decide on the media/format to be used
- Identify what things are important to include
- Create a hierarchy of anxiety provoking elements
- Can introduce the TN by reading a book
- Start with a first chapter about innocuous information about child (name, age, school, hobbies, etc.)
- Second chapter : "Before", for example, what the relationship was like with the person before the trauma started (if interpersonal trauma); or what life was like before the index traumatic event occurred
- Third chapter: Encourage the child to "tell what happened" during the trauma itself using words and drawings

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Eliciting a Layered Trauma Narrative

- Do a structured outline/hierarchy before starting to elicit a narrative.
  - Instead of saying, "Tell me what you remember about living with your mom and dad," you say "tell me about your first bad memory you have of living with mom and dad."
- 1st time through a chapter- Take only what they give you (repeat back, neutral prompts like "what happened next?," "Go on"). Continue to praise and give encouragement- take your time and don't be afraid of silence
- 2nd time through a chapter- Elicit more details, thoughts, feelings and sensations
- 3rd time through a chapter- Check for completeness and meaning making.
- Next do the cognitive processing.
- Finish with a final chapter.

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Eliciting a Layered Trauma Narrative

- Build structure into each part
  - Physical abuse- 1st memory, worst memory, how it ended, and what happened as a result of it ending
  - Multiple episodes of sexual assault- first time you were sexually assaulted, worst time or worst thing about being sexually assaulted, meaning making questions
  - Community violence- 1st memory of witnessing community violence, worst memory of community violence, meaning making questions
  - Witnessing death of a relative- the day of the event, what you witnessed, what happened immediately afterwards, the funeral, the aftermath (what changed as a result of that person's death)

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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

Alison Hendricks

Facilitating Detailed Narratives

- Ask broad, open-ended questions
  - What were you doing?
  - What were you thinking?
  - What were you saying to yourself?
  - What were you feeling?
  - What happened next?
- Make clarifying and reflective statements
  - Tell me more about it…
  - I want to know all about how you were feeling when…
  - Repeat the part about…
  - So, your uncle began touching your vagina…
- Praise!

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JH - Narration

Benign Narrative –
"Why don't you tell me about what happened after you got home and before I got here? "

"It was so hot! I got home and I had to take the dogs out even though I was so tired. Nana said it was my turn and I didn't argue even though it wasn't my turn. So annoying. Then, I got to read my book. (smiling)"

"Cool. Tell me more."

"I was excited because I've been waiting all day to read it. I'm reading Trials of Apollo by Rick Riordan. Do you know that book. I love his books because they're so funny. Anyway, I know I'm not supposed to read during class but it's really hard when you have a good book. I sometimes try to read anyway because some teacher's don't care but I'm trying to stay out of trouble so that Nana will let me have video game privileges. So I read for a while and then you got here. I am on chapter 17…"

JH - Narration

- Initially avoidant – silly, fidgety, refusing to engage in a constructive way
- Named and normalized avoidance – assigned homework on avoidance
- Chose game card format to increase interest and decrease distress
- He talked and therapist typed
- Scored each card at end of narration

**'s Game of Life

Points range: -10 to +10
Card Types: Characters, Events

Who I Am	The Day I Moved	My Mom	Dealing with parents who have substance abuse issues
Points: 7	Points: 7	Points: 9	Points: -6

JH – Narration (original)

Living with My Dad

When we lived with my dad, we never really had someone tell us what we can and can't do. It was kind of fun because he did some really funny things while drunk, like belly flopping onto the pullout couch. We also learned life lessons by ourselves so I guess that's good.

Mostly he would just drink and watch a movie or whatever. I was happy about the xbox he had for us. We just played that and it was fun.

With Dad: -4
By ourselves: 4

Narration Practice:
Expanding the Narrative

Use the previous slide to help the client expand their narration of this experience. The following questions may help you in this process:

- **Ask broad, open-ended questions**
  - What were you thinking?
  - What were you saying to yourself?
  - What were you feeling?
  - What happened next?
- **Make clarifying and reflective statements**
  - Tell me more about it…
  - I want to know about…
  - Repeat the part about…
  - Help me understand…
- **Praise!**
- **Listen**
- **Repeat/Reflect**
- **Write Down**

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Considerations for Narration with Complex Trauma

- They often do not have memories of early childhood trauma. Memories may be scattered images, unrelated in any cohesive linear fashion
- They may have lived in traumatic context their entire lives
- May have so many types of traumatic events that it makes no sense to cover all
- May use a "types" based approach to the narrative, or may make more sense to organize by "chronological order;" may even use a combination of the two or organize around themes.
- It is all about MEANING!

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Multiple Traumas and Complex Trauma

- Themes
  - Help the youth find the unifying "theme"
  - Making meaning of multiple trauma experiences that often share common threads
  - Focus on relationship oriented themes
  - Begin to identify trauma themes during initial assessment
  - Understand how they relate to current functioning
  - Connect trauma reminders to these themes

Kliethermes & Wamser, 2013

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View from the Literary World

- Definition:
  - The underlying message of a story
  - Critical belief about life conveyed in the story
  - What the story means
  - Stories often have more than one theme.

- Function:
  - Bind together essential elements of a story
  - Provide understanding of the "character's" experiences
  - Give key insight into how the author views the world/life

Kliethermes

View from Trauma-Focused Therapy

- A "stable and coherent framework for understanding one's experience" is an important psychological need for trauma survivors (McCann & Pearlman, 1990)
- Processing themes is an attempt to help meet that need

Kliethermes

Identify, Organize, and Process Complex Trauma Themes: Useful Strategies

- Theme "Categories"
  - Safety
  - Trust
  - Power/Control
  - Esteem
  - Intimacy

McCann & Pearlman (1990)

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Identifying Trauma Themes

- "People who should keep me safe hurt me"
- "It's hard to trust people when the people I was close to always left"
- "How can I feel safe when people in my own family hurt each other?"
- "No one will ever love me if my own parents didn't"

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Exploring Within Trauma Themes: Safety

- What were your beliefs about safety before the trauma?
- Did you have negative or positive prior experiences with you sense of safety?
- Did the trauma disrupt or strengthen your belief?
- What emotions do these beliefs elicit?
- How do these beliefs and emotions affect your behavior?

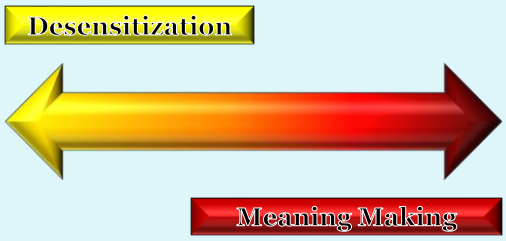
e.g. "When I feel fear, that means I am in danger"

Identify, Organize, and Process Complex Trauma Themes

Events	Themes
• Desensitization • Behavioral/Emotional • Trees • Who, what, when, where, how?	• Meaning Making • Cognitive/Emotional • Forest • Why?

Kliethermes

TN Continuum



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The Meaning of Trauma

It is important to remember that what happened is not nearly as important as what the trauma means to the individual.

Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57.

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Cognitive Processing

Goal: Develop optimal understanding of the trauma within the context of the youth's life

Common themes
- Self-blame
- Overestimating danger
- Changed world view

Look for themes in the Trauma Narrative
- Primarily centered around 5 areas-

1) esteem, 2) intimacy, 3) power/control, 4) trust, and 5) safety

Use questions designed to elicit thoughts around
1) sense of self, 2) relationships with other people, and 3) world views

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Cognitive Processing

Examine thoughts which are permanent, pervasive, or too personalized

- Permanent: "My child will never be happy again.
- Pervasive: "No one can be trusted with my child." "The world is not a safe place."
- Personalized: "I'm a terrible parent because my child was hurt."

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Where to Start

- **Identify** thoughts
- **Normalize** thoughts
  - "Many teens believe they should have told sooner."
  - "I've talked to many youth 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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Differences in development of beliefs between complex and acute trauma:

With Complex Trauma

- Beliefs informed by multiple traumas not just one
- Beliefs developed over extended periods of time
- Often no pre-existing "healthy" belief
- May be a higher degree of objective validity to their beliefs
- Beliefs are more thematic (e.g., I'm worthless) than event-specific (e.g., I shouldn't have worn that skirt).

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The Meaning of Trauma: Disruption of core assumptions and beliefs

- In what ways has your life been different since the trauma?
- What does the trauma mean to you?
- How do you understand your survival?
- Do you believe that there are reasons that this event happened to you? What are they?

Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57.

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The Meaning of Trauma: Disruption of core assumptions and beliefs

- Do you feel that you are the same person as before the trauma? In what ways are you the same? In what ways do you feel different?
- How did this experience change you as a person? Would you like to return to the person you once were? What would you need to do, or what would need to happen, for this to occur?
- Did the traumatic experience change you in a way that you don't like? How so?
- Do you view others and your future differently since the trauma? How so?

Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57.

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Differences in development of beliefs between complex and acute trauma

I'm never safe	----------	I'm always safe
All people are dangerous	----------	All people are safe
The world is not safe	----------	The world is safe
I can't trust myself at all	----------	I trust myself completely
I can't trust anyone	----------	I trust everybody
I can't be close to anyone	----------	Everyone is my best friend
I'm always weak	----------	I'm always strong
It's all my fault	----------	Nothing is my fault
I'm worthless	----------	I'm perfect
Therapy does not work	----------	Therapy works
I do not trust my therapist	----------	I trust my therapist

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Cognitive Processing with Complex Trauma: Useful Strategies

- Importance of validation
  - Complex trauma survivors are often highly sensitive to perceived invalidation/disrespect
  - Done poorly, cognitive processing can easily be perceived as invalidating

Kliethermes

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Socratic Method

- **Revealing the issue:** What evidence supports this idea? And what evidence is against its being true?
- **Finding reasonable alternatives:** What might be another reason for the situation? Why else did it happen?
- **Examining various potential consequences:** What are worst, best, bearable and most realistic outcomes?
- **Evaluate those consequences:**
  - What's the effect of thinking or believing this?
  - What could be the effect of thinking differently and no longer holding onto this belief?

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Techniques for Cognitive Processing

- Reflect on psychoeducation material
- Reflect on what trusted/respected people have said
- Brainstorm alternative hypotheses examine the evidence for and against each
- Role Plays (e.g., "best friend", "you be the therapist")
- Responsibility Pie
- Check Your Thoughts (accuracy and helpfulness)
- Responsibility vs. regret
- Concept of "accident"

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Cognitive Processing Practice

- Provide **brief** case background and identify the inaccurate or unhelpful cognitions about the trauma.
- Create a plan for addressing the identified thought.
- Round Robin role-play

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In-Vivo, Conjoint Parent-Child Sessions, & Enhancing Safety and Future Development

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Trauma Narrative: Can I Do A Conjoint Session?

- Factors that need to be assessed include

(a) The caregiver's willingness to be supportive of the child
(b) The caregiver's ability to express support for the child
(c) The caregiver's ability to manage personal distress, and
(d) The willingness of the child to engage in conjoint sessions with the caregiver
(e) The caregiver's participation in the previous parts of treatment

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How do I know if the caregiver can be supportive and manage personal distress?

- 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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How do I know if the caregiver can be supportive and manage personal distress?

- Tell the caregiver what their child expects from them during the conjoint session.
- Make sure the caregiver has heard the entire trauma narrative and has been able to tolerate distress BEFORE hearing it from their child.
- Role-play the conjoint session with the caregiver.
- Reminder: Caregivers can still support their children to complete TF-CBT even if they don't participate in a TN sharing session.

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In Vivo

- Trauma reminders may be more general situations that relate to the trauma theme
- Can help develop ability to self-regulate during uncomfortable but safe situations
- May need to begin early in treatment to help with engagement and stability
- Following narration should have increased insight into trauma triggers

Kliethermes & Wamser, 2013

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In Vivo Case Example

SUDS	Activity
Orange/red	imagine hearing people looking for him in the street/ imaginar personas buscando al hombre en el calle
Yellow-orange	hearing his name in street escuchar su nombre en el calle
Yellow	seeing the person's room/ ver el cuarto de la persona
Yellow	Hearing mom talk about him on phone calls /mama hablar del hombre en el telefono
Greenish/yellowish	Hearing mom talk about him a little on the phone calls /mama hablar del hombre en el telefono
Greenish/yellowish	hearing his name on tv/ escuchar su nombre en el televisor
	Playing games with his name/ Hacer juegos con su nombre
Green	talking about it in therapy/ hablar de el en terapia
	Writing his name or reading it/ Escribiendo o leer su nombre

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Enhancing Safety and Future Growth

- Normalize challenges they may experience in the future
- Discuss and normalize potential future triggers not yet experienced
- Help involved systems and adults focus on future planning for client
- Help client understand factors of complex trauma that can increase risk of revictimization

Kliethermes & Wamser, 2013

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Fightchildabuse.org

Ending TF-CBT

- **Discuss termination in advance**
- Review skills and progress achieved
- Retest using trauma measure
- Fade out and/or plan booster sessions
- Discuss and plan for natural setbacks
  - Encourage clients' confidence in managing setbacks
- Emphasize parents' role as a continued therapeutic resource for the child
- Celebrate the clients' TF-CBT graduation

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Ending TF-CBT: Considerations for Complex Trauma

- May need longer in final TF-CBT phase to consolidate what have covered earlier
- Often must return to earlier components as transition to and try out skills in new relationships and situations
- Treatment closure is longer process as loss and betrayal of trust is central issue. Plan earlier in treatment.
- Grief components are used when relevant

Cohen, Mannarino, Kliethermes & Murray 2012

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TF-CBT Therapist Certification Program

https://tfcbt.org/

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Thank you!

Email: cynthia.rollo@gmail.com

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