TF-CBT Booster Training

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Self- Care Alert

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TF-CBT Components

- **PRACTICE**
  - **P**sycho-education and Parenting Skills
  - **R**elaxation
  - **A**ffective Modulation
  - **C**ognitive Processing
  - **T**rauma Narrative
  - **I**n Vivo Desensitization
  - **C**onjoint parent-child sessions
  - **E**nhancing safety and social skills

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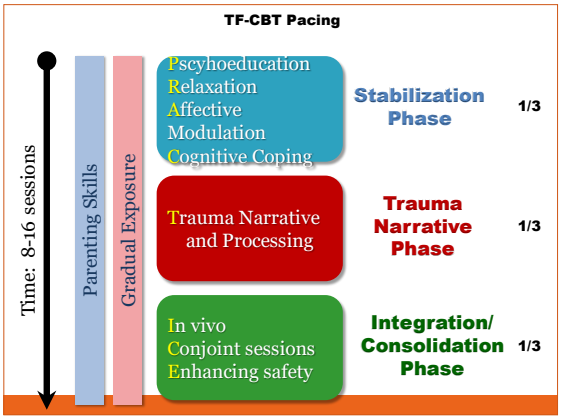
TF-CBT Pacing
Time: 8-16 sessions
Parenting Skills
Gradual Exposure
Pscyhoeducation
Relaxation
Affective
Modulation
Cognitive Coping
Stabilization Phase
1/3
Trauma Narrative and Processing
Trauma Narrative Phase
1/3
In vivo
Conjoint sessions
Enhancing safety
Integration/ Consolidation Phase
1/3

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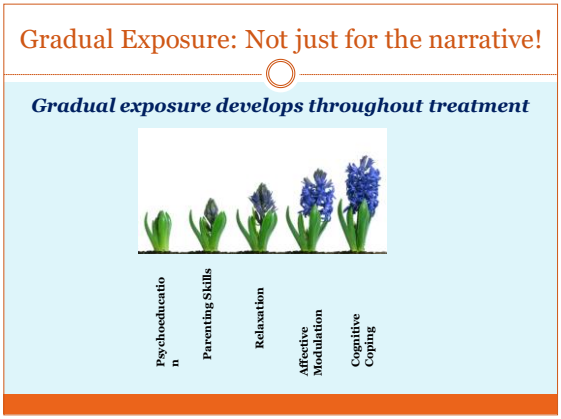
Gradual Exposure: Not just for the narrative!
Gradual exposure develops throughout treatment
Psychoeducatio n
Parenting Skills
Relaxation
Affective Modulation
Cognitive Coping

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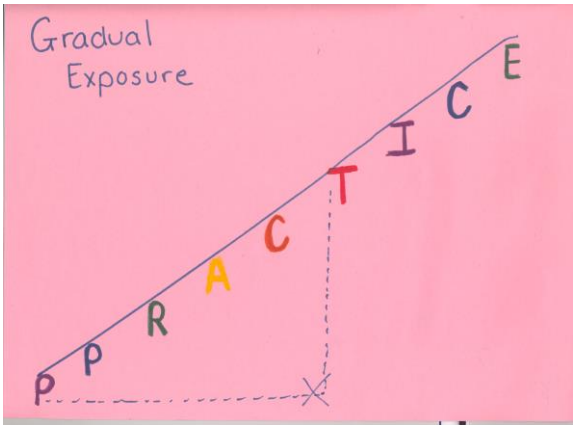
Gradual Exposure
P
P
R
A
C
T
I
C
E

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Focusing Questions for Components

In each session, ask yourself:

1. What am I doing?
2. Why am I doing it?
3. Where is the gradual exposure?

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TF-CBT Component Review

- Identify a small group (9 groups total). Each group will be assigned a component. Please complete the following with your identified team and be ready to share with the larger group.
- **Briefly describe to the entire group:**
  - A team name inspired by your assigned component
  - The **goals** of the component
  - How **gradual exposure** is incorporated in this component
  - How **caregiver involvement** is incorporated in this component

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TF-CBT Component Review

PRACTICE

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Remember Your Resources!

TF-CBT Therapist Certification Program https://tfcbt.org/

TF-CBT Consult http://etl2.library.musc.edu/tf-cbt-consult/
A web-based resource for common questions related to the use of TF-CBT

TF-CBT Implementation Manual
http://www.nctsn.org/sites/default/files/assets/pdfs/TF-CBT_Implementation_Manual.pdf

CTG Web http://ctg.musc.edu/
A web-based learning course for Childhood Traumatic Grief

National Child Traumatic Stress Network (NCTSN)
http://www.nctsn.org
Website provides information and resources for child trauma

NCTSN Learning Center http://learn.nctsn.org/

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TF-CBT with Problematic Sexual Behavior (PSB)

Allen, B. (2017). Implementing Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) With Preteen Children Displaying Problematic Sexual Behavior, *Cognitive and Behavioral Practice*
doi:10.1016/j.cbpra.2017.07.00

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Problematic Sexual Behavior (PSB) Resources

- National Children's Alliance (NCA)
http://www.nationalchildrensalliance.org/psb
- National Center on the Sexual Behavior of Youth (NCSBY) http://www.ncsby.org/
- Stop It Now! ® Prevention of sexual abuse of children https://www.stopitnow.org/
- Safer Society Press https://www.safersociety.org/press/

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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?

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Trauma Narrative: Can I Do A Conjoint Session?

- Four 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.

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Trauma Narrative Practice

Ask, Listen, Repeat, Write Down

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Cognitive Processing of the Trauma Narrative

Goals:

- Identify distorted, inaccurate, and unhelpful thoughts/beliefs
- Identify underlying global assumptions
- Help child see thoughts can be changed
- Identify more accurate and helpful ways of thinking about the trauma and self
- Replace dysfunctional thoughts with more ***balanced*** beliefs
- Develop optimal understanding of the trauma within the context of the child's life

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Cognitive Processing: What Do I Do?

- **Be ready**
  - Review the child's thoughts that were written down or verbalized, looking for examples that may be inaccurate or unhelpful
- **Re-read narrative with focus on thoughts**
  - Inquire about whether that thought was accurate and helpful.
- **Challenge unhelpful or inaccurate cognitions**
- **Employ role playing or experiential exercises**
  - Best friend role play
  - Now and then role play
  - Responsibility pie
  - Talk show host role play

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Cognitive Processing: How Do I Do It? Socratic Method

- The purpose is to help uncover the assumptions and evidence that underpin thoughts in respect to the trauma.
- 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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Specific Socratic Techniques/Concepts

- Reflect on psychoeducation material
- Reflect on what trusted/respected people have said
- Brainstorm alternative hypotheses and 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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Assessing and Addressing Other Relevant Culture-Related Thoughts

This is a cross I have to bear
God is punishing me

- Attempt to understand the origin of the belief
- Explore alternative views that are consistent with the family's core religious beliefs
- Consult a religious leader within the family's community

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Cognitive Processing: Steps for the TF-CBT Therapist

1. Identify the problematic trauma-related belief
2. Identify what you want to say, but DON'T say it
3. Normalize and validate the belief
4. Develop understanding of the trauma-related belief
5. Help the youth/caregiver become aware of how the belief might be a problem
6. Identify a balanced, potential new belief
7. Identify the information they are not paying attention to
8. Help them attend to this information (Socratic process)
9. Make the process explicit

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Scenario: Samantha

Samantha is a 15-year-old girl who was physically abused by her mother for several years. She continues to blame herself for what happened believes that if her mother really cared about her, she would never have done this. As a result, she does not believe anyone will ever love her.

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Scenario: Kyla

- Kyla is 17-years-old. She was referred for treatment due to exposure to multiple traumas including alleged gang rape. During the trauma narrative, Kyla states that she had been suspended from school that day and was supposed to stay at the library. Instead she met a group of boys, most of whom she did not know, and went to the home of one of the boys. She was in the process of having consensual sex with one of the boys when the rest of them walked in and proceeded to have sex with her. Kyla then stated the following: "It wasn't really rape because I wanted to be there and chose to have sex."

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During Lunch

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Complex Trauma

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Complex Trauma

- Many types of trauma exposure
- Chronic: happens over a long period of time
- Starts early in life
- Often happens in the family environment

Cook et al., 2005

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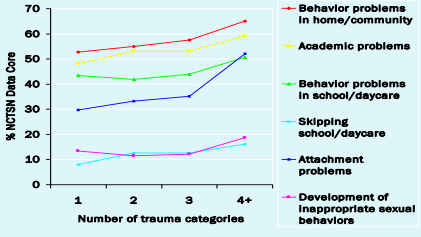
Multiple Traumas and Impairment



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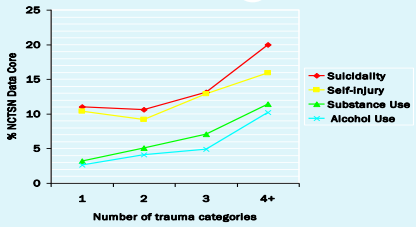
Multiple Traumas and Risky Behavior



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The Stress Response

"Our minds, our brains, and our bodies are set up to make sure we make danger a priority"

- Threat cue
- Brain sends alarm message via nerves and hormones (i.e. adrenaline and cortisol) to signal the body to prepare for action
- Flight, fight, or freeze response
- Threat ends and body returns to normal

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The Stress Response

- Brain connections set the stage for encoding information potentially for the rest of life
- Experience wires the brain to match the needs of the environment

When the alarm does not turn off or is on too often, stress can negatively affect a person's wellbeing

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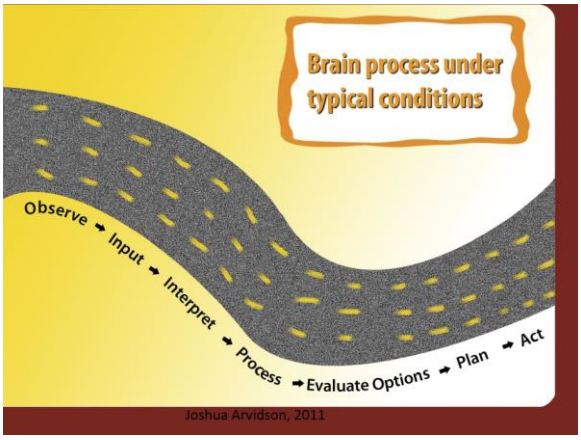
Brain process under typical conditions
Observe
Input
Interpret
Process
Evaluate Options
Plan
Act
Joshua Arvidson, 2011

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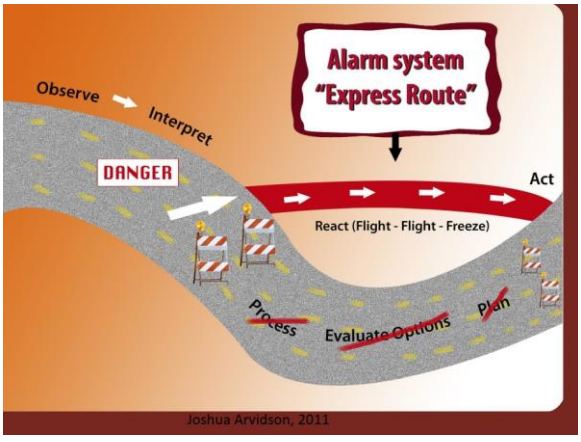
Alarm system "Express Route"
Observe
Interpret
DANGER
Act
React (Flight - Flight - Freeze)
Process
Evaluate Options
Plan
Joshua Arvidson, 2011

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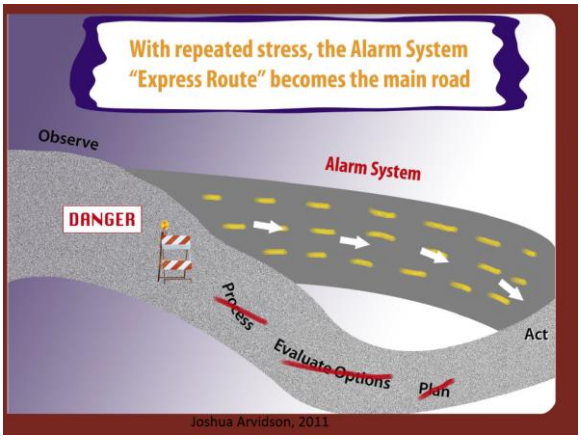
With repeated stress, the Alarm System "Express Route" becomes the main road
Observe
Alarm System
DANGER
Process
Evaluate Options
Plan
Act
Joshua Arvidson, 2011

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What helps the child survive?

- Assumption of danger and self protective stance
- Rapid mobilization in the face of perceived threat (Fight, Flight, Freeze)
- Development of alternative strategies to meet developmental needs

Curriculum - Blaustein

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First Things First

- **No.** Trauma-focused treatment is not effective for everything.
- **Yes**. You can use TF-CBT successfully with youth that have experienced complex trauma.
- **No.** Working with a youth that has experienced severe, multiple traumatic events does *not always* mean *significant* adaptation is required.
- **Yes.** You will need to consider the individualized needs of your client to determine when and how to adapt.

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Applying TF-CBT with Complex Trauma

- **Proportionality**: *may* need ½ of sessions for coping skills to gain regulation
- **Treatment length**: *may* extend treatment to 25-30 sessions

Cohen, Mannarino, Kliethermes & Murray 2012

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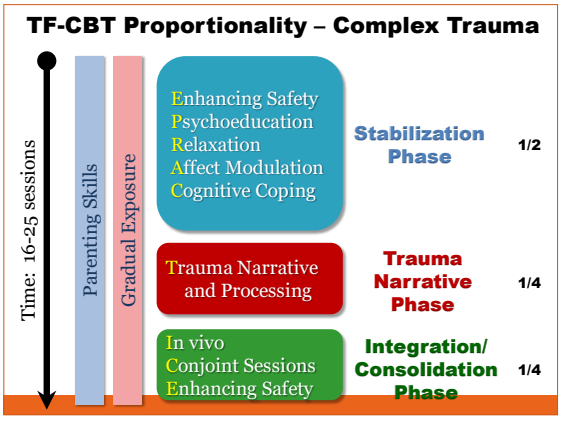

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TF-CBT Modifications for Complex Trauma

- Don't know if needed—no studies compare standard vs. modified TF-CBT for complex trauma
- Studies HAVE SHOWN that STANDARD TF-CBT→ positive outcomes for PTSD and complex trauma outcomes
- Modifications for complex trauma were based on clinical experience, not research
- Likely these modifications would → better outcomes for SOME youth with complex trauma

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Overcoming Challenges for Complex Trauma

- Recognizing when TF-CBT ends, and other treatment may be needed
- Transition from TF-CBT to trauma-informed care
- Many youth need ongoing treatment after TF-CBT
- Trauma-specific outcomes vs. comorbidities/ outcomes related to other adversities, challenges
- After TF-CBT: graduate; redo treatment plan to conceptualize new goals and ID new EBT
- Recognizes insurance requirements, youth needs, also youth's accomplishments and mastery

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TF-CBT with Commercial Sexual Exploitation of Children Population (CSEC)

Similarities between CSEC and Complex Trauma cases:

- Majority of these clients have experienced abuse or trauma as a child.
- These youth can develop severe PTSD symptoms with high levels of avoidance (minimizing or denying the trauma's impact)
- Look for elevated levels of externalizing behavior problems/ risky behaviors and dysregulation.
- Also look for impaired attachment and trust because the youth's multiple problems often strain the caregiver's ability to positively engage with the youth.
- Challenges to be ready for: engagement difficulties, runaway behavior, substance use, high risk sexual behaviors, difficulties with healthy relationship and sexual decision making, significant affective dysregulation, difficulty engaging caregiver

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Engaging Youth in TF-CBT

- Due to betrayal, lack of trust, youth may not acknowledge trauma/ initially engage in trauma-focused treatment
- May need engagement, Motivational Interviewing, supportive therapy, trauma-informed care, etc., prior to starting TF-CBT
- **TF-CBT starts when trauma is focus of each session**

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Fostering Engagement

- May view others as unpredictable, uncontrollable, and/or hostile
- May initially present as highly guarded or avoidant
- May view the therapeutic relationship as a threat
- **Gradual Exposure** to the therapist. The therapeutic relationship may be a trauma cue.
- Provide client appropriate control over the environment
- May spend longer building engagement
  - Stabilization
  - Building connections with other systems
  - Addressing safety

Kliethermes & Wamser, 2013

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TF-CBT with Commercial Sexual Exploitation of Children Population (CSEC)

Engagement

- Do not challenge dysfunctional or distorted beliefs too early ("My boyfriend [pimp] loves me")
- High runaway risk and significant safety concerns raise the engagement stakes -- Address it head on!
- Provide clear information about structure, content and process, maintain consistency, and a clear emergency procedure.
- Use evidence-based engagement strategies (Motivational Interviewing)
- Important to respect where the client is, but not to give into avoidance
- The goal of every session is a next session

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Assessment Considerations

- They may not bring a long-term informed caregiver to treatment
- Obtain information from multiple informants (worker, teacher)
- You may not obtain all the relevant information at the start of treatment—assessment is ongoing
- Be mindful about level of arousal when inquiring about traumatic events
- Examine potential secondary adversities to trauma reported
- Assess across domains impacted with complex trauma

Kliethermes & Wamser, 2013

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TF-CBT Components

Phase 1: Coping Skills
E nhancing personal safety
P sychoeducation and Parenting Strategies
R elaxation
A ffect expression & regulation
C ognitive coping

Phase 2: Trauma Narration & Processing
T rauma narrative and processing
I n vivo exposure

Phase 3: Consolidation & Closure
C onjoint parent child sessions
E nhancing safety and future development
G Traumatic Grief Components as indicated

Cohen, Mannarino, Kliethermes & Murray 2012

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Enhancing Safety

- May need to come earlier in treatment
- Develop safety plans and adults they are willing to access when threatened

Kliethermes & Wamser, 2013

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TF-CBT with Commercial Sexual Exploitation of Children Population (CSEC)

Safety Planning

- Addressing High Risk Situations (Running Away, Self-Harm, Risky Sexual Behavior, Contact with Pimps, other girls, customers) at the beginning of Therapy
- Have a plan and work with caregiver to create a harm reduction approach
- Emphasis that these risky behaviors served a survival purpose and were the youth's best way to cope, but now these behaviors are causing more harm than good.

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Psychoeducation

- Educate about the impact of stress and trauma on current functioning and trauma triggers
- Information about chronic, interpersonal trauma
- Acknowledge previous attempts were best effort to self-regulate
- View dysregulation as responses to stress instead of willful misbehavior

Kliethermes & Wamser, 2013

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TF-CBT with Commercial Sexual Exploitation of Children Population (CSEC)

- The goal of Psychoeducation is not to convince the client of his or her CSE victimization
- Most CSE clients do not identify their CSE experiences as having been traumatic, so **do not** identify it as a trauma
- Most CSE **do not** identify as "victims" and actively resist this characterization ("I chose to do it, no one made me do anything.")

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Identifying Trauma Themes

- Help the youth find the unifying "theme"
- Allows them to integrate and make meaning of multiple trauma experiences that often share common threads
- Weave specific traumatic experiences into theme
- Typically the themes are relationship focused
- Begin to identify trauma themes during initial assessment
- Understand how identified themes relate to current functioning
- Trauma reminder typically connect to these trauma 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

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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

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

- TIMELINES!!
  - Can be used in assessment and all PRACTICE components
  - Facilitate "forest level" processing…,
  - …but also allow "tree level" processing
  - Visual nature of timeline seems to make themes more accessible for

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Sample Timeline

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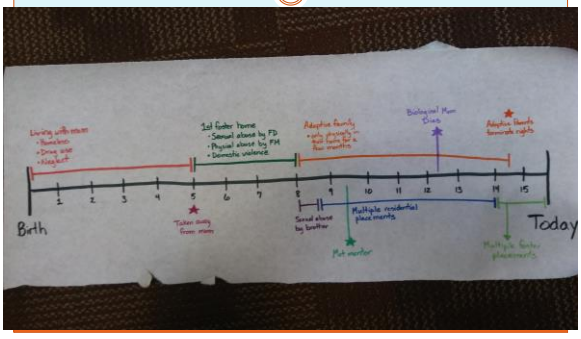

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Identify, Organize, and Process Complex Trauma Themes: Useful Strategies

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

    McCann & Pearlman (1990)

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

- TN can be structured around themes rather than specific traumas
  - "What My Life has Taught me about Safety"
  - "My History of Trusting People"
- Culminates in processing the connection between trauma themes & present day life
  - Validate that these themes served importance purposes in the past, but may need to be updated for the future

Kliethermes

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Let's Practice Identifying a Theme

- Identify a small group. Imagine that Manny is your client. **Help identify his trauma theme/s.**
- Themes can come from events identified on a **timeline or assessment** or they might be evident in **how the client functions on a day-to-day basis.**
- **Consider Theme categories**
  - Safety
  - Trust
  - Intimacy
  - Power
  - Esteem

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Parenting Skills

- Include any caregiver that plays a significant role in their life.
- Help create a trauma informed system of adults
- Help distinguish behavior as survival responses
- Be transparent about adults being contacted

Kliethermes & Wamser, 2013

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Relaxation and Affective Regulation

- Validate skills previously used
- May have more difficulty distinguishing stressed from relaxed state
- Increase client's attunement to emotions being experienced during the session
- View numbing as protective adaptations that are no longer adaptive
- Highlight function of emotions

Kliethermes & Wamser, 2013

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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

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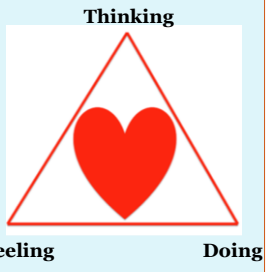
Identify, Organize, and Process Complex Trauma Themes: Useful Strategies

- Use the triangle to identify themes
  - Triggers
  - Thinking errors
  - Self-fulfilling prophecies



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Trauma Processing

- Provide rationale for processing trauma that includes meaning making
- 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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Trauma Processing

- Allow client to guide what events or experiences should be included in the TN (Cohen et al., 2006)
- Focus on the identified trauma themes
- 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

Kliethermes & Wamser, 2013

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Identify, Organize, and Process Complex Trauma Themes

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

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TN Continuum

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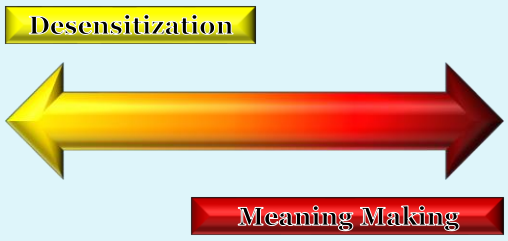

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Completing Trauma Processing

- Trauma symptoms become more manageable
- Client should be able to manage exposure to trauma cues
- Distinguish trauma memories and cues from current danger
- Sense of meaning about their trauma

Kliethermes & Wamser, 2013

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Completing Trauma Processing

Differences in development of beliefs between complex and acute 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).

Kliethermes

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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

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Cognitive Processing with Complex Trauma: Useful Strategies

- Introduce the concept of "**balanced**" thinking
  - Similar to dialectics
  - Stresses there is often truth to both sides of a debate
  - Discourages common therapist thinking errors
  - Encourages validation of the client
  - Helps avoid cognitive processing power struggles
  - Trauma can be easily conceptualized as an event that disrupts balance
  - Facilitates meaning making

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Demonstrating the Importance of Balance

Safety

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

Trust

I can't trust myself at all----------I trust myself completely

I can't trust anyone----------I trust everybody

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Demonstrating the Importance of Balance

Intimacy

I can't be close to anyone----------Everyone is my best friend

Power/Control

I'm always weak----------I'm always strong

It's all my fault----------Nothing is my fault

Esteem

I'm worthless----------I'm perfect

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Practicing the Development of Balanced Thoughts

- Unbalanced:
  "I'm useless. I can't do anything right."
- Balanced:
  "I'm not happy with where my life is, **but** I am working hard to improve."
- Unbalanced:
  "I can't show any weakness; people will hurt me!"
- Balanced:
  "Sometimes it is a bad idea to show weakness, **but** there are some people I can trust to not hurt me when I cry."

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Cognitive Processing with Complex Trauma: Useful Strategies

- Make the process explicit (a parallel process!!)
  - Identify the problematic belief
  - Identify what you want to say, but DON'T say it
  - Validate the belief
  - Develop understanding of the belief
  - Help the youth/caregiver become aware of how the belief might be a problem
  - Identify a potential balanced belief
  - Identify the information they are not paying attention to
  - Help them attend to this information (Socratic process)
  - Make the process explicit

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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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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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Ending TF-CBT

- 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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Let's Practice

- Using a current case example, role-play cognitive processing using the strategies:
  - Identify the problematic belief
  - Identify what you want to say, but DON'T say it
  - Validate the belief
  - Develop understanding of the belief
  - Help the youth/caregiver become aware of how the belief might be a problem
  - Identify a potential balanced belief
  - Identify the information they are not paying attention to
  - Help them attend to this information (Socratic process)
  - Make the process explicit

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Complex Trauma Resources

http://www.rememberingtrauma.org/

Cohen, J. A., Mannarino, A.P., Kliethermes, M., & Murray, L.A. (2012). Trauma-focused CBT for youth with complex trauma. *Child Abuse & Neglect*, 36(6), 528-541.

Cohen JA, Mannarino AP, & Murray LA. (2011). Trauma-focused CBT for youth who experience ongoing trauma. *Child Abuse & Neglect*; 35:637–646.

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TF-CBT with CSEC Population Resources

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- Deblinger, E., Mannarino, A., & Cohen, J. (2015). "Addressing sexual difficulties and the impact of commercial sexual exploitation" in Child sexual abuse: A primer for treating children, adolescents, and their nonoffending parents, 2nd edition. Oxford UP: New York, NY.
- Kinnish, K., Self-Brown, S., & Tiwari, A. (2016, October). Mental health services response to the commercial sexual exploitation of children: Trauma-focused evidence-based treatment and provider training. Presented at the Charleston Child Trauma Conference: Charleston, SC.

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Childhood Traumatic Grief

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Uncomplicated Grief

- Accepts reality and permanence of death
- Experiences and copes with difficult emotional reactions
- Adjusts to changes in their lives and changes to their identity that result from the death
- Develops new relationships or strengthens existing ones

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Uncomplicated Grief (cont.)

- Maintains a continuing healthy attachment to the deceased person through remembrance activities
- Finds some meaning in the death and learns about life or oneself
- Continues through normal developmental stages

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Traumatic Death

- A death which a child experiences as unexpected, frightening, gory, or shocking

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Childhood Traumatic Grief Definition

- A condition believed to develop in some children following the traumatic death of a significant person in their lives
- Symptoms resemble those seen in PTSD, particularly avoidance of reminders of aspects of the death and/or the person who died
- May experience intense longing for the person who died

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Childhood Traumatic Grief

- Children get stuck on the traumatic aspects
- Avoid memories of deceased because they trigger memories of the traumatic event
- Cannot complete the regular tasks of grieving
- Difficulty or unwillingness to accept that the person has died due to associations of the death with the traumatic circumstances
- Intense or distressing feelings that are triggered by reminders which leads to avoidance or lack of feeling

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Childhood Traumatic Grief (cont.)

- Changes that lead to unpleasant reminders of the way the person died; possible over identification with the person who died, feeling overly responsible
- Feelings such as guilt, anger, or revenge interfering with the formulation of new relationships

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Childhood Traumatic Grief (cont.)

- Difficulty or avoidance of positive memories because they are linked to horrible images or upsetting thoughts
- Inability or resistance to moving past the terrifying, unpleasant aspects of the death; negative feelings about themselves related to the death of the person
- Emotional reactions and resulting behavior (withdrawal, anger, distrust) interferes with ability to engage in age-appropriate activities

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Sequence of Treatment

- Initially, same sequence as TF-CBT, but with adaptations
- Grief-focused work based on typical tasks of bereavement following completion of components
- No set time limit for completing the grief work. In general, the components can be covered in 6-8 weeks for the child with 6-8 companion sessions for the caregiver

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Psycho-education

- Trauma specific information should be related to the cause of death (I.e. motor vehicle accidents, deaths in the community due to domestic violence)
- Goal is to understand that they are not alone
- Parent education will need to help the caregiver to understand symptoms in the child

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Parent Training

- Similar to TF-CBT, however child may have even more,or different triggers because of the closeness to the person lost
- Solutions to externalizing behaviors have to be created within the context of the traumatic behavior (i.e.- helping a parent set up a plan for a child to sleep better at night)

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Relaxation

- Stress management can become complicated due to traumatic grief- things that were soothing before may be trauma reminders
- "Safe" places may no longer feel safe
- Thought interruption techniques- use neutral scenes rather than pictures of deceased or memories of happy times together with the deceased

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Trauma Narrative

- Similar to TF-CBT
- When starting off with general information, be aware that many generic questions can be trauma reminders (ie- "Who is in your family?" or "What is your favorite activity?")
- Potential "safe" topics may include school, friends, activities, sports, hobbies, etc.

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Trauma Narrative (cont.)

- Next move on to the context of the death (ie- "What was the day like?), then to talk about facts of what happened, and ending with sensory details and child's thoughts, feelings, and worst moments.
- May need special assistance during trauma narrative (ie body not recovered) to help them have a realistic understanding of what happened

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Trauma Narrative (cont.)

- Can be helpful to explore intentionality of what happened and to ask about rescue or revenge fantasies (If you had special powers and could change what happened, what would you have done to make it turn out differently?)
- Help the child understand that no one can change the past or reverse events that have already happened

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Trauma Narrative (cont.)

- Encourage child to conclude the trauma narrative with sections themed around positive outcomes (ie- "My Future," "A Happy Ending," or "What I'd Like to Tell Children About Hope")

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Trauma Narrative (cont.)

- Cognitive Processing- Look for the theme of "responsibility"
- If the body was not recovered or disfigured, therapists may need to discuss what happens to bodies in these circumstances
- May be useful to use mental imagery or drawing to help the child "put the body back together"
- May be helpful to see the death certificate

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Enhancing Safety

- Depending on the circumstances of the death, there might be very real safety issues and there might have to be multiple parts of the safety plan

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Grief Psychoeducation

- After the child has completed the TN it is important to directly address the topic of death and provide accurate information about the process of grief
- Determine the caregiver's familial, religious, and cultural beliefs about death, mourning, and grieving
- Determine the caregiver's perception of the child's beliefs

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Grieving and Ambivalent Feelings

- Goal: help the child identify different aspects of the past relationship with the deceased and address how the person's death affects them in the future
  - Identifying Things That Will Be Missed and not missed
  - Explore special aspects of that person, including things that are no longer present or possible
  - Clinician should highlight that these things are part of a child's memory and available at any time

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Grieving and Ambivalent Feelings (cont.)

- Look toward the future
- Resolve Ambivalent Feelings
- Even when they had a loving relationship, there are inevitable disagreements or arguments
- Child may feel left or abandoned
- May be regrets

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Preserving Positive Memories- Goals

- Remember shared meaningful activities and happy times with the person who died
- Re-experience the joy of those times
- Understand they are allowed to feel happy again

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Redefining the Relationship

- Up to this point, the focus has primarily been on looking back on memories from the past. To move forward with grieving, the child must look at the present and towards the future
- To understand that the relationship with the deceased is part of the past even though the memories will continue
- To know that it is necessary and important to invest in new relationships

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Techniques

- Redefine the relationship with the person who died- help the child understand and separate things about the relationship that were in the past from things that are still available in the present (ie-balloon technique)
- Finding and letting others into your life. Let the child know:
  - It is OK to keep strong positive feelings for the person who died
  - Doing things with others does not mean that the child is being disloyal

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Treatment Review- Techniques

Prepare for the future- "3 P's"

1) Predict- feelings of grief will happen at many times
2) Plan- what the child can do when feeling sad or upset
3) Permit- both child and caregiver should understand that they have permission to have grief-related feelings at any point in their lives

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Traumatic Grief Resources

Cohen, J., Mannarino, & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York: The Guilford Press.

CTG Web http://ctg.musc.edu/
A web based learning course for Childhood Traumatic Grief

Arneson, Lisa-Marie. Memory Garden-Bereavement Healing Cards.

Dougy Center. After a Murder: A Workbook for Grieving Kids. ISBN-10: 1890534072

Eldon, A. Angel Catcher for Kids: A Journal to Help You Remember the Person You Love Who Died. ISBN 0-8118-3443-3

Goodman, R.F., Cohen, J., Kliethermes, M.D., et al. The Courage to Remember: Childhood Traumatic Grief Curriculum Guide. (CD-ROM included.) Published by SAMHSA.

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Traumatic Grief Resources

Heegaard, M. When Someone Very Special Dies: Children Can Learn to Cope With Grief. ISBN 0-9620502-0-2

Krementz.J. How It Feels When A Parent Dies. ISBN 0-394-75854-4

Romain, T. What on Earth Do You Do When Someone Dies? ISBN 1-57542-055-4

Sesame Street. When Families Grieve. (Kit includes a guide for parents/caregivers, a children's' story, and a DVD)

Silverman, J. Help Me Say Goodbye: Activities for Helping Kids Cope When a Special Person Dies. ISBN: 978-1-57749-085-2

Thomas, P. I Miss You: A First Look at Death. ISBN 0-7641-1764-5

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TF-CBT Review

Let's Play Jeopardy

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Next Steps

- Create an individualized implementation plan. Include:
  - How you plan to maintain fidelity to TF-CBT
  - What **you** can do to increase your comfort and skill using TF-CBT
  - Your **personal** TF-CBT related goal
  - Who can support you in this process and help you achieve this plan
  - What will keep you motivated

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Gains and Next Steps with TF-CBT

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Thank you!

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