

## Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

\*Slides adapted from R. Hanson

---

---

---

---

---

---

---

---

### Components of Trauma-Focused Cognitive-Behavioral Therapy

- Psychoeducation and Parenting skills
- Relaxation
- Affective modulation
- Cognitive coping and processing
- Trauma narrative
- In vivo mastery of trauma reminders
- Conjoint child-parent sessions
- Enhancing future safety and development



From: Cohen, J.A., Mannarino, R.P., & Deblinger, E. (2004). Treating Trauma and Traumatic Grief in Children and Adolescents. New York: Guilford Publications, Inc.

**Treatment Duration**  
8-16 Sessions

**Treatment Frequency**  
1 session/week

**Active Caregiver Involvement**

---

---

---

---

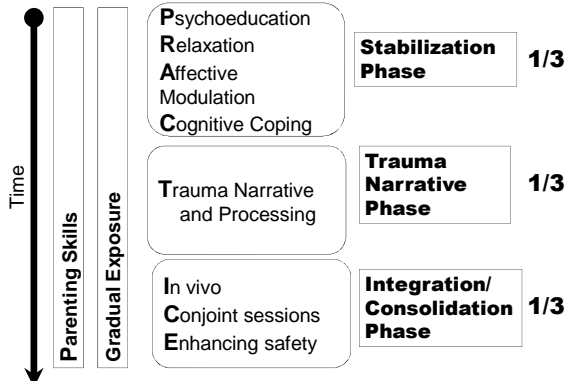
---

---

---

---

### TF-CBT Pacing




---

---

---

---

---

---

---

---

## PRACTICE

---

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

---

---

---

---

---

---

---

---

## Psychoeducation

---

- **Goals:**
  - Educate about trauma, symptoms and trauma reminders
  - Normalize reactions to severe stress
  - Provide information about psychological and physiological reactions to stress
  - Instill hope for recovery
  - Educate about the benefits and need for treatment
  - Connect trauma reminders to trauma responses—make sense of problems through a trauma lens

---

---

---

---

---

---

---

---

## Psychoeducation: How to provide information/education

---

- Read a book
- Provide information handouts and discuss
- Have caregiver describe the child's strengths/difficulties, validate & normalize
  - "You are the expert on your child"
- Play a game with the child: "What do you Know?"
- Open-ended questions, expand and clarify

---

---

---

---

---

---

---

---

## PRACTICE

---

- ▶ **P** sychoeducation and Parenting skills
- ▶ **R** elaxation
- ▶ **A** ffective expression and regulation
- ▶ **C** ognitive coping
- ▶ **T** rauma narrative development & processing
- ▶ **I** n vivo gradual exposure
- ▶ **C** onjoint parent child sessions
- ▶ **E** nhancing safety and future development

---

---

---

---

---

---

---

---

## Goals of Parenting Component

---

- ▶ Teach caregivers how to manage disruptive, aggressive, and non-compliant behaviors (fears, sleep problems, aggression, sexually inappropriate behaviors)
- ▶ Help caregivers decrease any unhealthy or ineffective discipline techniques
- ▶ Help to establish reasonable developmental expectations

---

---

---

---

---

---

---

---

## Parenting (Con't)

---

- ▶ **Teach:**
  - correct use of praise
  - active ignoring
  - time-out
  - contingency management plans
  - other effective reward and punishment techniques
- ▶ **Golden Rules:**
  - Consistency, predictability and follow through
  - Logical and fair consequences

---

---

---

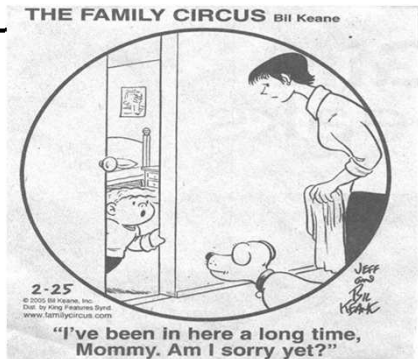
---

---

---

---

---




---

---

---

---

---

---

---

---

## PRACTICE

- ▶ Psychoeducation and parenting skills
- ▶ Relaxation
- ▶ Affective expression and regulation
- ▶ Cognitive coping
- ▶ Trauma narrative development & processing
- ▶ In vivo gradual exposure
- ▶ Conjoint parent child sessions
- ▶ Enhancing safety and future development

---

---

---

---

---

---

---

---

## Relaxation: Goals



- ▶ Reduce physiologic manifestations of stress and PTSD
- ▶ Explain body responses to stress
  - Shallow breath, muscle tension, headaches
- ▶ Examples:
  - Focused breathing
  - Mindfulness
  - Meditation
  - Progressive muscle relaxation

---

---

---

---

---

---

---

---

## 2 Core Skills

- ▶ Deep Breathing



- ▶ Progressive Muscle Relaxation Activity

---

---

---

---

---

---

---

---

## Developmental Considerations

- ▶ Be Creative!



- ▶ Mindfulness Activity



---

---

---

---

---

---

---

---

## PRACTICE Components

- ▶ P sychoeducation and parenting skills
- ▶ R elaxation
- ▶ A ffective expression and regulation
- ▶ C ognitive coping
- ▶ T rauma narrative development & processing
- ▶ I n vivo gradual exposure
- ▶ C onjoint parent child sessions
- ▶ E nhancing safety and future development

---

---

---

---

---

---

---

---

**A: Affective Expression Skills Training:  
Goals**

- Identify, label, and accept feelings
- Elicit trauma-related emotional reactions
- Identify bodily sensations/physiological sensations of affect
- Help child experience and tolerate negative affect
- Express feelings – *show and tell*
- Teach/practice appropriate expressions outlets
- Identify feelings in others – *look, listen and ask*




---

---

---

---

---


---


---


---


Name \_\_\_\_\_


**What kinds of things  
make people feel ...**


HAPPY \_\_\_\_\_  


EXCITED \_\_\_\_\_  


SAD \_\_\_\_\_  


ANGRY \_\_\_\_\_  


LONELY \_\_\_\_\_  


SCARED \_\_\_\_\_  


---

---

---

---

---

---

---

---

**Affective Modulation: Distraction**

Distraction vs. Relaxation

Distraction techniques may include:

- ▶ Finding a peer/friend to do something with
- ▶ Talking to a friend, peer or staff
- ▶ Reading a book
- ▶ Watching TV
- ▶ Exercise
- ▶ Other activities to turn down the volume on distressing feelings
- ▶ This is not avoidance, it is active coping.

Cohen & Mannarino (2012)

---

---

---

---

---

---

---

---

### PRACTICE components

- ▶ P sychoeducation and parenting skills
- ▶ R elaxation
- ▶ A ffective expression and regulation
- ▶ C ognitive coping
- ▶ T rauma narrative development & processing
- ▶ I n vivo gradual exposure
- ▶ C onjoint parent child sessions
- ▶ E nhancing safety and future development

---

---

---

---

---

---

---

---

### Cognitive Coping: Goals

- ▶ Help child to understand connections between thoughts, feelings & behaviors
- ▶ Use 'real' life examples
- ▶ Identifying and tracking internal thoughts
- ▶ Sharing internal thoughts
- ▶ Using cognitive strategies to cope with distressing thoughts
  - Positive self-statements
  - Planned distraction
  - Mindfulness
- ▶ Restructure/replace maladaptive thoughts

---

---

---

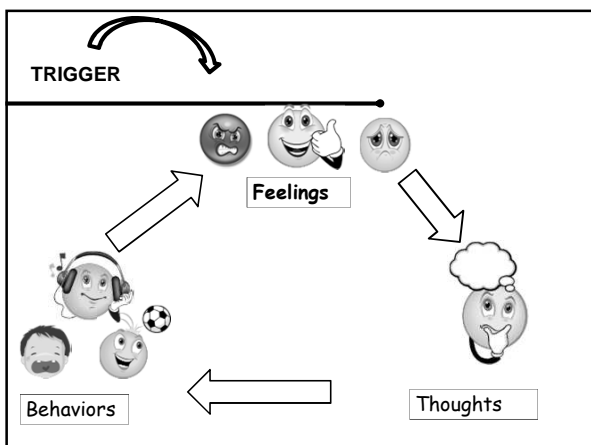
---

---

---

---

---



---

---

---

---

---

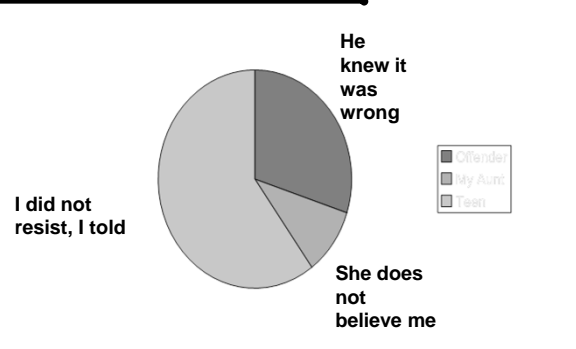
---

---

---

### Allocating Blame/Fault

"If you had a pie and divided up responsibility for what happened (family not talking), how would you draw it?"



---

---

---

---

---

---

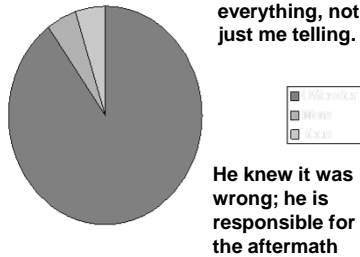
---

---

### Allocating Blame/Fault

Yes I did not resist, however at the time I was scared; He raping me started everything, not just me telling.

He is her son, her reactions however are not helpful.



---

---

---

---

---

---

---

---

### PIE OF FAULT

AUNT W  
SHE BEAT ME ALL THE TIME WHEN SHE WAS NOT SUPPOSE TO AND SHE IS NOT EVEN MY REAL MOM

HE BEAT ME SOMETIMES TOO.  
UNCLE M.

UNCLE W  
HE WATCHED AND DID NOT HELP

ME  
I AM RESPONSIBLE FOR MY OWN SAFETY - I SHOULD HAVE TOLD SOMEONE SOONER

---

---

---

---

---

---

---

---



### PRACTICE components

---

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

---

---

---

---

---

---

---

---

### TN Development & Processing - Goals

---

- ▶ Encouraging the child to talk about/describe the event(s) in as much detail as possible
  - ◆ Thoughts
  - ◆ Feelings
  - ◆ Sensory details
- ▶ Provides opportunity to identify and address any trauma-related cognitive distortions

---

---

---

---

---

---

---

---

### Discussing Traumatic Events - Directly

---

- ▶ Reasons we avoid this with children:
  - Child distress
  - The caregiver wants to "put it behind" us
  - Therapist discomfort (self, for child)
  - Legal issues (almost always bogus)
- ▶ Reasons to do it anyway:
  - Mastery over trauma symptoms
  - Resolve avoidance symptoms
  - Identify, modify distorted cognitions
  - *Contextualize traumatic experiences into life narrative*

---

---

---

---

---

---

---

---

### WHAT NOT TO DO: (How to get a kid or caregiver to freak out about the TN)

- ▶ “This is going to be incredibly difficult for you...”
- ▶ “In a few weeks, we’ll get to the really important and difficult part.”
- ▶ “I think you can *probably* handle this ...”
- ▶ “Well, let’s see what happens when we try.”
- ▶ “This is the frightening part of treatment...”

All these are self-defeating statements and potentially self-fulfilling. Project confidence and anticipate success.

---

---

---

---

---

---

---

---

### Getting ready

- ▶ Recall – gradual exposure has been going on throughout all of PRAC components
  - The trauma has been talked about, though not in detail, in EVERY session
  - Otherwise, you’re not doing TF-CBT
- ▶ When should the child be told that s/he will be starting the TN?
  - No critically wrong/right answer to this
  - Depends on how it’s talked about
- ▶ Providing a rationale (child and parent)
  - And sometimes, you have to re-provide it!

---

---

---

---

---

---

---

---

### When are kids ready to begin TN?

- ▶ How do you judge when to begin the TN/exposure work? Kids have:
  - received psychoeducation about the trauma(s)
  - developed basic emotion identification skills
  - learned coping skills for lowering anxious or uncomfortable feelings

- ***Mastery is not essential***
- ***Don’t over-PRAC your kids***



---

---

---

---

---

---

---

---

## Rationale(s)

### ▶ **Direct:**

- Symptoms tend to stick around as long as we avoid the scary things that happened to us
- PTSD = non-recovery
  - Distress is common, PTSD is not. Once you have PTSD, it's going to persist until something gets done to kick-start the recovery process. Non-avoidance is the kick-start.
- "Putting it behind us" is like procrastinating – the work is still there to do, even if we ignore it for now

### ▶ **Use of Analogies – better for kids, some caregivers**

- Process of removing a splinter
- Mastery over previously feared things
- Think of a pink elephant

---

---

---

---

---

---

---

---

---

---

## Case Example (15 year old female): "It happened to me"

- ▶ Chapter 1: About me
- ▶ Chapter 2: My family vacation
- ▶ Chapter 3: That night
- ▶ Chapter 4: MY secret
- ▶ Chapter 5: When I told
- ▶ Chapter 6: My family now
- ▶ Chapter 7: What I learned in therapy
- ▶ Chapter 8: Hope for future

---

---

---

---

---

---

---

---

---

---

## Creating the Trauma Narrative: Final Chapter

- ▶ What have you learned?
- ▶ What would you tell other kids who experienced this?
- ▶ How are you different now from when the abuse/trauma happened
- ▶ How are you different from when you started treatment?
- ▶ Most important component – helping youth to share what they've learned and to help them to be future-oriented.

---

---

---

---

---

---

---

---

---

---

## PRACTICE components

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

---

---

---

---

---

---

---

---

## In Vivo Mastery of Trauma Reminders

**Using in-person, overt exposure techniques to reduce specific fears.**

**Problem**  
Specific cues or reminders trigger trauma-related fears.

**Treatment**  
Repeated, controlled exposure to the fear trigger results in habituation and spawns adaptive coping.

- ▶ Use only if the cue or reminder is not now dangerous.
- ▶ Mastery of the trauma reminder increases self-efficacy.
- ▶ Mastery is critical for resuming a normal developmental trajectory.

---

---

---

---

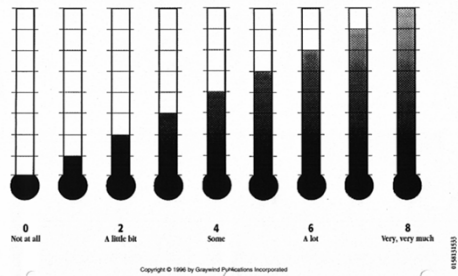
---

---

---

---

Feelings Thermometer




---

---

---

---

---

---

---

---

### **PRACTICE components**

---

- ▶ **P** sychoeducation and parenting skills
- ▶ **R** elaxation
- ▶ **A** ffective expression and regulation
- ▶ **C** ognitive coping
- ▶ **T** rauma narrative development & processing
- ▶ **I** n vivo gradual exposure
- ▶ **C** onjoint parent child sessions
- ▶ **E** nhancing safety and future development

---

---

---

---

---

---

---

---

### **Goals of Conjoint Sharing of the TN**

---

- ▶ Sharing of the TN between child and caregiver
- ▶ Facilitate open communication
- ▶ Increase caregiver support, empathy and understanding of the child's experience(s)
- ▶ Opportunity to address any questions, confusion, etc related to the trauma(s)

---

---

---

---

---

---

---

---

### **Preparing for Joint Sessions: Sharing Narrative with Caregiver**

---

- ▶ Assess caregiver's readiness
- ▶ Caregiver may not know details of what happened
  - Avoidance
  - Legal issues
- ▶ Explore what caregiver knows about the traumatic event
- ▶ Encourage caregiver's emotional reactions
- ▶ May use child's artwork, stories, drawings (with child's permission)
- ▶ Role-play caregiver – child interaction

---

---

---

---

---

---

---

---

**Narrative Conjoint:  
When are they ready?**

- ▶ Child has completed narrative
- ▶ Parent has read the narrative and can emotionally tolerate
- ▶ Caregiver can hear the narrative without making blaming or other types of negative statements
- ▶ Caregiver is able to answer child's questions about the trauma and aftermath

---

---

---

---

---

---

---

---

**PRACTICE components**

- ▶ P sychoeducation and parenting skills
- ▶ R elaxation
- ▶ A ffective expression and regulation
- ▶ C ognitive coping
- ▶ T rauma narrative development & processing
- ▶ I n vivo gradual exposure
- ▶ C onjoint parent child sessions
- ▶ E nhancing safety and future development

---

---

---

---

---

---

---

---

**Enhancing Safety Skills: Goals**

- ▶ Develop individualized safety skills responsive to the youth's trauma reminders
- ▶ Provide opportunities to practice these skills
  - May include healthy sexuality, dealing with bullies, conflict resolution, etc.
- ▶ Discuss risk reduction strategies
- ▶ Discuss potential future triggers
- ▶ Discuss any 'red flags' and/or signs for additional treatment

---

---

---

---

---

---

---

---

## Ending Treatment

- ▶ How do you know treatment is over?
  - How did sharing of the narrative go?
  - How's child's behavior?
  - How is the parent managing the child's behavior?
- ▶ Review of Risk Reduction/Safety Plan and Red Flags
- ▶ Making sure parent understands that 'booster' sessions are available and not a sign of *failure*.

---

---

---

---

---

---

---

---

## Treatment Closure Issues

- ▶ Making meaning of traumatic experiences
- ▶ Assessment – have symptoms resolved?
- ▶ Summarizes everything learned in treatment (psychoeducation, coping skills, exposure, cognitive processing) into a final product to share with parent
- ▶ Treatment graduation: is an achievement, like other graduations

---

---

---

---

---

---

---

---

## TF-CBT Web

[www.musc.edu/tfcbt](http://www.musc.edu/tfcbt)

TF-CBT Web is an Internet-based, distance education training course for learning TF-CBT.



TF-CBT Web is offered **free** of charge.

---

---

---

---

---

---

---

---

## Additional online training resources

- ▶ Childhood Traumatic Grief
  - [www.musc.edu/ctg](http://www.musc.edu/ctg) (use your TFCBTWeb login)
- ▶ TF-CBT Consult
  - [www.musc.edu/tfcbtconsult](http://www.musc.edu/tfcbtconsult) (use your TFCBTWeb login)

---

---

---

---

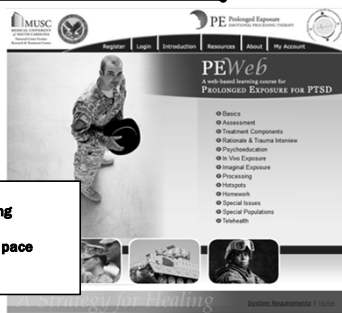
---

---

---

---

## PEWeb pe.musc.edu



- Free
- Web-based learning
- Modular
- Learn at your own pace
- Return anytime
- 1.0 hours of CE

---

---

---

---

---

---

---

---

## CPTWeb cpt.musc.edu



- Free
- Web-based learning
- Modular
- Learn at your own pace
- Return anytime
- 9 hours of CE

---

---

---

---

---

---

---

---