

Child and Parent Trauma-Focused Cognitive-Behavioral Therapy

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Types of Childhood Trauma

- Child abuse
 - Physical
 - Sexual
 - Emotional
- Victim/Witness of Violence
 - Domestic
 - Community
 - School
- Accidents (e.g., motor vehicle)
- Disasters
- War/Terrorism and Refugee
- Medical (e.g., transplant)
- Traumatic Grief

Trauma Impact

- Acute distress almost universal
- Impact *can* be long lasting
- Childhood trauma is risk factor for adult problems
- Impact varies; most recover over time with/without treatment

Affective Trauma Symptoms

- Fear
- Sadness
- Anger
- Anxiety
- Affective Dysregulation

Behavioral Trauma Symptoms

- Avoidance
- Modeling maladaptive behaviors
 - Sexualized behaviors
 - Violent behaviors
 - Bullying
- Traumatic Bonding
- Anger
- Substance Abuse
- Self-Injury

Cognitive Trauma Symptoms

- Irrational Beliefs
- Distrust
- Distorted Self-Image
- Loss/Betrayal of Social Contract
- Accurate, but unhelpful, cognitions

Physical Trauma Symptoms

- Multiple physiologic changes occur in response to stress, some may become chronic
- Children with PTSD are at increased risk for many pediatric disorders
- E.g.: allergies, asthma, GI disorders, headaches
- ACES study (Felitti et al): child abuse and other traumas → increased risk for many leading causes of early death in adults

Complex PTSD

- Defining features: severe problems with
 - Affect (e.g., anger, emptiness)
 - Behavior (e.g., disorganized behavior; tantrums)
 - Cognitions (e.g., poor self-concept, self-blame)
 - Perceptions, memory (e.g., dissociation, depersonalization, poor memory)
 - Safety (e.g., self-injury)

These are “associated features” of PTSD but are not included in diagnostic criteria

What is TF-CBT?

A hybrid treatment model that integrates:

- Trauma sensitive interventions
- Cognitive-behavioral principles
- Attachment theory
- Developmental neurobiology theory
- Elements of family, humanistic and empowerment therapies

Treatment Research

- Trauma-Focused CBT is the most rigorously tested treatment for traumatized children
 - 5 randomized trials
- Improved PTSD, depression, anxiety, shame and behavior problems compared to supportive treatments
- PTSD improved more with direct child treatment
- Improved parental distress, parental support, and parental depression compared to supportive treatment

Difficulties Addressed by TF-CBT

- CRAFTS
 - Cognitive Problems
 - Relationship Problems
 - Affective Problems
 - Family Problems
 - Traumatic Behavior Problems
 - Somatic Problems

Core Values of TF-CBT

- CRAFTS
 - Components-Based
 - Respectful of Cultural Values
 - Adaptable and Flexible
 - Family Focused
 - Therapeutic Relationship is Central
 - Self-Efficacy is emphasized

Cultural Sensitivity and Competence

- Essential to understand family's values related to religion, ethnicity, and culture
- Previous treatment outcome studies (Cohen & Mannarino; Deblinger et al.; CATS Project) included culturally and ethnically diverse families/providers and did not find differences in outcome based on children's ethnicity/cultural backgrounds.

Child and Parent Components

- Individual sessions for both child and parent
- Parent sessions generally parallel child sessions and are child-focused
- Same therapist for both child and parent is usually optimal

TF-CBT Components

- PRACTICE
 - Psychoeducation and Parenting Skills
 - Relaxation
 - Affective Modulation
 - Cognitive Processing
 - Trauma Narrative
 - In Vivo Desensitization
 - Conjoint parent-child sessions
 - Enhancing safety and social skills

Psychoeducation

- Goals:
 - Normalize child's and parent's reactions to severe stress
 - Provide information about psychological and physiological reactions to stress
 - Instill hope for child and family recovery
 - Educate family about the benefits and need for early treatment

Psychoeducation (Cont'd)

- Provide general information about the event
 - Frequency
 - Who experiences it
 - What causes it
- Provide information about common emotional and behavioral responses to the event
 - Empirical information if available
 - Clinician's experience with other children
 - Written literature by victims
- Provide information about the child's symptoms/diagnosis
 - Emphasize positive coping

Parenting Skills

- TF-CBT views parents as central therapeutic agent for change
- Establish parent as the person the child turns to for help in times of trouble
- Explain the rationale for parent inclusion in treatment
 - Not because parent is part of the problem but because parent can be the child's strongest source of healing
- Emphasize positive parenting skills, enhance enjoyable child-parent interactions, maximize perception/reality effective parenting

Treatment of Parents Research

Evidence that treating parent is important:

- Deblinger et al. (1996): Treating parents resulted in decreased behavioral and depressive symptoms in child
- Cohen and Mannarino (1996): Parents' emotional reaction to trauma was the strongest predictor of treatment outcome (other than treatment type)
- Cohen and Mannarino (1997): At the 12 month follow-up, parental support was significantly related to decreased symptoms in child

Common Parental Issues in Child Traumatization

- Inappropriate self-blame and guilt
- Inappropriate child blame
- Overprotectiveness
- Overpermissiveness
- PTSD Symptoms

Praise

- Focus on actively praising the child
 - Praise a specific behavior
 - Provide praise ASAP after behavior occurs
 - Be consistent
 - Do not qualify your praise
 - Provide praise with same level of intensity as criticism
- “Catch your child being good!”

Selective Attention

- No reaction to certain negative behaviors
 - Defiant or angry verbalizations to parent
 - Nasty faces, rolling eyes, smirking
 - Mocking, mimicking
- Walk away, busy oneself with an activity
- Remain calm, dispassionate
- Expect a reactions of more provocative behavior

Time Out

- Purpose: Interrupt child's negative behaviors and allow him/her to regain control
- Explain to child
- Location: quiet, least stimulating
- Duration: 1 minute per year of age
- Timer starts when child stops screaming
- Once in time out, parent should refrain from comments, and maintain calm demeanor.
- Be consistent!

Contingency Reinforcement Programs

- Purpose: Decrease unwanted behaviors and increase desired behaviors
- Select only one behavior to target
- Explain process to child
- Involve child in decisions about rewards
- Add stars and give rewards weekly, and consistent.

Behavior Management

- Reasonable developmental expectations
- Limit-setting
- Behavioral interventions for:
 - Anxieties
 - Sleep problems
 - Aggressive behaviors
 - Sexually inappropriate behaviors

Relaxation

- Reduce physiologic manifestations of stress and PTSD
- Explain body responses to stress
 - Shallow breath, muscle tension, headaches
- Focused breathing/mindfulness/meditation
- Progressive Muscle Relaxation
- Physical Activity

Affective Modulation

- Feeling Identification
 - Accurately identify and express a range of different feelings
 - Board games (e.g., Emotional Bingo)
 - Feeling brainstorm
 - Color My Life or person
 - Do not ask directly about feelings experienced during traumatic event.
 - End on a positive note.

Thought Interruption and Positive Imagery

- Use when overwhelmed with trauma reminders
- Temporary measure early in treatment
- Teaches child control over their thoughts
 - Changing the channel
 - Saying “go away” or “snap out of it”
 - Imagining a stop sign
- Replace unwanted thought with a positive one

Affective Regulation (cont'd)

- Positive Self-Talk
 - Focus on child's strengths
 - Remind child to verbalize these
- Enhancing Sense of Safety
 - Ask about child's sense of safety right now
 - Develop a safety plan

Enhancing Problem Solving and Social Skills

- Problem-Solving:
 - Describe the problem
 - Identify possible solutions
 - Consider the likely outcomes
 - Pick the solution
 - Evaluate your choice
- Social Skills
 - Taking turns
 - Listening to others

Affective Modulation for Parents

- Techniques used with child may all be useful for parents.
 - Positive self-talk
- Paradoxical Intention
 - Think about intrusive thought for a predetermined period of time
 - Interrupt thought

Cognitive Processing

- Help children and parents understand the cognitive triad: connections between thoughts, feelings and behaviors, as they relate to everyday events
- Help children distinguish between thoughts, feelings, and behaviors
- Help children and parents view events in more accurate and helpful ways
- Encourage parents to assist children in cognitive processing of upsetting situations, and to use this in their own everyday lives for affective modulation

Direct Discussion of Traumatic Events

- Reasons we avoid this with children:
 - Child discomfort
 - Parent discomfort
 - Therapist discomfort
 - Legal issues
- Reasons to directly discuss traumatic events:
 - Gain mastery over trauma reminders
 - Resolve avoidance symptoms
 - Correction of distorted cognitions
 - Model adaptive coping
 - Identify and prepare for trauma/loss reminders
 - Contextualize traumatic experiences into life

Creating the Trauma Narrative

- Introduce the child to the rationale for the narrative
- Can introduce the TN by reading a book
- First chapter : innocuous information about the 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

Creating the Trauma Narrative (cont'd)

- Third chapter: Encourage the child to “tell what happened” during the trauma itself using expressive arts techniques

Creating the Trauma Narrative (cont'd)

- If multiple episodes, let the child choose one (example: first time, last time, one best remembered)
- Typically children proceed from first to last episode, but not always
- Include disclosure, legal procedures, medical exams, etc

Creating the Trauma Narrative (cont'd)

Review the child's description at subsequent sessions

- Help the child to describe more details
- Encourage child to describe thoughts and feelings related to trauma
- Desensitize child to talking about the event
- Gradually desensitize child to actual event

Creating the Trauma Narrative (cont'd)

- Identify “hot spots” or “worst moments”
- Rate distress before, during, and after (SUDS thermometer for children)

Creating the Trauma Narrative (cont'd)

- Final Chapter: include the following:
- What have you learned?
- What would you tell other kids who experienced this?
- How are you different now from when it happened/when you started treatment?

Trauma Narrative (Cont'd)

- Alternative methods for creating a trauma narrative:
- Cartoon strip
- Poem
- Computer (Storybook Weaver Deluxe)
- Talk Show Interview
- Song
- Drawings

Sharing the Trauma Narrative with the Parent

- Parent may not know details of what happened
 - Avoidance
 - Legal issues
- Explore what parent knows about the traumatic event
- Share with parent what child has said in therapy
 - Confidentiality
 - Developmental issues

Sharing the Trauma Narrative with the Parent (cont'd)

- May use child's artwork, stories, drawings (with child's permission)
- Joint parent-child sessions

Examples of Children's Trauma Narratives

Cognitive Processing of the Traumatic Experience

- Develop optimal understanding of the trauma within the context of the child's life
- Common negative distortions
 - Self-blame
 - Overestimating danger
 - Changed world view

Cognitive Reframing (cont'd)

- Identify cognitions related to the trauma
 - As reported in trauma narrative
 - Direct inquiry
 - Indirect reports

Cognitive Processing of the Trauma

- Explore inaccurate or unhelpful cognitions about the trauma and the feelings that accompany them
 - Inaccurate thoughts (ex: “the sexual abuse was my fault”)
 - Unhelpful thoughts (ex: “you can never tell when a drive-by shooter might hit you”)
 - Inaccurate AND unhelpful thoughts (ex: “it’s my fault my mother was killed in the hurricane. I should have made her evacuate sooner.”)
 - Responsibility vs. regret

Cognitive Processing of the Trauma (cont'd)

- Replace distorted cognitions with more accurate, realistic, or helpful ones
 - Progressive logical questioning
 - Overgeneralizations
 - Alternative cognitions
 - "Best friend" role play

Conjoint Parent-Child Sessions

- Share information about child's experience
- Correct cognitive distortions (child and parent)
- Encourage optimal parent-child communication
- Prepare for future traumatic reminders
- Model appropriate child support/redirection

Conjoint Parent-Child Sessions (cont'd)

- Content of sessions
 - Share child's trauma narrative
 - Encourage open discussion, question/answer between child and parent about trauma and other topics
 - Preparation for future trauma reminders and how the child and parent can optimally cope with these
 - Praise for progress made

Conjoint Parent-Child Sessions (cont'd)

- Format of sessions
 - Meet individually with parent and child prior to joint part of session
 - Meet together after child and parent prepared for session

Conjoint Parent-Child Sessions (cont'd)

- When NOT to have joint sessions:
 - Parent unable to provide appropriate support
 - Child adamantly opposed (evaluate how realistic objections are)

In Vivo Mastery of Trauma Reminders

- Resolve generalized avoidant behaviors
 - Gradually help the child get used to the feared situation
- Identify the feared situation
- Design the in vivo desensitization plan
- Praise and reinforce in vivo work
- Therapist **MUST** have confidence that this will work or it won't

Enhancing Safety Skills

- Typically done in conjoint parent-child sessions, but may also be done individually
- Develop a safety plan which is responsive to the child's and family's circumstances and the child's realistic abilities
- Practice these skills outside of therapy also
- For sexually abused children, include education about healthy sexuality
- For children exposed to DV, PA, CV, may include education about bullying, conflict resolution, etc.

Applying TF-CBT in Real Life

- First things first
- Provide crisis response (usually for parents)
- Know what your setting can do
- Triage for priority focus
 - Basic needs (e.g., place to live)
 - Response to system activities (e.g., placement, legal processes)
 - Psychiatric emergencies/active substance abuse
 - Sexual behavior problems

Treatment of Childhood Traumatic Grief

- Definition of Childhood Traumatic Grief (CTG): impingement of trauma symptoms (PTSD and similar symptoms) on children's ability to negotiate typical grieving tasks following the traumatic death of a loved one
- Assessment of CTG: Extended Grief Inventory (EGI): 28-item self-report instrument for children > 8 years old

“Typical” Tasks of Childhood Grieving (Worden and Wolfelt)

- Accept the reality and permanence of the death
- Experience the intense pain associated with the loss
- Adjust to an environment and self-identity without the loved one
- Convert the relationship from one of interaction to one of memory
- Find meaning in the death
- Experience continued positive presence of other adults

CBT for CTG

- Consecutive trauma-and grief-focused components for CTG
- Developed by adding commonly-provided grief-focused components to TF-CBT
- Tested in 2 open studies (of children experiencing CTG related to diverse causes) and one RCT (after the September 11, 2001 terrorist attacks in New York)

Grief-focused Components of CBT-CTG

- Grief Psychoeducation
- Accepting the loss; resolving ambivalent feelings
- Preserving positive memories; memorializing
- Converting the relationship and committing to new relationships; making meaning
- Joint child-parent sessions; circle of life; 3P's; future reminders; graduation

Joint Child Parent Sessions

- Circle of Life
- 3 Ps:
- Predict that family will experience future trauma, loss and change reminders
- Plan for how to cope with these when they occur
- Permission for family members to experience these differently

Grief Psychoeducation

- Providing information in age-appropriate ways to child and parent regarding death, religious customs, what happened to the body (e.g., if not recovered)
- Normalizing potential divergence of child's and parent's reactions from each others' (within and beyond family)
- Preparing family for grief as an ongoing process (in distinction to trauma symptoms which are expected to resolve with time-limited treatment)

Accepting the Loss; Resolving Ambivalent Feelings

- What I miss
- What I don't miss
- Letters to and from deceased
- Clarify that letters are not going to deceased in a distant place (i.e., not still alive)
- Share with parent; address any divergence between child's and parent's feelings

Creating and Preserving Positive Memories

- Memory boxes, collages, books, etc
- Collect memorabilia from deceased
- Involved parent or other family and friends in this activity (helps parent resolve avoidance in many cases)
- Hold child's memorial service if desired

Converting Relationship; Making Meaning

- Balloon exercise to differentiate between what the child still has versus what has been lost in the relationship
- Making meaning drawings (examples of artwork)

Trauma-focused Treatment Adjusted

- Match length and intensity to child presentation
- Focus on what is most distressing for child
- Incorporate into interventions for other concerns/problems

Children Who Don't Seem Traumatized

- Less serious trauma/supportive response
- Event not experienced as traumatic
- Event severe
 - child resilient
 - avoidance coping adaptive
- Event not perceived as victimization

Strategy for Less Affected Children

- Psychoeducation
- Identification of potential areas of problems
- Review of coping strategies
- Revictimization prevention

Strategies for Children Who Do Not Perceive as Victimization

- Form an alliance that acknowledges child's perception of relationship
- Listen and learn why child cooperated/ participated
- Allow child to take responsibility for actions
- Do not approve or legitimize
- Help child see potential negative consequences

Children with History of Multiple Traumas

- Early adversity
- Insecure attachment
- Multiple trauma history
- Family abandonment/rejection
- Functional problems across domains

Strategies

- Integrate trauma treatment into broader intervention
- Be prepared to offer longer term relationship based therapy
- Provide assistance with managing every day life

Family Complications

- Do not agree that child was victimized/ harmed
- Overwhelmed with own reactions to child victimization
- Compromised relationship with child
- Inadequate parenting skills/child behavior out of control
- Depressed, substance abusers, anti-social
- Unstable, in financial straights, homeless, facing legal problems

Engaging Families in Treatment

- Establish common ground/form an alliance
- Emphasize importance/primacy of parental role
- Reduce parental distress
- Include parents as part of child's treatment
- Be flexible about scheduling
- Provide education about psychotherapy (what to expect: it occurs over time, not once; things may worsen before they improve, etc)

Summary of TF-CBT

- Trauma-focused treatment for children exposed to a variety of traumas and their parents/caretakers
- May be provided in as little as 12 sessions or adapted for longer term therapy
- Components-based hybrid treatment which incorporates principles of a variety of theoretical frameworks

Summary of TF-CBT (cont'd)

CORE COMPONENTS:

- Psychoeducation and Parenting Skills
- Relaxation
- Affective Modulation
- Cognitive processing
- Trauma Narrative
- In vivo mastery of trauma reminders
- Conjoint child-parent sessions
- Enhancing safety and social skills

Summary of TF-CBT (cont'd)

- Supported by empirical studies involving over 500 traumatized children in 6 completed randomized controlled studies
- These studies included children experiencing multiple types of traumatic events, children in single parent and foster homes, children living in poverty, children with substance abusing parents, and children with multiple psychiatric problems.

A Learning Resource for TF-CBT



Access at:

www.musc.edu/tfcbt

- Web-based learning
- Learn at own pace
- Concise explanations
- Video demonstrations
- Clinical scripts
- Cultural considerations
- Clinical Challenges
- Resources
- Links
- 10 hours of CE
- Free of charge

Register

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Introduction

Resources

Contact Us

TRAUMA-FOCUSED COGNITIVE-BEHAVIORAL THERAPY

- Psychoeducation
- Stress Management
- Affect Expression and Modulation
- Cognitive Coping
- Creating the Trauma Narrative
- Cognitive Processing
- Behavior Management Training
- Evaluation



A Strategy to Help

System Requirements | Credits