

# Hope and Healing:

An Overview of Trauma-Focused Cognitive Behavioral Therapy

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**Evidence-Based Interventions** 

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## Traumatic Stress and Foster Care [The "Why"]

A recent study and a task force found about \*46 million children per year in U.S. (6-10) will be exposed to violence, crime, abuse, and maltreatment

- Advised that advocates and those serving these kids learn about / provide trauma informed / focused services
- Kids in foster care more likely to be exposed to traumatic experiences (PA, SA, neglect, family & comm. violence, trafficking, sexual exploitation, bullying and loss of a loved one among many others)
- Besides trauma/abuse leading to removal -have further stresses by entering and being in the system (separation, uncertainly, multi-placements, etc.)

Attorney General's Task Force Children's Exposure to Violence 2012, National Survey: Children's Exposure to Violence 2011

\* More than entire estimated pop. of California (37 Mil)



# What is Trauma Focused-CBT?

- A hybrid model incorporating CBT, attachment, family, psychodynamic and empowerment principles
- Goals: resolve PTSD, depressive, anxiety, behavior and other trauma and loss-related symptoms in children and adolescents
- Support adaptive functioning, safety, family communication and future developmental trajectory







### **Evidence That TF-CBT Works**

20+ randomized controlled trials (Gold Standard) with sexually abused/multiply traumatized children age 3-18 comparing TF-CBT to other active treatments.

- Most rigorously tested treatment for youth trauma
- In all studies, children receiving TF-CBT experienced significantly greater improvements in a variety of symptoms, both at immediate post-treatment, and up to 2 year follow-up. (average # of traumas = 3.5)
- PTSD symptoms consistently improved significantly more in the TF-CBT groups.



## TF-CBT Components: P-PRACTICE

- Psycho-education
- Parenting
- Relaxation
- Affect identification and regulation
- Cognitive coping
- Trauma narration and cognitive processing of traumatic experiences
- In vivo mastery of trauma reminders
- Conjoint child-parent sessions
- Enhancing safety and future development

Trauma Screening and Assessment are crucial for ALL CHILDREN receiving any Physical or Mental Health Services

#### **Typical TF-CBT Pacing**

(We modify for complex trauma)



sessions Parenting 8-16 Time:

Exposure

Gradual

Skills

Pscyhoeducation | Relaxation Affective Modulation Cognitive Coping

**Stabilization Phase** 

1/3

**Trauma Narrative** and Processing

**Trauma Narrative Phase** 

1/3

n vivo Conjoint sessions **E**nhancing safety

Integration/ Consolidation 1/3 **Phase** 



# Psycho-education

- Provide information about trauma, PTSD and any additional disorders the child is experiencing.
- Provide information about the child's traumatic experience.
- Educate about treatment / diagnosis, etc.
- Normalize the child's and parent's traumarelated reactions
- Provide hope for recovery.
- Explains what will happen in treatment

# **Parenting Component**



- Parents/caregivers receive parallel interventions for all of the PRACTICE components. Engagement is KEY
- Parenting skills to enhance child-parent interactions including:
  - Appropriate use of praise
  - Selective attention/redirection
  - Time-out procedure
  - Contingency reinforcement schedules
  - TF-CBT is widely used with children in foster and residential care or other situations without consistent caregiver involvement.



### Relaxation

- Develop individualized relaxation strategies for child and parent which may include ideas such as;
  - Focused or belly breathing
  - Progressive muscle relaxation
  - Exercise
  - Yoga / mindfulness
  - Songs, dance, blowing bubbles, reading, prayer, whatever is relaxing to them



#### Affective Identification and Modulation

#### Managing feelings with activities such as:

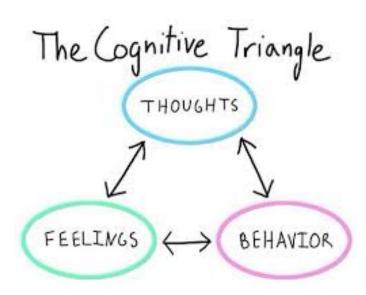
- Exercises to identify a variety of feelings
- Skills practice for feelings expression
- Individualized strategies to modulate upsetting affective states including:
  - -Problem solving
    - -Anger management
    - -Present focus
    - -Obtaining social support



# Cognitive Coping

#### Can include such skills as:

- Cognitive Triangle: Connections among Thoughts, Feelings and Behaviors
- Cognitive Restructuring: Replacing inaccurate/unhelpful thoughts with more accurate/helpful ones.
- Learning Optimism: "Being your own cheerleader", Recognizing what you are doing well right now.

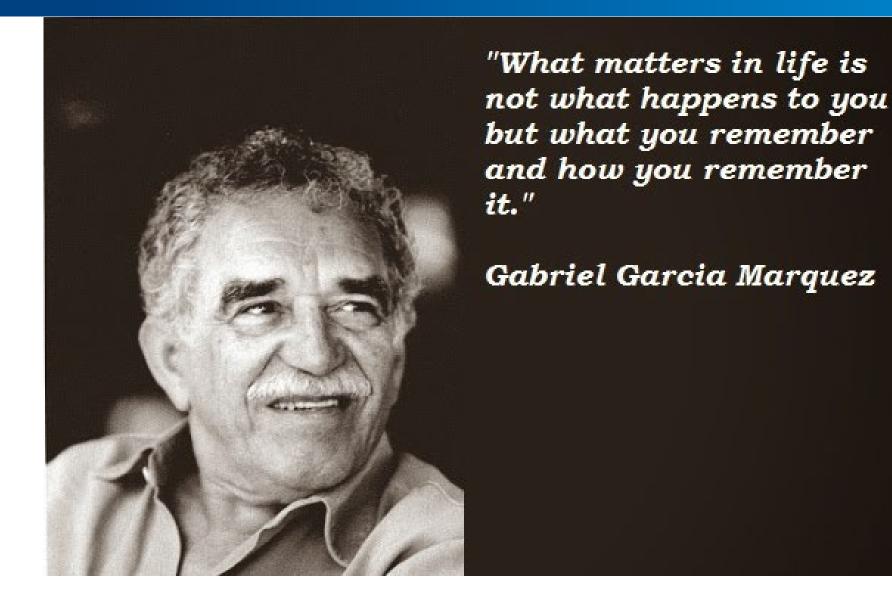




# Trauma Narration and Cognitive Processing

#### Helps kids tolerate painful memories

- Gradually develop a detailed narrative of the child's traumatic event(s).
- Process these events using the cognitive strategies learned earlier (changing inaccurate/ unhelpful thoughts about the traumatic events).
- Helps with mastery





Author: One Hundred Years of Solitude, Love in the Time of Cholera, Nobel Prize in Literature 1982 (1927-2014)



## In Vivo Mastery of Trauma Reminders

- Another layer of therapy used only if a child is reactive to specific reminders AND the feared reminder is innocuous (NOT if it is still dangerous).
- "Gradual exposure" to innocuous reminders which have been paired with the traumatic experience (similar to overcoming a phobia or school refusal).

(literally "out of the living" –outside the person)



# Conjoint Parent-Child Sessions

#### Some of the most powerful, healing sessions!

- Joint sessions with the youth and parent/caregiver
- Activities may include:
  - Coping skills development and practice
  - Sharing the child's trauma story
  - Safety skills development
  - Developing child & family safety plans
  - Discussing healthy sexuality (for children impacted by sexual abuse)
- Enhancing child/caregiver communication



# Enhancing Safety and Future Development

- Individualized additional components as needed for each child
- Safety plans continued for individual situations
- Social skills, problem solving, drug refusal, sexual safety, relationships, etc.
- At the end particularly for sexual abuse or at beginning for community or DV



# **Summary of TF-CBT**

- Trauma-focused treatment for children 3-17 exposed to a variety of traumas and their parents/caretakers
- May be provided in as little as 8-18 sessions or adapted if needed for longer term therapy (complex trauma)
- Components-based hybrid treatment which incorporates principles of a variety of theoretical frameworks
- Has additional grief-focused components for Child Traumatic Grief



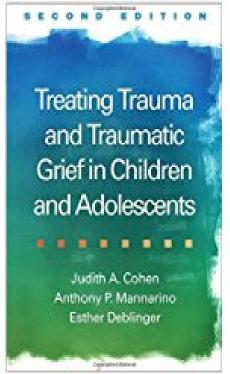
## Training materials:



A course for Trauma-Focused Cognitive Behavioral Therapy

Access at:

www.musc.edu/tfcbt2



11 CEUs

- Web-based learning
- Learn at own pace
- Concise explanations
- Video demonstrations
- Clinical scripts
- Cultural considerations
- Clinical Challenges
- Resources
- Links

#### **TF-CBT Text / Manual**

Cohen, J.A., Mannarino, A.P., Deblinger, E. 2<sup>nd</sup> Ed. (2017). Treating Trauma and Traumatic Grief in Children and Adolescents. New York: Guilford Publications, Inc.



## TF-CBT Therapist Certification Program

National Certification program for Therapists

Website:

www.tfcbt.org



Site has numerous model related resources and can help *locate certified therapists in any state* 



# NCTSN

#### The National Child Traumatic Stress Network

#### National Child Traumatic Stress Network Centers



#### **Mission**

To raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.

www.nctsn.org

An invaluable resource



### CONTACT INFORMATION

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