Objectives

- Increase awareness of effects of trauma on children and adolescents
- Recognize various symptoms displayed by children and adolescents who have experienced a traumatic event
- Learn TF-CBT interventions to assist children and adolescents in promoting healing
- Assist caregivers to help re-establish security and stability for children who have experienced a traumatic event

Trauma: Definition

- Emotional response to a terrible event (e.g., accident, rape, natural disaster, abuse).
- Immediately after event, shock and denial are typical
- Longer term reactions include: unpredictable emotions, flashbacks, strained relationships, physical symptoms (e.g., headaches, nausea).

Types of Traumatic Life Events

- child sexual abuse
- physical abuse
- traumatic loss of a loved one
- domestic, school, or community violence
- exposure to disasters, terrorist attacks, or war trauma

Symptoms/Warning Signs

- Inability or unwillingness to recall trauma details
- Difficulty stopping thoughts about the trauma
- Emotional and physical numbing
- Recalling physical sensations that occurred during trauma
- Difficulty staying still or fidgeting
- Sleeping routine is disturbed (not wanting to sleep alone, nightmares, waking up in the middle of the night)

Adapted from pamphlet, SAMHSA Model Program, by Lisette Rivas-Hermina, LMFT & Maria Solano, LCSW.
Symptoms/Warning Signs (cont.)

- Rapid changes in mood
- Difficulty concentrating
- Depression
- Anxiety
- Low self esteem
- Inability to trust others
- Drug use
- Desire to hurt self or others

Adapted from pamphlet, SAMHSA Model Program, by Lisette Rivas-Hermina, LMFT & Maria Solano, LCSW.

Symptoms in Young Children can include:

- Acting out scary events during playtime.
- Forgetting how/being unable to talk.
- Being excessively clingy with adults.
- Extreme temper tantrums & overly aggressive behavior.


What Is Trauma-Focused Cognitive Behavior Therapy?

- Evidence-based treatment intervention designed to help children and their caregivers overcome the negative effects of traumatic life events
- Developed by integrating cognitive and behavioral interventions with traditional child abuse therapies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention, www.samhsa.gov

TF-CBT Developers:

Esther Deblinger, Anthony Mannarino, & Judith Cohen

Goal of TF-CBT

- Develop adaptive skills for dealing with stress
- Decrease children’s anxiety about thinking or talking about the event
- Enhance accurate and helpful cognitions
- Enhance children’s personal safety skills
- Resolve parental distress about the child’s experience
- Enhance parental support for their children
- Prepare children to anticipate and cope with traumatic and loss reminders

Essential Components

1: Pre-Treatment Assessment
2: Psycho-Education
3: Relaxation
4: Affect Expression and Modulation
5: Cognitive Coping
**Essential Components (cont.)**

6: Trauma Narrative & Processing  
7: Enhancing Future Safety  
8: Enhancing Healthy Development  
9: In Vivo Desensitization  
10: Post Treatment Assessment and Termination

adapted from materials by Deblinger, Mannarino & Cohen

**Component Treatment Goals**

1: Pre-Treatment Assessment  
- Determine client trauma history, symptoms, and functioning  
- Determine relationship between client trauma history and symptoms and functioning  
- Establish clinical diagnosis  
- Engage client and caregiver in treatment process  
- Develop treatment plan

**Component Treatment Goals**

2: Psycho-Education  
- Orient client to TF-CBT  
- Engage client in treatment process  
- Normalize impact of trauma on symptoms/functioning  
- Reinforce accurate, helpful cognitions about client trauma type  
- Correct common misconceptions about trauma type  
- Enhance client self-efficacy related to trauma history

**Psycho-Education**

TF-CBT: an evidence-based treatment that has been evaluated and refined during the past 25 years to help children and adolescents recover after trauma. Currently, 14 randomized controlled trials have been conducted in the U.S., Europe and Africa, comparing TF-CBT to other active treatment conditions. Studies have documented that TF-CBT was superior for improving children’s trauma symptoms and responses.

**Psycho-Education**

TF-CBT is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral and family principles.

**Psycho-Education**

Target Population: Children with a known trauma history who are experiencing significant Post-Traumatic Stress Disorder (PTSD) symptoms, whether or not they meet full diagnostic criteria.  
Ages: 3 – 18 years old

Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program [https://tfcbt.org](https://tfcbt.org)
Psycho-Education

Over 80% of traumatized children will show significant improvement with 12-to-16 weeks of treatment
- once a week
- 60-to-90 minute sessions

Sessions include:
- Individual sessions for child or adolescent.
- Individual sessions for parents.
- Conjoint sessions between parent and child/adolescent

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Accomplishing the Goal through Useful Interventions

- Controlled Breathing
- Muscle Relaxation / Mental Imagery/Visualization
- Cognitive Restructuring
- General Stress Busters

Component Treatment Goals

3: Relaxation

- Reduce physiological manifestation of trauma symptoms
- Increase client distress tolerance (general and trauma-related)
- Enhance ability to use relaxation skills during trauma narrative component

Interventions: Controlled Breathing

- Purpose: Assists with calming down and controlling emotions (e.g. anxiety, anger, etc.)
- Types:
  - Bubble Breath
  - Balloon Breath

VIDEO: 4-7-8 Breathing exercises by GoZen
https://www.youtube.com/watch?v=UkbVk5eD0o

Interventions: Controlled Breathing

Steps:

- Inhale for 4 seconds
- Hold for 7 seconds
- Exhale for 8 seconds

- Purpose: Eliminates tense feelings, provides relief from troubling thoughts, feelings.
- Types:
  - Mental Imagery/Visualization (Evolves a pleasing, calming mental image: beach, park, forest, playing with a favorite pet)
  - Body Relaxation (e.g. spaghetti noodles)

Interventions: Muscle Relaxation

- Purpose: Eliminates tense feelings, provides relief from troubling thoughts, feelings.
- Types:
  - Mental Imagery/Visualization (Evolves a pleasing, calming mental image: beach, park, forest, playing with a favorite pet)
  - Body Relaxation (e.g. spaghetti noodles)
**Interventions: Muscle Relaxation**

**Steps:**
- Explain rational for muscle relaxation
- Demonstrate technique and induce relaxation
- Provide handout for Out-of-Session/homework (e.g., Relaxation Training Practice Sheet)

Can be used in class without anyone noticing and during stressful moments such as taking an exam or while trying to relax at home.

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**Sample Case**

Lisa 10-year old female experiencing significant disruptions in family systems within the past few years, including:
- sudden death of her mother (from cancer) a few years ago,
- father remarrying within a few months of her mother’s death, and
- separation from her 15-year-old brother, and merging into a blended family (e.g., stepmother and step-siblings).

Client presently lives with her biological father, stepmother, younger brother, and step-siblings.

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**Relaxation Strategy**

Review relaxation techniques with Lisa, including Controlled Breathing, Muscle Relaxation, & Mental Imagery/Visualization.

1. Explain to Lisa how relaxation is important in reducing traumatic symptoms.
2. Introduce a relaxation technique, and PRACTICE with Lisa.
3. Encourage Lisa to practice the technique several times until the next session and follow-up on progress.

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**Component Treatment Goals**

**4: Affect Expression and Modulation**
- Enhance client affective expression and modulation (general and trauma-related)
- Reduce affective manifestation of trauma symptoms
- Increase client distress tolerance (general and trauma-related)
- Enhance client ability to verbalize trauma-related emotions during trauma narrative component

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**Component Treatment Goals**

**5: Cognitive Coping**
- Enhance client understanding of links among thoughts, emotions, and behaviors
- Reduce cognitive manifestation of trauma symptoms
- Increase client distress tolerance (general and trauma-related)
- Enhance ability to share trauma-related cognitions during trauma narrative component

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**Cognitive Coping**

- Introduction of the Cognitive Triangle
  - Essential Cognitive Behavioral Therapy (CBT) component
  - Helps the individual understand the connection between thoughts, feelings, and behaviors.
**Cognitive Coping**

**Goal:**
- Help the individual rid themselves of inaccurate, distorted, nonhelpful thoughts.
- Replace them with healthy and accurate thoughts.

**Focus:**
- How are you thinking?
- How are you behaving and communicating?
- Learn coping skills

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**Interventions: Cognitive Restructuring**

**Purpose:**
- Eliminate negative thoughts that lead to unwanted feelings
- Change cognitive distortions (irrational negative thoughts and beliefs about different situations)
- Increase positive self talk

**Types of Interventions**
- Positive Self-Talk
- Thought-Stopping

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**Interventions: Cognitive Restructuring**

**Steps: Positive self talk**
- Recognize negative self talk
- Get rid of negative self talk
- Counter the negative thoughts with realistic positive self talk

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**Interventions: Cognitive Restructuring**

**Steps: Thought Stopping**
- Replaces “racing thoughts” or disturbing thoughts with neutral thoughts.
- Neutral thought – e.g., something positive and affirming; relaxing location
- Thoughts can be “stopped” by practicing an abrupt interruption of thought – e.g., shouting “stop!” or “calm”;
- Return to thinking only about the neutral situation.

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**Sample Case**

Tommy is a 5-year old male with an increase in inappropriate behaviors and defiance manifested within the home. A Child Protective Services (CPS) investigation found that he was molested by a relative and charged his parents with neglect, resulting in an out-of-home placement and CPS custody. Tommy was living with his father and brother. Significant disruptions in family systems and functioning, including homelessness, resulted in Tommy and his 7 siblings all living without their biological parents. Tommy currently lives with a non-relative, in a foster home while his siblings are in separate foster homes.

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**Thought Stopping Strategy**

Practice the process of Thought Stopping with Tommy
- Explain rational for thought stopping
- Demonstrate how technique works
- Help the client select thought stopping method
- Introduce replacement thought
- Practice the process of Thought Stopping
**Component Treatment Goals**

6: Trauma Narrative & Processing
- Reduce physiological, affective, and cognitive manifestation of trauma symptoms
- Increase client distress tolerance (general & trauma-related)
- Unpair trauma reminders from overwhelming, negative physiological response, affect & cognitions
- Enhance coherence & organization of trauma memories

7: Enhancing Future Safety
- Increase client self-efficacy regarding future risk
- Reduce risk of imminent and future victimization

8: Enhancing Healthy Development
- Increase skills to support future client-caregiver communication about trauma
- Prepare client and caregiver to address future trauma reminders and symptoms

9: In Vivo Desensitization
- Decrease client avoidance of innocuous trauma reminders
- Enhance client and caregiver ability to address trauma reminders

10: Post Treatment Assessment and Termination
- Identify and address persistent trauma-related symptoms or dysfunction
- Identify and address new or previously unknown trauma history
- Celebrate effort and therapeutic achievements

**Re-establishing Stability for Individuals who have Experienced Trauma**
- Learn more about mental illness
- Starting the conversation creates a stronger, healthier, more compassionate community
- Talk with your Pastor/Religious Leader
- Connect with other individuals and families
- Referral to a mental health specialist
- Work with Educators
- Talk with your doctor
- Talk to supportive family and friends
- Visit NAMI.org

NAMI (National Alliance on Mental Illness) https://www.nami.org
Accessed 11-3-2015
**General Stress Busters**

- Journaling
- Drawing
- Listening to music
- Going for a walk
- Playing Outside
- Taking a bath
- Talking to Someone
- Writing a rap/song
- Watching television
- Reading
- Exercising
- Playing Video Games

**Intervention Handouts/Tools**

Because TF-CBT is an active intervention, in-session practice and homework or practice outside of sessions can be expected – and is essential for change to take place.

- **How do you feel?**
- **Controlled Breathing Log**
- **I am…Check-In Activity**
- **Relaxation Training**
- **Rating Feelings**
- **Why Do I Get Angry?**
- **Name the Feelings**
- **How Do I Feel When I Get Angry?**
- **Thoughts, Feelings, Action**
- **Make a Mad Plan**
- **Thought-Stopping**
- **Things I Can Do To Calm Down!**

**References**

- National Assembly on School-Based Health Care (NASBHC): “Cognitive Behavioral Therapy Training in Core Skills” Presentation. [https://slideplayer.com/slide/5847756/](https://slideplayer.com/slide/5847756/)
- Favorite Therapeutic Activities for Children and Teens: Practitioners Share Their Most Effective Interventions: (Liana Lowenstein, MSW) [https://www.lianalowenstein.com/e-booklet.pdf](https://www.lianalowenstein.com/e-booklet.pdf)

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- Trauma-Focused Cognitive Behavioral Therapy: National Therapist Certification Program; [https://tfcbt.org/](https://tfcbt.org/)