Trauma-Focused Cognitive Behavioral Therapy for Children and Adolescents

Introductory Training

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- Robert Wood Johnson Foundation
- Rowan University Foundation

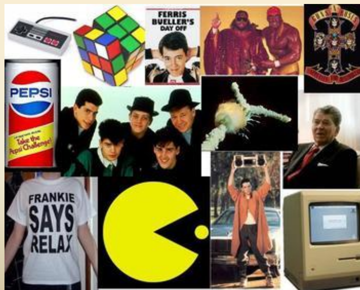
"We experience resilience

…………..when facing adversity causes us to change, grow and become greater."

Sherri Mandell (2015)

TF-CBT History, Development, & Dissemination

MY PROFESSIONAL PERSONAL NARRATIVE BEGINNING IN THE MID 1980'S



RESEARCH LITERATURE REVIEW: **IMPACT** OF CHILD SEXUAL ABUSE

- Psychiatric difficulties
- Substance abuse difficulties
- Behavioral problems
- Interpersonal difficulties
- Eating disorders
- Physical health problems
- Re-victimization
- Suicide risk and attempts

TF-CBT Developers

- Esther Deblinger, PhD
  Clinical Psychologist, CARES Institute, NJ
- Judith A. Cohen, MD
  Child & Adolescent Psychiatrist,
  Allegheny General Hospital, PA
- Anthony P. Mannarino, PhD
  Clinical Psychologist,
  Allegheny General Hospital, PA

MULTI-SITE COLLABORATIVE STUDY:
Cohen, Deblinger, Mannarino, & Steer, (2004)
Deblinger, Mannarino, Cohen, & Steer, (2006)

- Multi-site study; N = 210; children ages 8 to 14 years with CSA history

DESIGN: Random assignment to TF-CBT vs. Client Centered Therapy

POST-TREATMENT RESULTS:

- All children improved significantly regardless of tx type
- Almost 80 % of children in TF-CBT overcame PTSD,
- whereas only 54 % of children in CCT overcame
- Moreover, as compared to CCT, TF-CBT produced significantly greater improvements with:
  - Parent abuse-specific distress, depression, parenting practices and parental support
  - Child PTSD, behavior problems, depression and shame

Adverse Childhood Experiences (ACE) Study

- Initial phase (1995-1997) involved over 17,000 adults who responded to a questionnaire about ACEs after completing a standardized medical evaluation
- ACE categories were defined as abuse and household dysfunction
  - Abuse: psychological, physical, contact sexual
  - Household dysfunction: substance use exposure, mental illness, violent treatment of mother/stepmother, criminal behavior

(Felitti et al., 1998)

ACE Study Results

- More than half reported at least one ACE and one quarter reported two or more ACEs

- The greater the number of ACEs, the greater the risk for…

ACE Study Results

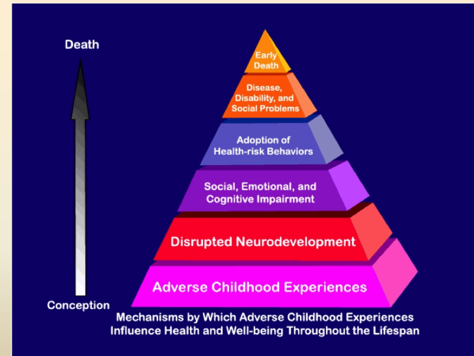
- MENTAL HEALTH
- PHYSICAL HEALTH

ACE Study Results

- As the number of ACEs increases, the risk for health problems increases in a strong and graded manner

ACE Study Results

- ACEs are also associated with an increased risk of premature death
- People with 6 or more ACEs died nearly 20 years earlier on average than those without ACEs



ACE Study Results

❖Personal Implications

❖Professional Implications

COULD TF-CBT minimize the devastating ripple effects…

of diverse and multiple traumas on the physical, cognitive, emotional, and social development of children and their families

?

TF-CBT in Community Clinics in Norway:

(Jensen et al., 2014; Ormhaug, e al., 2014)

- 156 trauma-exposed youth ages 10 to 18 years (mean age = 15.1)

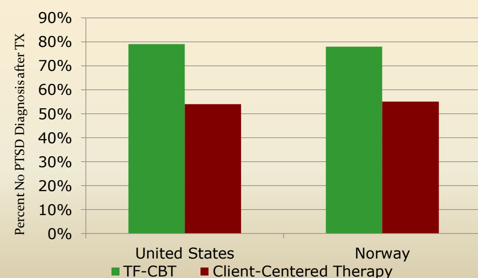
DESIGN: Randomly assigned to TF-CBT or Treatment as Usual (TAU)

POST-TREATMENT RESULTS

- Youth assigned to TF-CBT showed significantly lower levels of PTS, depression and SDQ difficulties as compared to those assigned to TAU
- Of the children who met PTSD criteria at the start of therapy:
  - Almost 78 % of children in TF-CBT condition lost PTSD diagnosis, whereas, only 55 % of children in TAU lost their PTSD diagnosis
- Therapeutic alliance between child and therapist predicted outcome in TFCBT condition, but not in TAU

CONCLUSION: First study to document efficacy of TF-CBT implemented outside of USA as compared to TAU. Authors reported no need for significant cultural adaptations when implementing TF-CBT in Norway

PTSD Recovery Rates for TF-CBT vs. Client Centered REPLICATED ACROSS COUNTRIES



TF-CBT Research & Dissemination Summary

- To date, over 50 scientific studies, including 20 randomized trials, document the of efficacy of TF-CBT
- TF-CBT has been recognized with the highest ratings for effectiveness by the U.S. Department of Justice
- 19 state-wide TF-CBT training across the United States
- International dissemination occurring on five continents
- Findings replicated and generalized across racial, ethnic, and geographical boundaries with diverse traumas

What is Trauma-Focused Cognitive Behavioral Therapy?

- TF-CBT is a hybrid approach that integrates
  - Trauma sensitive interventions
  - Cognitive behavioral interventions
  - Attachment theory
  - Developmental neurobiology
  - Family therapy
  - Empowerment therapy
  - Humanistic therapy

When is TF-CBT Appropriate vs. Not Appropriate

Appropriate

- Evidence of childhood trauma
- Possible link between trauma and current difficulties
- Ages 3 to 18
- Some memory of trauma
- Single, multiple, and complex trauma

Not Appropriate

- Actively suicidal
- Dangerous acting out behaviors
- Active substance abuse
- Placement very brief and temporary
- Ongoing contact with person who abused child

Trauma Reactions Among Youth

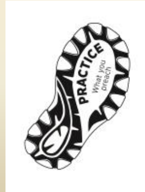
- Responses to trauma(s) vary considerably
- Resilience is common among children
- Some respond resiliently to major traumas
- Others respond poorly to milder traumas
- Perception of the trauma is what matters

Benefits of Using Assessment Measures

- Identify high-risk clients and symptoms
- Validate need for treatment
- Help clients identify treatment goals
- Help determine when symptoms are within or outside of the normal range
- Assess changes over time and readiness for completing therapy
- Help clients see and celebrate their progress

PRACTICE What You Preach

- Stressors associated with our field
- PRACTICE What You Preach Concept
  - Application of skills
  - Potential benefits
    - Reduce stress
    - Improve outcomes



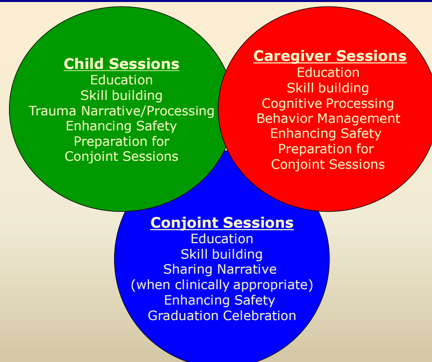
Encourage Humor and Play!

I have seen what a laugh can do. It can transform almost unbearable tears into something bearable, even hopeful.
-Bob Hope

To truly laugh, you must be able to take your pain, and play with it!
-Charlie Chaplin

Creative activities, both playful and serious, can lead you toward an enhanced sense of wholeness, health and resilience.
-Sherri Mandell
(2015)

TF-CBT includes individual, caregiver-child, and family work



Specifics of Treatment

- Child and caregiver are seen for individual sessions of about equal length
- Most often the same therapist sees both child and caregiver
- Parameters of confidentiality
- Brief skills-focused conjoint sessions in early stages to practice skills
- Longer conjoint sessions that are increasingly trauma focused as therapy proceeds
- Clients should always be highly prepared for conjoint sessions to increase chances of success

Therapeutic Engagement with Caregivers

- Begins before intake and continues through treatment*
- Collaborate and overcome concrete barriers*
- Inquire about prior therapy experiences*
- Establish the need for treatment based on assessment*
- Initiate gradual exposure
- Describe rationale and structure of treatment
- Instill hope by emphasizing child and family strengths and caregiver's important role
- Predict possible temporary resistance or exacerbation of symptoms

*(McKay, 2008; Dorsey et al., 2013)

Therapeutic Engagement with Children

- Orientation to session structure
- Feedback regarding assessment and treatment
- Rapport building
- Baseline assessment
  - Neutral narrative
  - Baseline trauma narrative (gradual exposure)
  - Probe to assess comfort and communications skills
- End with positive discussion or activity

TF-CBT Core Values

Components based - allows for flexibility

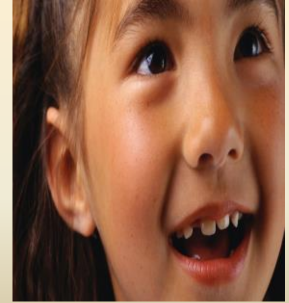
Respectful of cultural, religious values

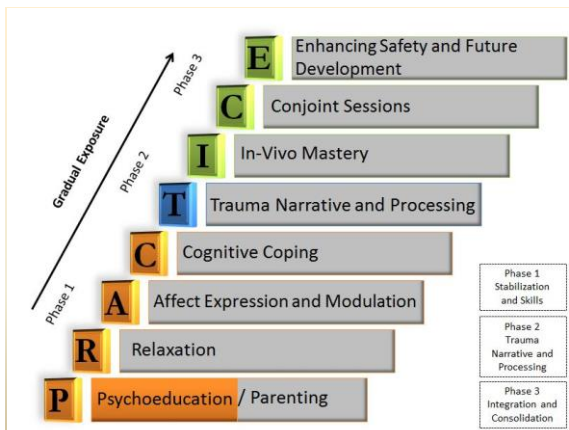
Adaptable – age, gender, etc.

Family focused – involvement of caregivers and siblings

Therapeutic relationship is central

Self efficacy focused – highlight strengths with praise





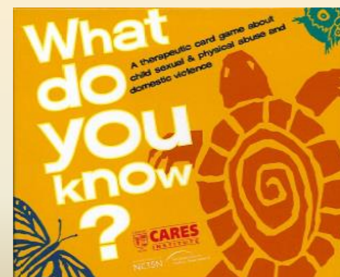
"…. our pain leads us toward greater truth about both our vulnerability and our power in this world."

Sherri Mandell (2015)

Psychoeducation: Parallel Sessions with Caregiver and Child

- How do children feel when they have experienced [identified trauma]?
- Who experiences [identified trauma]?
- What is [identified trauma]?
- What can children do if they experience [identified trauma]?
- Why don't some children tell about child sexual abuse, physical abuse, domestic violence, etc.?
- What do you call boys' and girls' private parts? (i.e., for CSA)

Psychoeducation: "What Do You Know?" A Bilingual Therapeutic Card Game

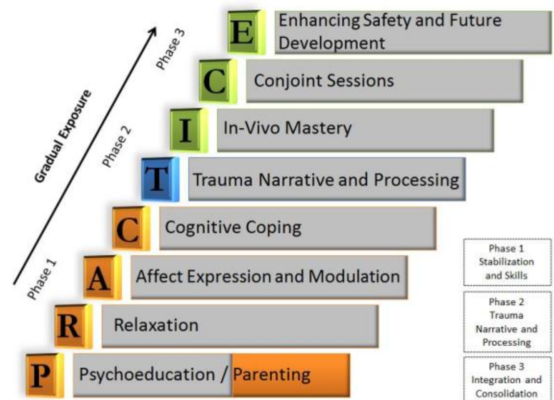


To order your card game, contact the CARES Institute at sandsja@rowan.edu

Psychoeducation: You Are Not Alone

Alice Walker (author/activist) CA
Antwone Fisher (author) CSA
Beethoven (composer) CA
Bill Clinton (U.S. President) ex DV
Carlos Santana (musician) CSA
Christina Aguilera (singer) CA DV
Dave Pelzer (author) CA
Drew Barrymore (actress) CA
Eleanor Roosevelt (First Lady) CA
George Orwell (author) CA
Greg Louganis (Olympian) CA
Rudyard Kipling (author) CA
Fran Drescher (actress) rape
Johannes Brahms (composer) CSA
Laveranues Coles (NFL player) CSA
Marilyn Monroe (actress) CPA CSA
Marilyn VanDerbur Atler (Miss America) CSA
Mary J. Blige (singer) CSA, ex DV
Maya Angelou (poet/author) CSA
Oprah Winfrey (talk show host) CSA
Queen Latifah (singer) CSA
Richard Nixon (former U.S. President) CA
Teri Hatcher (actress) CSA
Meat Loaf (musician) peer abuse, PA
Tom Arnold (actor) CA
Tori Amos (musician) rape

http://dreamcatchersforabusedchildren.com/media/celebrity-child-abuse-survivors/



"No matter how strong our faith, when suffering strikes, we need others to help us ……."

Sherri Mandell (2015)

CAREGIVER SUPPORT AND DISTRESS IMPACTS CHILD TRAUMA SURVIVORS ACROSS THE WORLD

Parenting: Encouraging Adaptive Child Behaviors

- Establish and/or re-initiate rituals and routines
- Increase ratio of positive to negative interactions
- Global praise and affection to enhance confidence
- Encourage adaptive behaviors by modeling them

Parenting: Reflective Listening

- Challenges of engaging in reflective listening
- Benefits of encouraging the use of reflective listening
  - Increases positive attention thereby decreasing need to seek negative attention
  - Strengthens communication
- Strategies for encouraging reflective listening
  - Repeat back what was said
  - Use nonverbal cues to show you are listening
  - Resist temptation to fix problems shared
  - Just listening helps children to feel heard/validated

Parenting: Enhancing Cooperation

- Increase compliance by how you ask
  - Calm tone of voice
  - Offer a choice
  - Give adequate time to respond to instructions
  - Describe the positive consequences that will follow
  - Make eye contact with the child
  - Be specific
  - Only one or two instructions at a time
  - Do not use a question
  - Avoid instructions that use guilt or empty threats

Parenting: Selective/Differential Attention

- Minimize attention to mild negative behavior
  - Walk away, busy oneself with an activity
  - Remain calm and dispassionate
  - Predict an extinction burst
- Praise replacement behavior

Specific Praise Guidelines

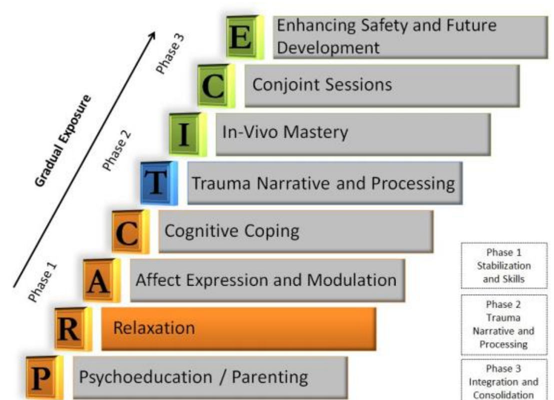
P – purely positive praise
R – repeat praise frequently initially
A – acknowledge small steps
I – intermittently praise later
S – specify the behaviors encouraged
E – enthusiastic praise works best!!

Parenting: Time Out

- Purpose: Interrupt child's negative behaviors and allow him/her to regain control
- Explain time out in positive terms
- Location: quiet, least stimulating
- Duration: 1 minute per year of age
- Once in time out, caregiver should refrain from comments and maintain a calm demeanor
- When time out is over:
  - Don't lecture or give a lot of attention for the bad behavior
  - Praise the good things the child does afterwards

Parenting: PRACTICE Review

- Create or re-establish structure, rituals, and rules
- Emphasize powerful influence of caregiver's attention in improving child behavior patterns
- Refocus caregiver's attention on child's strengths and encourage use of praise
- Decrease negative attention to problem behaviors
- Utilize effective negative consequences
- Highlight importance of modeling healthy coping



Relaxation: Parallel Sessions with Caregiver and Child

- Relaxation is helpful in decreasing the physiological symptoms of PTSD, anxiety, etc.
- Relaxing the body
  - Progressive muscle relaxation
  - Image-induced relaxation
  - Focused breathing
- Relaxing the mind
  - Meditation
  - Mindfulness exercises
  - Present focus activities
- Gradual exposure

Relaxation: About Focused Breathing

- We take approximately 20,000 breaths a day but how many are we actually aware of?
- It only takes three conscious diaphragmatic breaths to decrease blood pressure, pulse rate, and respiration rate
- We are born to breath diaphragmatically
  - If you watch a baby breathe you will see his/her belly rising and falling with each breath

Altman, D. (2010). *The mindfulness code*. Novato, California: New World Library.

Relaxation: Focused Breathing Exercise

- Take in three breaths while standing naturally
- Now, choose one of the following two positions that will naturally open the rib cage and take three breaths

- Clasp you hands behind your back

OR

- Place your hands behind your head with your elbows to the side

Belly Breathing: Elmo

https://youtu.be/_mZbzDOpylA

Relaxation: Mindfulness

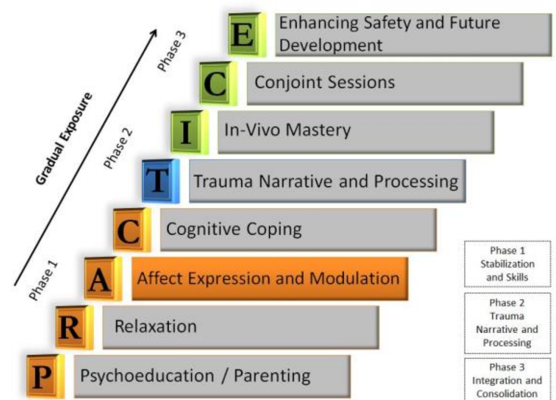
- Full awareness of the present moment without judgment
- Learning to fully embrace the present moment is particularly helpful to survivors of childhood trauma

Relaxation: Mindfulness

- Increase nonjudgmental acceptance
- Increase focus on the present moment
  - Feelings, thoughts, body signals
- Attentional control
  - Put your mind where you want it to be
- Tolerance for strong emotion
  - Surfing the wave
- Grounding
  - Mental and physical focus on the here and now

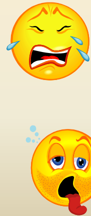
PRACTICE Assignment

- Specific and global praise assignment



Affect Expression Skills

Identifying and expressing feelings



Affect Expression: Parallel Sessions with Caregiver and Child

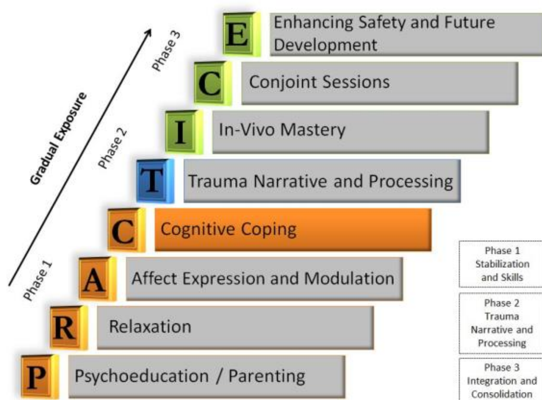
- Accepting feelings
- Labeling feelings
- Identifying feelings in self and others – *look, listen, and ask*
- Expressing feelings – *show and tell*
- Gradual exposure

Affect Regulation: Parallel Sessions with Caregiver and Child

- Elicit affect regulation skills
  - Include positive activities, self soothing, problem-solving, and social skills
  - Identify effective and ineffective skills used
- Collaborate to identify affect regulation skills caregivers and children will most likely use
  - Encourage affect regulation strategies they can do together

Affect Regulation: Parallel Sessions with Caregiver and Child

- Create a Coping Skills Tool Kit with a list of effective skills and activities
  - Child can share with caregiver so caregiver can model and praise the use of skills
- Gradual exposure
  - Strategies to feel better when reminded of the trauma



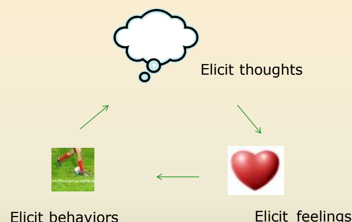
Cognitive Coping Skills Training

- "Talking to ourselves"
  - Acknowledging internal thoughts and dialogues
- Identifying and tracking internal thoughts
- Sharing internal thoughts
- Examining the interrelationships of thoughts, feelings, and behaviors
- Cognitive coping with CHILD during this phase focuses on non-trauma related thoughts ONLY

Cognitive Coping: Child Introduction

- Ask children if they know what thoughts are. If not, teach them…
  - "Thoughts are what you say when you talk to yourself."
  - "Thoughts are what your brain says to you. Usually nobody else hears."
- Let the child know that, in therapy, we want to know what they are saying to themselves
- Give the rationale: "Some things we say to ourselves can be helpful and some are not helpful at all"

Cognitive Triangle

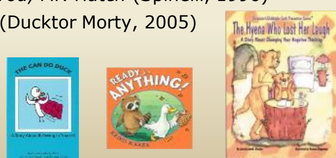


•Have child share thoughts around non-trauma circumstances

•Encourage child to learn how to generate alternative thoughts that are more accurate/helpful in order to feel better

Cognitive Coping Books for Children

- *The Hyena Who Lost Her Laugh: A Story about Changing Your Negative Thinking* (Lamb-Shapiro, 2000)
- *Ready For Anything!* (Keiko Kasza, 2009)
- *The Little Engine that Could* (first published by Platt and Munk in 1930)
- *Somebody Loves You, Mr. Hatch* (Spinelli, 1996)
- *The Can Do Duck* (Ducktor Morty, 2005)



Cognitive Coping with Child vs. Caregiver

- Cognitive coping skills taught to CHILD
  - In relation to non-trauma related experiences only during initial phase of treatment (e.g., bad grades, conflicts with friends, etc.)
  - Trauma-related cognitive coping/processing may be initiated AFTER the trauma narrative has been completed
- Cognitive coping skills taught to CAREGIVER
  - May be taught in relation to non-trauma related experiences AS WELL AS in relation to trauma-related experiences during initial phase of treatment

Cognitive Coping: Parallel Sessions with Caregiver

- Elicit and validate caregivers' feelings and thoughts with reflective listening
- Highlight and praise functional/optimistic trauma-related thoughts caregivers share
- Use Socratic questioning and available evidence to challenge dysfunctional thinking

Identifying and Challenging Caregivers' Dysfunctional Thoughts

- Examine thoughts which are permanent, pervasive, or too personalized
  - Permanent: "My child will never by happy again."
  - Pervasive: "No one can be trusted with my child."
    "The world is not a safe place."
  - Personalized: "This happened because I' m a terrible parent."
    "I should've known that man was a sex offender."
- *"If my best friend had a child who experienced a similar traumatic experience, would I say to him or her what I am saying to myself?"*
- *"Would I want my child to overhear me making this statement out loud?"*

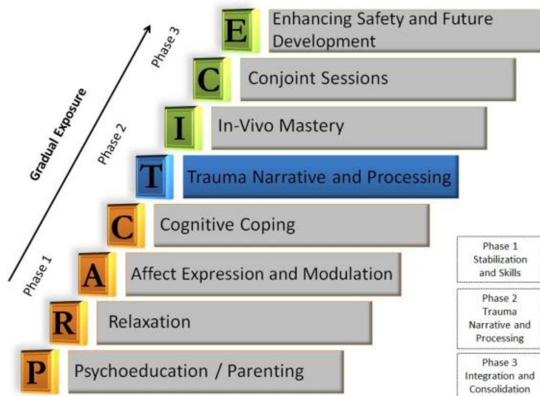
Cognitive Coping: Thought Patterns

How do functional thought patterns develop?

How do dysfunctional thought patterns develop?

"….a crucial aspect of resilience is the ability to allow the darkness … we sit and we question and we reflect and we cry."

Sherri Mandell (2015)



Trauma Narration and Processing

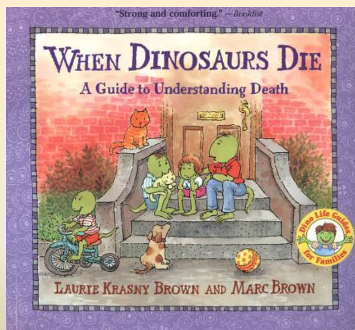
- Reasons we avoid trauma discussion
- Reasons to directly discuss traumatic event(s)

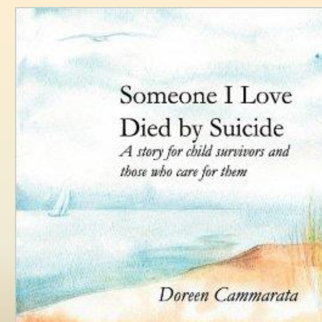
Trauma Narration: Preparation

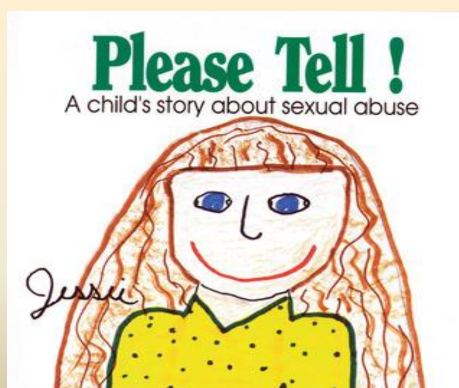
- Engaging in this component should not feel like scaling a mountain but…

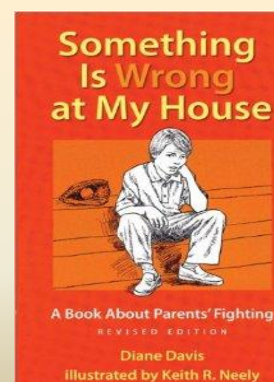
like walking up a gentle hill

- Before mentioning writing a trauma narrative, read a children's book about the trauma the child experienced









Trauma Narrative: Preparation

- Introduce idea of child's trauma narrative
- Provide trauma narrative rationales for caregivers and children separately
- Do not acknowledge the potential for sharing the narrative with caregiver
- Create a cover for book with a title, sub-title, author, illustration, etc.

Trauma Narrative: Development

- Encourage child to dictate narrative to the therapist
- Many children write in chronological order going forward or backward in time
- Another option is to write from least anxiety provoking to most anxiety provoking memory
- When the narrative is complete, chapters may be organized chronologically

Trauma Narrative: Session Structure

- Structure session but collaborate with child
- Offer limited control with choices
- Help child set the scene with a few brief questions
- Avoid asking – "Do you remember?"
  - Instead utilize – "Tell me about the first time…"
- Elicit thoughts, feelings, and body sensations
- Be patient with pauses and silence
- Remain as reality based as possible
- Help child regain composure at the end of session

Trauma Narrative: Keep It Simple

- Ask
  - What were you thinking?
  - How were you feeling?
  - How was your body feeling?
  - What happened next?
- Listen
- Write it down
- Repeat

Trauma Narrative: Possible Chapters

- Experiences immediately prior to the trauma
- The disclosure and investigation, including helpful experiences/people
- The first or most recent traumatic episode
- Other trauma experiences
- Counseling process, court, medical exam, etc.
- Most disturbing or embarrassing traumatic episode
- Final summary chapter (i.e., positive ending)

Trauma Narrative Chapter: First Pass

I heard my mother tell my Dad about me failing my math test. My Dad came into my room. I felt mad. I pretended I was asleep. When he left, I could hear him yelling at my mom and he hit her like always. The next morning I got up and my father said, "Good morning, how are you?" and I said, "Fine." I went to school.

Trauma Narrative Chapter: Second Pass

I heard my mother tell my Dad about me failing a math test. Dad came into my room. I felt mad and sad and terrified. I pretended I was asleep. I didn't want him to talk to me about the test I failed, 'cause he gets really mad. I thought I am so stupid. When he left, I could hear him yelling at my mom and he hit her like always. I thought he should be beating me, and it is my fault he's beating mom. The next morning I got up and my father said, "Good morning, how are you?" and I said, "Fine." I went to school and I still felt stupid, mad, and sad. I thought I can't do math or anything right.

Trauma Narrative: Managing Avoidance

- Praise child for his/her effort
- Repeat treatment rationale
- Slow down pace or take a step back
- Don't over attend to COWs (Crisis Of the Week)
- Encourage the use of coping skills
- Be creative
- Gently persist

Trauma Narration: Alternative Modes of Gradual Exposure

- Reenactment with play materials (e.g., puppets, dolls, etc.)
- Use creative strategies to help child describe the trauma(s) (e.g., drawings, poems, songs, talk shows, news shows, etc.)
- Incorporate children's interests to overcome avoidance

Trauma Narration and Processing: Parallel Sessions with Caregiver

- Assess caregiver's overall response to treatment and ability to actively support the child
- Continue parenting and coping skills training with caregiver
- Share some specific trauma-related details, and/or child's trauma-related artwork when appropriate
- Determine appropriateness of sharing child's narrative with caregiver based on clinical judgment

Processing the Completed Trauma Narrative

- Identify and praise accurate and/or helpful thoughts
- Identify inaccurate and unhelpful thoughts
- Develop Socratic questions to challenge inaccurate/unhelpful thoughts
- Use humor, detective approach and best friend role plays

Trauma Narration and Processing: Third Pass

I heard my mother tell my Dad about me failing a math test. Dad came into my room. I felt mad and sad and terrified. I pretended I was asleep. I didn't want him to talk to me about the test I failed, 'cause he gets really mad. I thought I am so stupid. *ARE YOU REALLY STUPID? WHAT CAN SMART PEOPLE DO? IS THERE ANY EVIDENCE THAT YOU ARE SMART?* When he left, I could hear him yelling at my mom and he hit her like always. I thought he should be beating me, and it is my fault he's beating mom. I was scared, I felt like throwing up. SOCRATIC QUESTIONS?? The next morning I got up and my father said, "Good morning, how are you?" and I said, "Fine." I went to school and I still felt stupid, mad, and sad. I thought I cant do math or anything right. SOCRATIC QUESTIONS??

Cognitive Processing: Additional Strategies

- Examine contradictory evidence/facts
- Assign activities to test the accuracy of thoughts between sessions
- Use role play (e.g., best friend)

Trauma Narrative and Processing: Examples of Dysfunctional Thoughts

- Sexuality
  - "I was abused because I dress sexy"
- Body concerns
  - "My body is dirty"
- Interpersonal concerns
  - Family
    - "Fathers beat their wives when they make mistakes"
  - Friends
    - "My friends might not like me if they knew I got beat"
- Safety concerns
  - "No place is safe", "No one is trustworthy"
- Self image
  - "I am so stupid", "I am unlovable"

Trauma Narrative and Processing: Organization

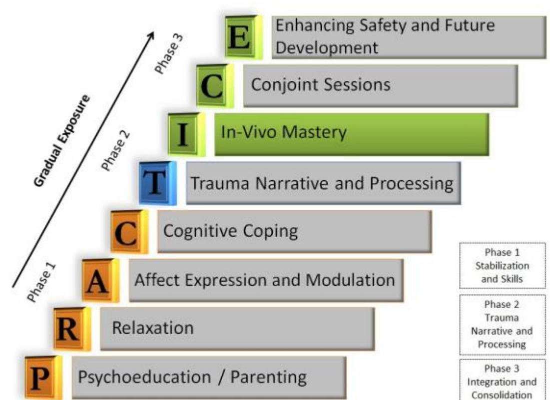
- Help child put chapters in chronological order
- Re-read narrative for accuracy and dysfunctional thoughts
- Timing of writing the final chapter may be before or after in vivo, sex education, and/or personal safety components

Trauma Narrative and Processing: Final Chapter

- Final chapter may include
  - Brief summary of traumas experienced
  - What was learned in counseling about self, relationships with others, and the world
  - Positive experiences with caregiver and/or others who helped
  - Expectations for the future
  - What child would like other children to know

Trauma Narrative and Processing: How Much is Enough?

- Review narrative for organization, critical chapters, accuracy, hopefulness, etc.
- Assess youngster's overall adjustment/symptoms
- Inquire about hypothesized cognitive distortions
- Do not encourage rumination or focus on past
- Utilize role plays and review final chapter to assess internalization of healthy thoughts

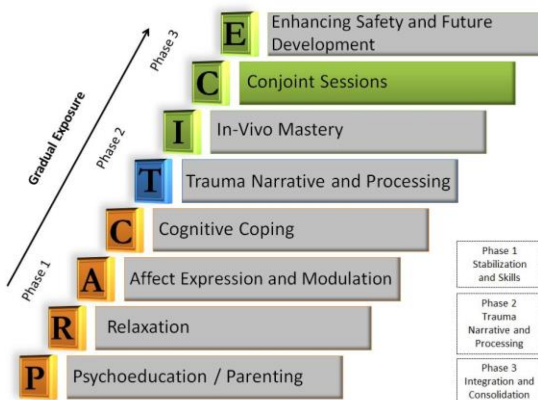


In Vivo Mastery

- To decrease trauma-related avoidant behavior that interferes with functioning
  - School refusal, sleep-related avoidance, etc.
- Design in vivo plan
- Collaborate with caregiver and others
- Encourage full commitment to plan
- Therapist MUST have confidence in plan
- Gradual exposure for innocuous trauma reminders
- Praise and reinforce child's efforts

In Vivo Mastery

http://minnesota.cbslocal.com/2012/07/31/facing-down-the-fears-of-the-i-35w-bridge-collapse/



Conjoint Sessions

- Conjoint sessions in initial phase of treatment may be brief skill-building sessions
  - Caregiver practicing praise
  - Mutual exchanging of praise
  - Child teaching caregiver coping skills
- Conjoint sessions in final phase of treatment
  - Playing "What Do You Know" card game
  - Sharing trauma narrative when clinically appropriate
  - Clarifying questions or confusion about trauma
  - Discussing sex education
  - Role playing personal safety skills

Conjoint Sessions: When Sharing the Narrative is Clinically Inappropriate

- Caregiver is emotionally unstable or unable to be appropriately supportive
- Child is adamantly opposed (e.g., expresses concerns during sessions)
  - Inquire about reasons as some may be distortions
  - Evaluate how realistic objections are
- Timing of sharing may be inappropriate due to upcoming court-related or other events

Conjoint Sessions: Preparing to Share the Narrative

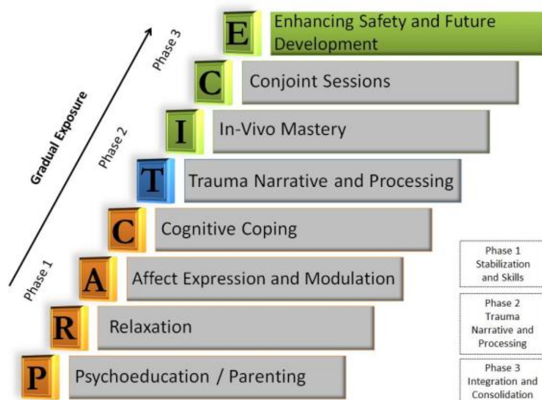
- Share child's narrative work in caregiver's sessions
- Elicit caregiver's feelings and thoughts
- Challenge dysfunctional thoughts
- Help caregiver use coping skills if needed
- Role play sharing the narrative in caregiver session
- Encourage caregiver to practice reflective listening
- Elicit questions clients may want to ask each other
- Help clients prepare answers and praise

Conjoint Sessions: Options Related to Trauma Narrative

- Most often narrative is shared after both caregiver and child are prepared
- Options when sharing entire narrative is not clinically appropriate:
  - Caregiver may hear general information about the narrative and express pride to the child
  - Caregiver may read the narrative in individual session and express pride to the child
  - Child may share only final narrative chapter
  - Child may share selected chapters

Conjoint Sessions: Sharing of the Trauma Narrative

- Play "What Do You Know?" or other general trauma education exercise in prior session
- Set the stage for reviewing the narrative or other trauma-related creative expressions
  - Offer choice as to who will read the narrative
  - Suggest breaks after each chapter
  - Plan approximate number of "sharing" sessions
- Prepare to participate and handle unforeseen caregiver responses



Enhancing Safety: Sex Education

- For youth who have been sexually abused
- Discuss with caregiver first
- Dependent on the age of the child
- Broad or specific
  - Puberty
  - Sex vs. sexual abuse
  - Relationship issues
- Resources

Enhancing Personal Safety: Practice Confident Communication

- Coach child to make verbal and nonverbal communication congruent
  - Look the person in the eye
  - Neutral facial expression
  - Confident body posture
  - Firm voice
  - Tell the person what you want
- Increase assertive communication skills
  - I feel ___________ when ___________
  - I would like you to ____________

Enhancing Personal Safety

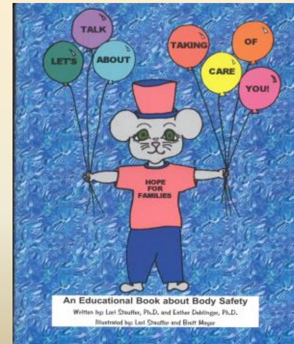
- May be introduced in individual sessions and practiced in conjoint sessions
- Review standard safety rules
- Develop safety plans appropriate for family circumstances and child's developmental level
- Okay and Not Okay rules for touching
- Improve problem-solving and assertiveness skills for children exposed to violence

My Body Song

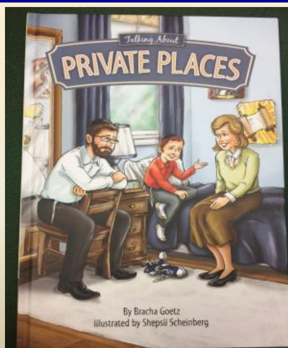
My body's nobody's body but mine
You run your own body let me run mine
Sometimes its hard to say NO and be strong
When the No feelings come, then you know something's wrong
My body's nobody's body but mine
You run your own body let me run mine
My body's mine from my head to my toes
Leave me alone when you hear me say no

www.peteralsop.com

Enhancing Safety Education



Enhancing Safety Education



Enhancing Safety: Review

- Counteract shame by enhancing confident body language
- Increase assertive communication skills
- Improve problem-solving skills in stressful situations
- Increase knowledge and awareness
- With children review and practice safety skills role plays relevant to their circumstances
- With adolescents review and practice dating scenarios

Preparing to End Therapy

- Review skills and progress achieved
- Fade out and/or plan booster sessions
- Discuss, plan, and encourage confidence in managing natural setbacks
- Emphasize caregiver's role as a continued therapeutic resource for the child
- Plan and celebrate clients' therapy graduation

TF-CBT*Web*

From October 1, 2005 to date:

- **Over 300,000 learners registered for TF-CBT**
- **49.4% of these learners have completed the course**
  - On average, number of learners registered for TF-CBT*Web* each day is still growing @ 90 learners registered per day
  - Learners represent over 128 countries around the world
  - All 50 states are represented
  - Most learners are from countries where English is prevalent
  - Includes Canada, Australia, UK, Israel, Sweden, Germany

TF-CBT: Work All Over the World

- Canadian Child Advocacy Centers
- Japanese Children in the aftermath of the tsunami
- Zambian HIV positive, sexually abused girls
- Tanzanian AIDS orphans
- Burmese refugee children in Thailand
- Colombian traumatized children
- Iraqi torture survivors
- Ugandan refugee children
- Indonesian tsunami-affected school children
- Former child soldiers, war-affected and sexually-exploited girls in Africa

Changes in Youth resiliency following TF-CBT

(Deblinger, Pollio, Runyon & Steer, 2017)

- Does TF-CBT impact youth resiliency?
- 157 youngsters completed Resiliency Scales for Children and Adolescents (Prince-Embury,2007) pre and post treatment
- Results indicated significant changes across all resiliency subscales including
  - RELATEDNESS
  - STRESS MANAGEMENT
  - MASTERY
- Improvements at post treatment in
  - RELATEDNESS, STRESS MANAGEMENT AND MASTERY predicted fewer hyperarousal symptoms and self reported depression
  - RELATEDNESS also predicted fewer reexperiencing symptoms

CRITICAL INGREDIENTS For Resilience

❖PSYCHOLOGY TERMS	❖TRANSLATION
❖Relatedness	❖Love
❖Stress Management	❖Laughter
❖Mastery	❖Learning

"Being vulnerable means that we may reveal our wounds and our doubts and our fears…yet vulnerability may be our deepest form of power. We have to choose when and where to express it"

Sherri Mandell (2015)

Trauma-focused Cognitive Behavioral Therapy (TF-CBT) Free of Charge Online Training Resources

WEST PENN ALLEGHENY HEALTH SYSTEM
www.wpahs.org

CARES INSTITUTE
Child Abuse Research Education & Service
www.caresinstitute.org

MUSC
National Crime Victims Research & Treatment Center
www.musc.edu/ncvc

TF-CBT Online Training Resources

TF-CBT*Web*
www.musc.edu/tfcbt

CTG*Web*
www.musc.edu/ctg

TF-CBT*Consult*
www.musc.edu/tfcbtconsult

National Crime Victims Research and Treatment Center
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina
67 President Street, MSC 861
Charleston, SC 29425

tfcbt.org