

Hope and Healing:

An Overview of Trauma-Focused Cognitive Behavioral Therapy

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Evidence-Based Interventions

Haruv USA, at OU
Tulsa 2020

TF-CBT Slides and Training Session Content

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Kelly Wilson LCSW, Jennifer Wilgocki LCSW and many others

Why the Need for a Trauma-focused Treatment?

Concerns about Trauma Exposures During Pandemic

THE CORONAVIRUS CRISIS

Domestic Abuse Can Escalate In Pandemic And Continue Even If You Get Away



June 1, 2020 · 5:03 AM ET
Heard on Morning Edition



YUKI NOGUCHI



4-Minute Listen

+ PLAYLIST



**PBSO
NEWS
HOUR**




by
**Laura
Santhanam**

Leave a
comment

Why child welfare experts fear a spike of abuse during COVID-19

Trauma Exposures During Pandemic

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UPDATE RESULTS

SAND SPRINGS LEADER

Senator Allison Ikley-Freeman: Child abuse reports are down during COVID-19 pandemic

By Allison Ikley-Freeman Senator, Dist. 37 May 6, 2020

As the COVID-19 pandemic continues, reports of child abuse have dropped significantly during shelter-in-place orders. According to the Departm...

LOCAL

Abuse and neglect could be going unreported during COVID-19 shutdown, Oklahoma officials say

By Michael Overall Tulsa World Apr 19, 2020

Calls to a statewide child-abuse hotline have dropped 50% since

**AMERICAN PSYCHOLOGICAL ASSOCIATION**

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Home // Psychology Topics // COVID-19 // How COVID-19 may increase domestic...

How COVID-19 may increase domestic violence and child abuse

National crises ramp up stress among couples and families. Psychologists identify the risks and point to resources that can help.

By Ashley Abramson Date created: April 8, 2020



Related Resources

- APA COVID-19 Information and Resources
- Finding local mental health resources during the COVID-19 crisis
- How to help vulnerable populations

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LETTERS TO THE EDITOR

Order:

Results per page:

Letter to the Editor: DHS will soon be overwhelmed with child abuse and neglect cases

Tamsen Bowles, Tulsa May 22, 2020

Not only will there be a huge amount of children the state must care for, there will be fewer foster parents with the ability to take them in.



Other Distressful Exposures without a Pandemic



6/5/2020 6:03AM

Why More Women Have Lost Jobs During the Pandemic

Unemployment in the pandemic has fallen disproportionately on Latina women, with many in the service industry. Here's how gender, race, and occupation help determine who is most vulnerable in the worst economic slump since the Great Depression. Illustration: Crystal Tai



Brush fire north of Phoenix forces evacuation of 250 people

Officials say high winds caused a brush fire in a town near Phoenix to nearly quadruple in size and force the evacuation of 132 homes

By The Associated Press

May 18, 2020, 6:46 PM • 2 min read



Types of Childhood Trauma

Child abuse

- Physical
- Sexual
- Emotional
- *Neglect**

Victim/Witness of Violence

- Domestic
- Community
- School
- Bullying
- Suicide

- Accidents (MVA, other)
- Weather / Mass Disasters
- War/Terrorism and Refugee
- Medical (CA, burns, disease, transplants, accidents, etc.)
- Traumatic Losses / Separation
- Vicarious/indirect

Any or all can create significant and/or prolonged “toxic” or traumatic stress on children, affecting overall development and function

Dose Related Descriptions of Trauma

Acute Trauma

- A single event that lasts for a limited time

Chronic Trauma

- Experience of multiple traumatic events often over a long period of time
- Poly-victimization: refers to experiencing two or more types of victimization

Complex Trauma

- Multiple traumatic events that typically begin at a young age and impact physical, emotional, social, learning, development
- Caused by adults who should be caring for and protecting the child

TF-CBT shown clinically effective for all types

Impacts of Early Child Trauma

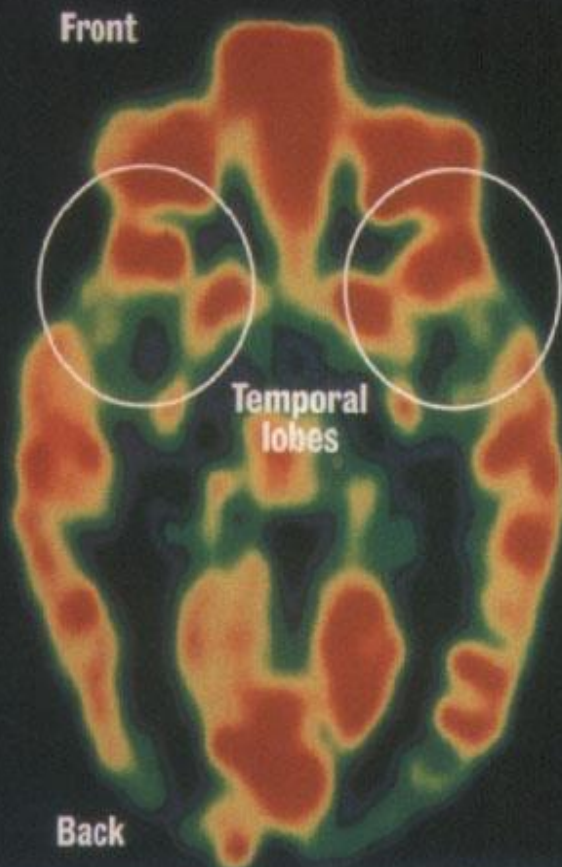
Children ages 0-6 are most vulnerable to impacts of toxic (traumatic) stress especially at the hands of their parents

Toxic stress can:

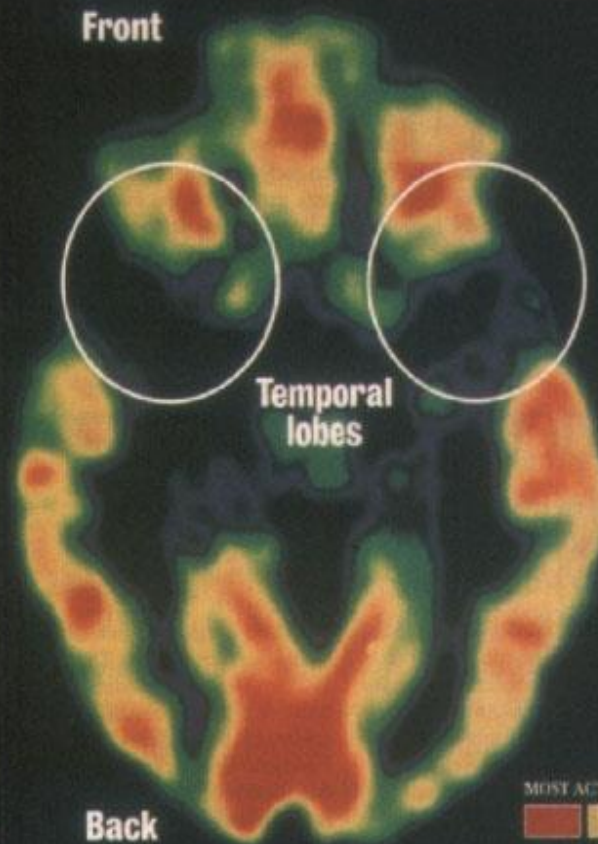
- Permanently disrupt healthy life-long relationship attachments
- Change development, structure and function of the brain:
 - Cortical size, ventricle volume, limbic system (HPA) & neuron structures & neural chemicals all to be affected by child abuse and neglect
 - Damaging brain's ability to regulate emotions, record and use memories and solve problems

Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



Front



An Abused Brain

This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

MOST ACTIVE LEAST ACTIVE

A color scale legend for the PET scans. It consists of five colored squares arranged horizontally: red, orange, yellow, green, and blue. The red square is labeled 'MOST ACTIVE' and the blue square is labeled 'LEAST ACTIVE'.

For Children: Potential Impacts of Trauma

Impacts from trauma in the clinical literature include:

- Problems with attachment (trust and safety) relationships
- Disrupted neurobiological (brain) development
- Trouble managing feelings /mood
- Appear disconnected, zoned-out or emotionally numbed
- Problems managing behaviors -especially under stress
- Trouble thinking before acting, paying attention, remembering or problem solving
- High-risk behaviors, greater likelihood of delinquency
- Damaged self concept
- Problems functioning in a family

NCTSN, Putnam (2003)

Traumatic Stress and Foster Care

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 kids learn about/provide trauma informed/focused services (trauma informed care)
 - 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 that lead to removal -have further stresses by entering and being in the system (separation, uncertainty, multi-placements, etc.)

Attorney General's Task Force on Children's Exposure to Violence 2012, National Survey of Children's Exposure to Violence 2011 * More than entire estimated pop. of California (37 Mil)

Trauma and the Foster Care Legacy

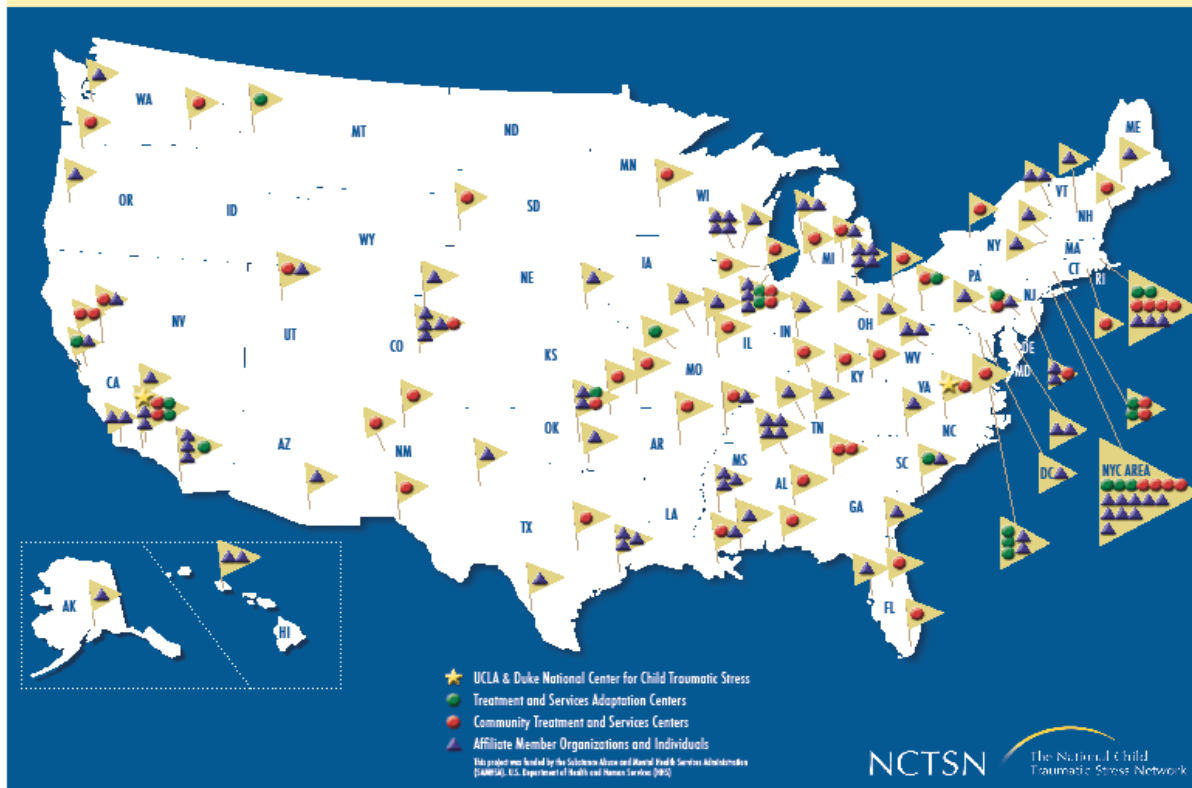
- More than 1/3 of foster youth have 5 or more school changes
 - Why important? If 4 or more changes = 2x LESS likely to graduate H.S.
 - Foster youth repeat a grade 2x more often than non FC
 - Only about 2% finish a bachelors vs. 24% of gen. pop
- 65% of Foster youth need housing after custody release,
- After age 18, 22% will experience some homelessness
- About 30% will have incomes at or below poverty line
- FC youth 5-10 times more likely to be in juv. justice system
- And 25% will have time in jail within first 2 yrs of emancipation
- 25% of foster alums have PTSD (**2x rate of Afghan combat vets**)

National Resource center for Permanency and Family Connections 2012

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

THE National Resource for Child Trauma Information

Identifying Children at Risk

- Most common procedure: screen EVERY child for **any** trauma exposure AND symptoms, e.g. PTSD, depression, anxiety, behavior, other
- Numerous recent post-disaster studies have identified risk factors for developing future PTSD and depression
- ACE study www.cdc.gov/ace *almost 2/3 of U.S. adults have 1 ACE, 1 in 6 have 4 or more. ACES underlie top 10 causes of death*



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-related symptoms in children and adolescents;
- Support adaptive functioning, safety, family communication and future developmental trajectory
 - Training for Masters level or above clinicians licensed or under-supervision for licensure



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 # traumas = 3.5)
- PTSD symptoms consistently improved significantly more in the TF-CBT groups.



Over 80% of children in TF-CBT studies show significant PTSD symptom improvement within 12 to 16 weekly 60-to-90 minute sessions.

Child Outcomes

- Reduced PTSD symptoms
- Reduced depression
- Reduced feelings of shame
- Reduced behavior problems

Parent Outcomes

- Reduced depression
- Reduced emotional distress
- Reduced PTSD symptoms
- Enhanced ability to support their children

The wound is the
place where light
enters you

Rumi

BEST outcomes happen if CAREGIVERS Involved

As of 2019 TF-CBT has reached these countries/regions:

- ▶ Australia
- ▶ Belarus
- ▶ Bolivia
- ▶ Canada
- ▶ Cayman Islands
- ▶ China
- ▶ Columbia
- ▶ Croatia
- ▶ Czech Republic
- ▶ Democratic Republic of Congo
- ▶ Denmark
- ▶ El Salvador
- ▶ Finland
- ▶ France
- ▶ Germany
- ▶ Guam
- ▶ Honduras
- ▶ Iceland
- ▶ Israel
- ▶ Italy
- ▶ Japan
- ▶ Kenya
- ▶ Mexico
- ▶ New Zealand
- ▶ Norway
- ▶ Pakistan
- ▶ Puerto Rico
- ▶ Russia
- ▶ Singapore
- ▶ Sweden
- ▶ Tanzania
- ▶ Thailand
- ▶ The Netherlands
- ▶ The Philippines
- ▶ Turkey
- ▶ United States
- ▶ Zambia

United
Kingdom
added late
2019

CENTENE[®]
Corporation



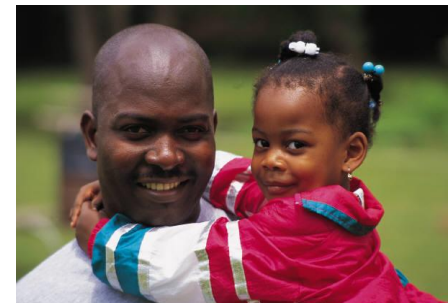
Endorsements of TF-CBT

- ❑ **California Evidence Based Clearinghouse for Child Welfare:**
www.cebc4cw.org **Highest rating**
- ❑ **National Child Traumatic Stress Network list of Empirically Supported Treatments and Promising Practices:**
http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/cbits_general.pdf
- ❑ **USDOJ Model Programs for Children Exposed to Violence** Rated as “VERY EFFECTIVE” www.usdoj.gov
- ❑ ***Kauffman Best Practices Project*:**
<http://www.chadwickcenter.org/Documents/Kaufman%20Report/ChildHosp-NCTABrochure.pdf>
- ❑ **National Children’s Alliance**
<https://www.nationalchildrensalliance.org/mental-health-resources-for-cacs-caregivers-and-brokers/>

Engaging Families in Treatment [Effectiveness: Step1]

- Establish common ground/form an alliance
- Emphasize importance/primacy of parental role
- Reduce parent / caregiver distress
- Include parents/caregivers in **ALL OF** child's treatment
- Be flexible about scheduling
- Educate about psychotherapy (what to expect: it occurs over time, not once; symptoms may briefly worsen before they improve, etc.) also about trauma /impacts

Engagement: has more influence on outcomes than model used. Car/Map analogy



TF-CBT Components: P-PRACTICE

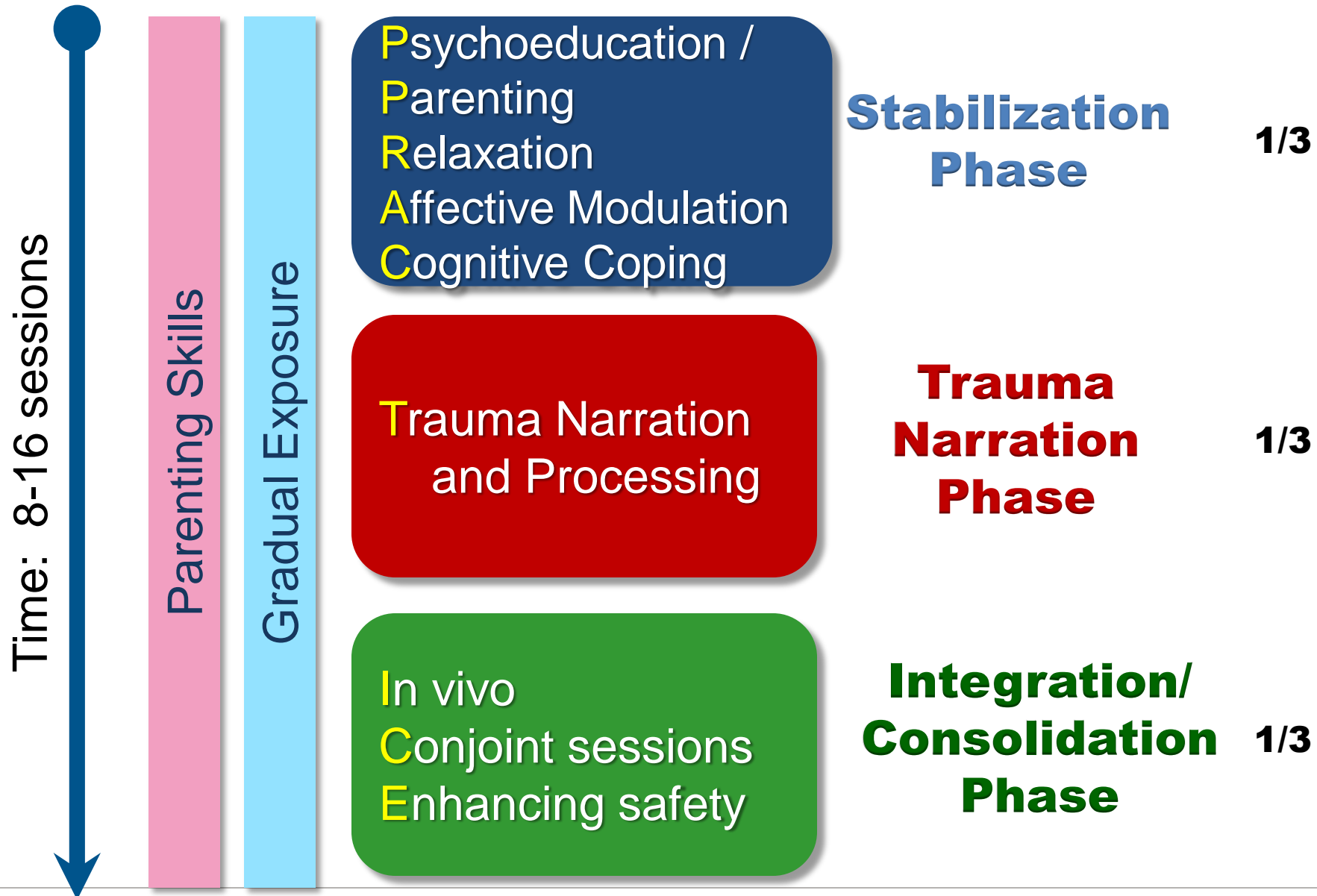
- ❖ **P**sycho-education
- ❖ **P**arenting
- ❖ **R**elaxation
- ❖ **A**ffect identification and regulation
- ❖ **C**ognitive coping
- ❖ **T**rauma narration and cognitive processing of traumatic experiences
- ❖ **I**n vivo mastery of trauma reminders
- ❖ **C**onjoint child-parent sessions
- ❖ **E**nhancing safety and future development



Meet M.J. a
9yr old Bi-racial male
Wichita from KS
assessed at a CAC for
confirmed CSA,

Typical TF-CBT Pacing

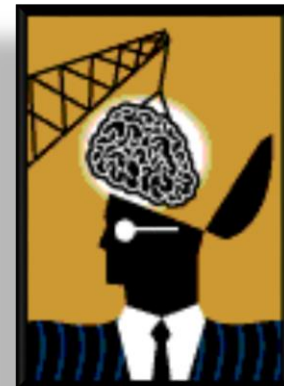
(We modify for complex trauma)



Psycho-education

- Provide information about trauma, PTSD and any additional disorders the child is experiencing.
- Provide information about the child's specific traumatic experience.
- Educate about treatment/diagnosis, etc.
- Normalize the child's and parent's trauma-related reactions
- Provide hope for recovery.

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



SAFETY ...as part of psycho-education if needed

- Starting with safety often most clinically essential and appropriate
- Therapist can be trauma reminder as can any caregivers
- Many need specific detailed written safety plan
- ID other safe adults, situations, places for youth
- Teach about possible reminders



Parent Component

- Parents/caregivers receive parallel interventions for all of the PRACTICE components
- 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 using a range of activities for child and parent which may include ideas such as:

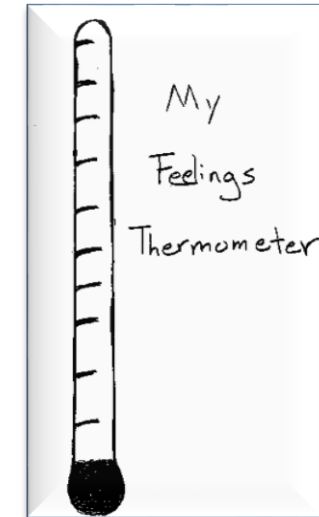
- Focused or belly breathing
- Progressive muscle relaxation
- Exercise
- Yoga / mindfulness
- Songs, dance, blowing bubbles, reading, prayer, whatever is relaxing to them



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 help modulate upsetting affective states including:
 - Problem solving
 - Anger management
 - Present focus
 - Obtaining social support





Adults also
need skills for
identifying their
own feelings
and for how to
support their
child's skills

Cognitive Coping

Can include such skills as:

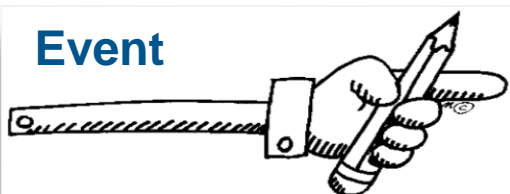
- Cognitive Triangle: [Connections among Thoughts, Feelings and Behaviors]
- Cognitive Restructuring: Replacing inaccurate/unhelpful thoughts with more accurate/helpful ones.
- Learning Optimism: “Being your own cheerleader”, Recognizing what you are doing well right now.
- Managing **A**utomatic **N**egative **T**houghts (ANTS)



Trauma and the Cognitive Triangle

Traumatic

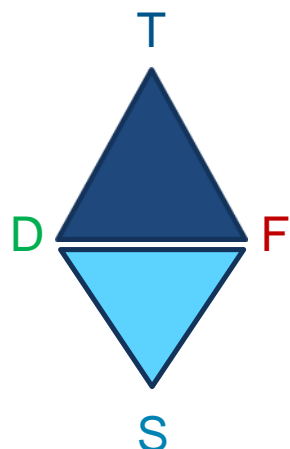
Event



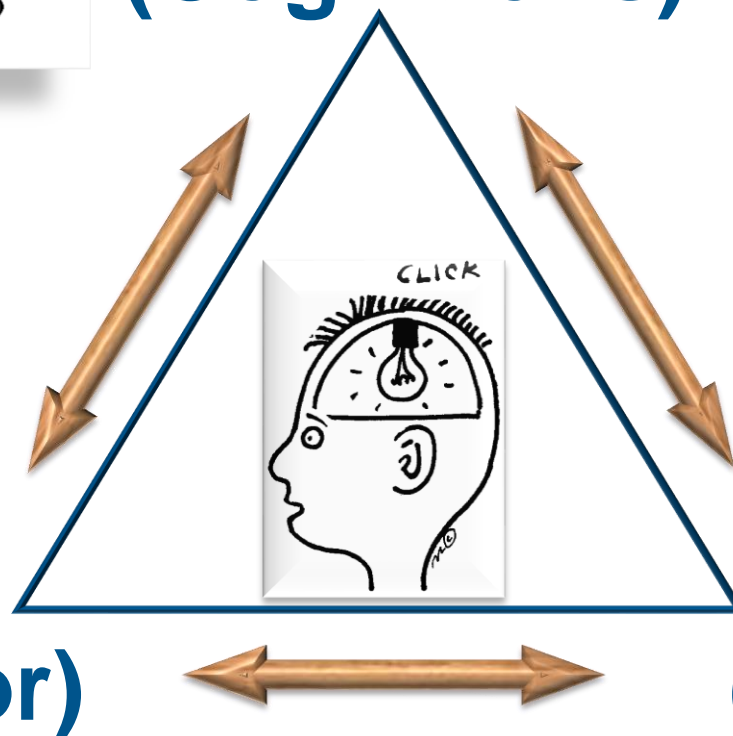
**“Think”
(Cognitions)**

Can be creatively
Adapted to engage
younger children and
other cultures

Consider as a
“diamond” and
add sensations



**“Do”
(Behavior)**



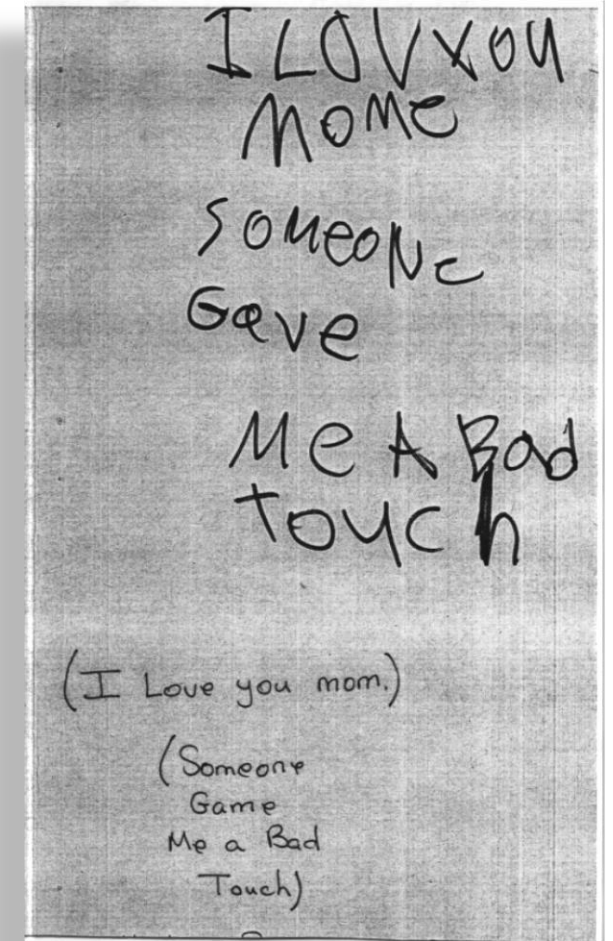
**“Feel”
(Affect)**



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



THE STORY OF THE BUFFALO

Millions of buffalo once roamed the Great Plains. From early spring into the summer months, the buffalo were acutely aware of approaching thunderstorms. When the buffalo sensed a storm was nearing, what was their response?

The people saw that the buffalo ran into the storm. The buffalo instinctively knew that beyond the storm was calm, brightness, sunshine and peaceful grazing.

Thanks to Dee Bigfoot PhD OU HSC



About



the

Survivor!

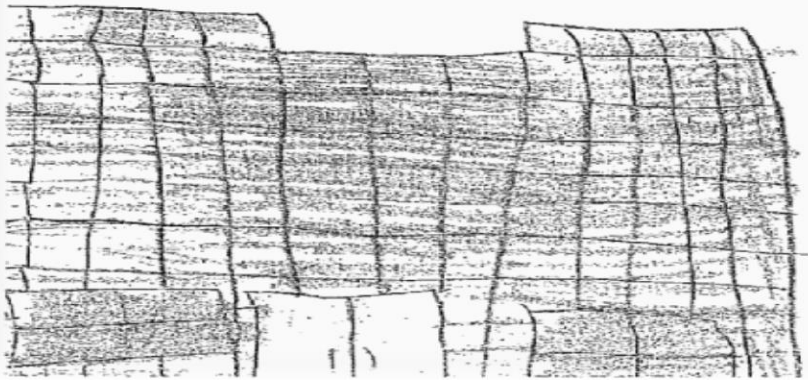
Written by
TII



Chapter 1

About [REDACTED]

Hi! My name is [REDACTED]. I am 11 years old.
I am a survivor. I go to [REDACTED] Elementary
School. I survived a scary thing that happend to
me and this is my story.



Finding Meaning Through the Trauma Narrative

- ❖ Creating narrative story alone not sufficient to improve psychological or physical health
- ❖ Essential to integrate thoughts, feelings, and meanings about the events into a consistent meaningful experience

Pennebaker, 1993 Pennebaker & Francis, 1996

in Cohen, Mannarino & Deblinger 2006



I don't think about _____
any more.

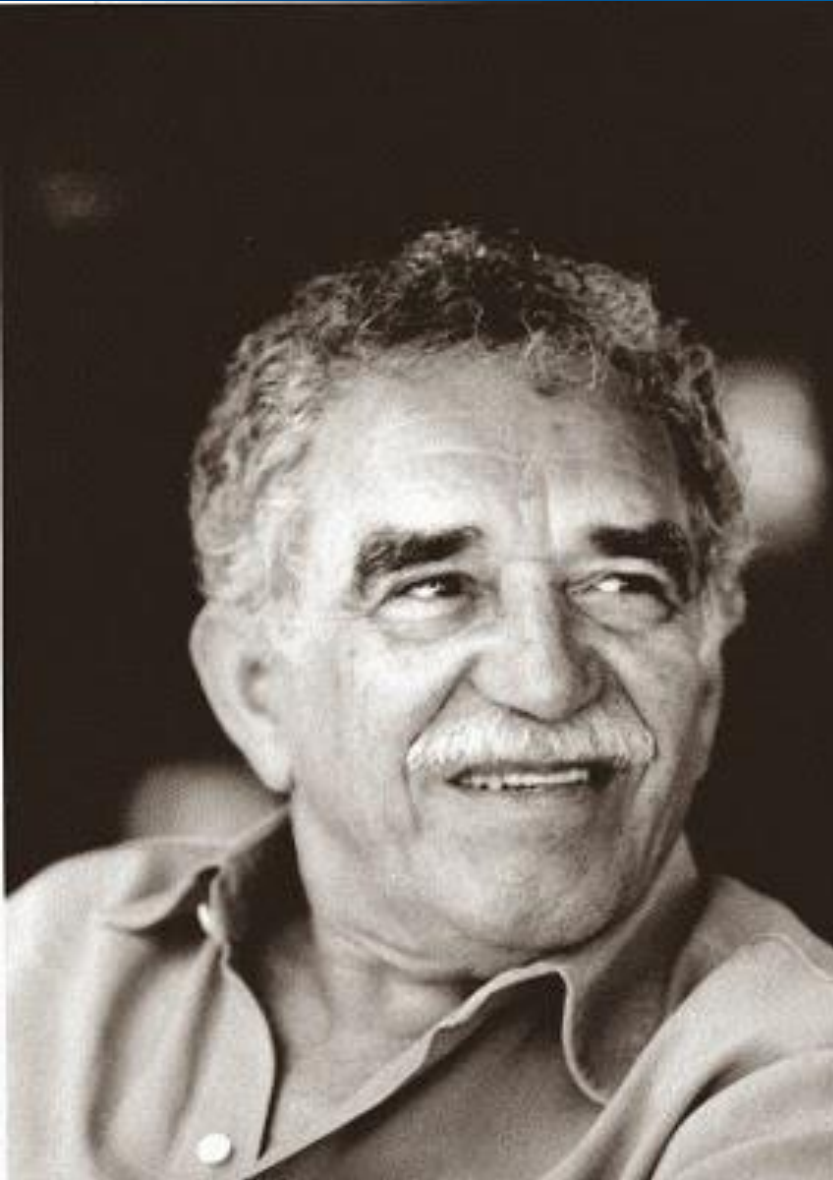
I learned that if anyone tries to
touch ~~me~~ my private body parts
I will say "STOP", run away
and tell a grown-up like
my mom or my teacher
It is never the child's fault.

I'm happy
Now FOREVER
(I'm happy now forever)

Making Meaning

Among the most important aspects
of the gradual exposure work of the
Trauma Narration and Cognitive
Processing components,
is helping children to make meaning
of their experiences.

It helps them to be able to place
experiences in context of their lives
To view themselves as capable, as
having worth and being empowered



*"What matters in life is
not what happens to you
but what you remember
and how you remember
it."*

Gabriel Garcia Marquez

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

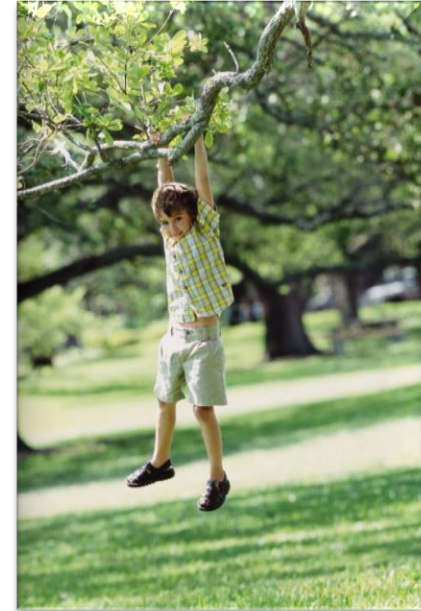
Some of the most powerful, healing sessions!

- 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
- Safety can be started at the beginning for certain traumas



TF-CBT Child and Parent Sessions are Parallel

*About 12-18 weekly**
individual Child
sessions

About 12-18 weekly
individual Parent
sessions

Several strategic joint sessions held during and near the end of
treatment

For clients traumatized by interpersonal abuse, the violation occurs in the context of a relationship. Healing must occur in a similar way. Clients need specific Evidenced Based Trauma-Focused, Trauma-Informed services and treatments.

***Complex Trauma cases may take as many as 25-30 sessions**

Additional Grief-Focused Components for Childhood Traumatic Grief / Traumatic Separation

Include issues such as

- Grief psychoeducation
- Grieving the loss (“What I miss”) and resolving ambivalent feelings about the deceased (“What I don’t miss”)
- Preserving positive memories of the deceased
- Redefining the relationship with the deceased and committing to present relationships
- Treatment closure issues



Training materials:

TF-CBT Web^{2.0} | *A course for Trauma-Focused
Cognitive Behavioral Therapy*

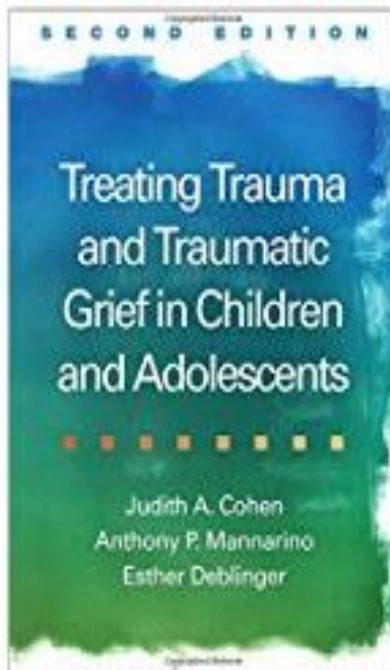
Access at:

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. 2nd Ed. (2017).
*Treating Trauma and Traumatic Grief in Children and
Adolescents*. New York: Guilford Publications, Inc.

www.musc.edu/tfcbt2



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TF-CBT Web^{2.0}

*A course for Trauma-Focused
Cognitive Behavioral Therapy*

Foundations of TF-CBT

Psychoeducation

Parenting Skills

Relaxation

Affect Identification & Regulation

Cognitive Coping

Trauma Narration and Processing I

Trauma Narration and Processing II

In Vivo Mastery

Conjoint Parent-Child Sessions

Enhancing Safety & Future
Development

11 CEU credits for \$35.00!

Additional TF-CBT Treatment Resource



www.musc.edu/ctg

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CTG Web

A web-based learning course for
Using TF-CBT With Childhood Traumatic Grief

- Adapting TF-CBT to CTG
- Grief Psychoeducation
- Grieving and Ambivalent Feelings
- Preserving Positive Memories
- Redefining the Relationship
- Treatment Review
- Evaluation



A Strategy to Help

System Requirements | Credits

TF-CBT Application for **Child Traumatic Grief**

6 Free CEUs

**(Completed AFTER
TF-CBT Web)**

TF-CBT Therapist Certification Program

National Certification program for Therapists
launched September, 2013

Website:

www.tfcbt.org

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





Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program

www.tfcbt.org

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Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

NEW: **TF-CBT TELEHEALTH RESOURCES** (click here)

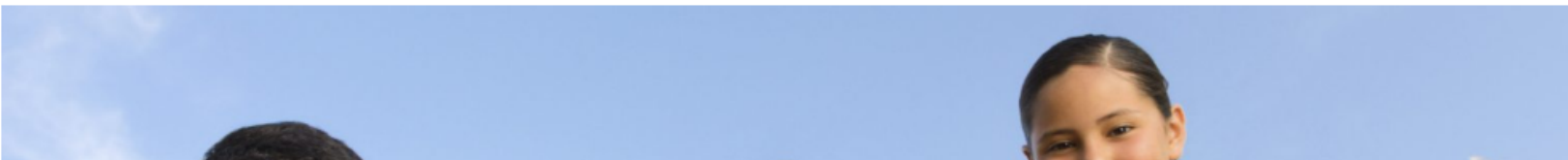
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple and complex trauma experiences. This is the official TF-CBT National Therapist Certification Program, in which clinicians can become certified in the TF-CBT treatment model.

Username or Email Address


Password

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Find a Certified Therapist Nationally or Locally



TF-CBT[®]
THERAPIST CERTIFICATION PROGRAM






www.tfcbt.org

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TF-CBT Certified Therapists

Find a certified therapist.

Sort by Name ▾ OK ▾

Ahtone, Rossana	2450 N Harvard Ave Tulsa, OK 74115	918-5087145	
Anderson, Kelli	619 N Main St Muskogee, OK 74401	918-913-3635	
Askew, Heather	4436 NW 50th Oklahoma City, OK 73012	405-858-2807	
bennett, dewone	400 S Broadway Suite 6 Edmond, OK 73099	405-274-5031	
Bewley, Kirby	4436 NW 50th Oklahoma City, OK 73112	405-858-2700	

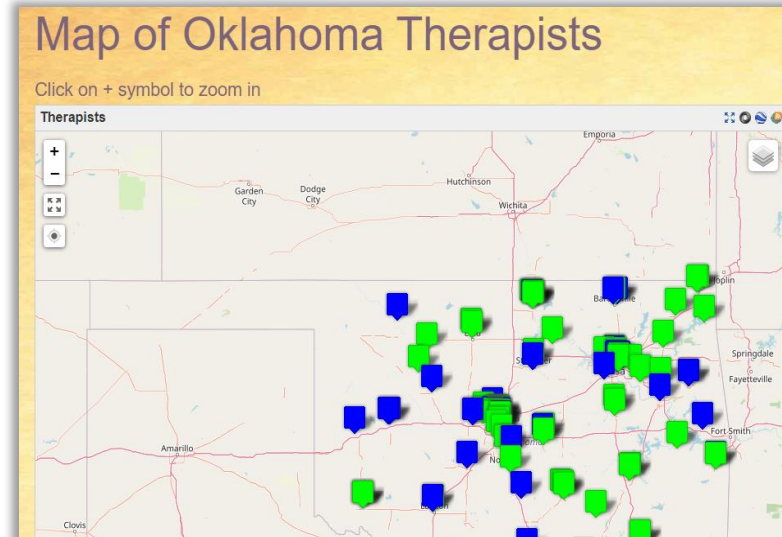
<http://www.tfcbt.org/members/>

Our Oklahoma TF-CBT Dissemination Project



The screenshot shows the homepage of the Oklahoma TF-CBT website. At the top, the text "Oklahoma TF-CBT" is displayed in a large, stylized font, with "Oklahoma" in a script font and "TF-CBT" in a bold, serif font. Below this is a navigation bar with links: Home, Meet Us, Clinical, Training, and Research. The main content area features a large "Welcome to Oklahoma TF-CBT!" heading, followed by a paragraph: "Here you will find information and resources for families considering Trauma-Focused Cognitive-Behavioral Therapy, professionals interested in learning about TF-CBT treatment, and TF-CBT therapists implementing the model within our state." To the right of the text is a photograph of two young children walking away from the camera on a paved path in a grassy area. The URL "oklahomatfcbt.org" is visible in the bottom left corner.

Since Early 2000's
Collaborative
Training Project of
University of
Oklahoma CCAN
and OK DMH



Find an OK Rostered Therapist
Statewide!

NCTSN.org Child Trauma Training Resource

THE LEARNING CENTER

As part of the National Child Traumatic Stress Network (NCTSN), the Learning Center for Child and Adolescent Trauma offers Free Online Education with:

🎓 300+ FREE CE certificates

🎤 50+ speakers

▶ 200+ online webinars

👥 90,000+ members

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For support issues, contact the NCTSN Help Desk at help@nctsn.org.

For questions, visit our [FAQ page](#).



www.learn.nctsn.org

What's New



Traumatic Separation in the Child Welfare and Kinship Systems

This webinar will provide a brief overview of the definition and impact of traumatic separation. Speakers will discuss the importance of understanding traumatic separation when working with youth in the

Featured



Promoting Trauma-Informed Policies and Practices to Address Child Sex Trafficking

This webinar will provide examples of state and federal policy issues related to child sex trafficking. Further, NCTSN resources related to the topic will be shared.

Popular



Psychological First Aid Online

PFA online includes a 6-hour interactive course that puts the participant in the role of a provider in a post-disaster scene. This professionally-narrated course is for individuals new to disaster response who want to learn the core goals of PFA, as well as

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 8-18 sessions or adapted for longer term therapy
- Components-based hybrid treatment which incorporates principles of a variety of theoretical frameworks
- Effective outcomes, symptom reductions for children and caregivers

CONTACT INFORMATION



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