Counseling Children and Adolescents with Trauma

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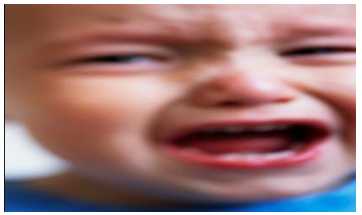
OBJECTIVES

- Discuss trauma and related factors
- Provide brief overview of TF-CBT
- Provide suggestions for structuring TF-CBT supervision
- Ponder Points

What is Trauma?



- The DSM5 defines a “traumatic event” as……
- One in which “the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or threat to the integrity of self or others.”
- Another critical point regarding the traumatic event is that “the person’s response involved intense fear, helplessness, or horror.”

What is Trauma cont'd?

- Strong reactions to threatening situations is an adaptive response
- Maladaptive when strong reactions continue when threat is no longer present
- Development of PTSD seen as failure to adapt

Trauma

- Sources of Trauma:
- Neglect, physical or sexual abuse, witnessing domestic violence and other violence, community violence, school violence, automobile accidents, traumatic loss, medical procedures, natural disasters, war, terrorism, refugee trauma

(Source: National Child Traumatic Stress Network)

Prevalence of Trauma

- 25% of children and adolescents (9-to-16 years old) experience *at least one* potentially traumatic event in their lives (some studies have found rates as high as 40%) (U.S. Department of Health and Human Services, 2010)
- Some studies indicated rates were as high as 40%
- Some research found that almost 63% sexually abused children qualified for at least one psychiatric diagnosis and almost 30% met criteria for two or more diagnoses.
- Approximately 25% of children exposed to trauma develop symptoms of PTSD (Cohen et al., 2009)

- *U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau. (2010). Child Maltreatment 2008. Available from http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can*
- *Cohen, J.A. , Berliner, L. & Mannarino, A. (2009) Trauma Focused CBT for children with co-occurring trauma and behavior problems, Child Abuse and Neglect, 34(4), 215-224.*

Prevalence of Trauma cont'd

- 15-43% girls vs. 14-43% boys experience at least one traumatic event
- 3-15% girls and 1-6% boys could be diagnosed with PTSD
- Rates of PTSD higher amongst at-risk youth

Risk Factors for PTSD

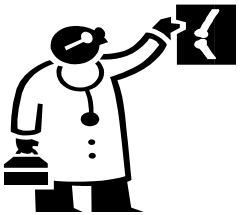
- Severity of trauma
- Caregiver reaction to traumatic event
- Proximity to traumatic events (U.S Department of Veterans Affairs, 2009)

Prevalence of Trauma cont..

History of trauma is common among juvenile justice youth:

- Estimates range from 3%-50% of JJ youth exposed to trauma (Ford et al., 2007)
- 93.2% of males and 84% of females reported a traumatic experience , with 18% of females and 11% of males meeting full criteria for PTSD (Hennessey et al., 2004)
- Males reported most commonly witnessing violence, while female youth reported being victimized

Trauma-Related Diagnoses



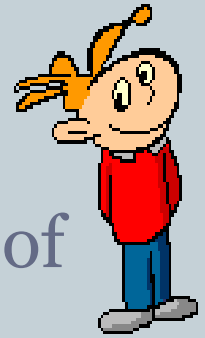
- Reactive Attachment Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Acute Stress disorders
- Adjustment disorders
- Depressive disorders
- Anxiety disorders
- High risk for comorbidity (i.e., mood, substance use, anxiety)

Complex PTSD:

- Affective dysregulation
- Intra/Interpersonal difficulties
- Self-injurious behaviors

Common Signs of Trauma in Children

- Child appears guarded, defensive and angry
- Poor relationship skills
- Temper outbursts (i.e., racial slurs, threats of harm, actual physical aggression)
- Difficulty settling down after outburst
- Difficulty trusting others
- Lack of responsibility for behavior with lack of insight or remorse



Common Signs cont'd

- Sexually inappropriate behaviors and lack of physical boundaries/or great sensitivity to boundary violations
- Social withdrawal
- Depression, self-injurious behavior and suicidal
- Child seems to make repetitive mistakes and not learn from experience
- Substance use issues
- Negative self-perception

What is TF-CBT???

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a components-based treatment model that addresses the unique needs of children with PTSD symptoms, depression, behavior problems, and other difficulties related to traumatic life experiences

- Eight practice components:
  - Psychoeducation & Parenting skills
  - Relaxation Skills
  - Affective expression and modulation skills
  - Cognitive Coping and processing
  - Trauma narrative
  - In vivo
  - Conjoint parent sessions
  - Enhancing future safety

(Source: National Child Traumatic Stress Network)

Who is TF-CBT for ???

- Appropriate for children, ages 4-18 who have a history of sexual abuse or other childhood traumas

TF-CBT may need to be modified for:

- Youth whose primary problems include conduct or behavior problems that existed prior to the trauma
- Youth who are actively suicidal or who actively abuse substances
- Adolescents who have a history of running, cutting or other parasuicidal behavior

TFCBT as an Evidence-Based Practice

- In one study (Smith, et al, 2007), found youth who received treatment with TF-CBT exhibited 92% recovery rate of PTSD symptoms as compared to 42% for those wait listed.

- Smith et al. suggested that symptoms of depression and anxiety in those exposed to trauma may be secondary to the trauma and that trauma should be treated first.

- Cohen (2003) studied 229 sexually abused children ages 8-14 randomly assigned to either TF-CBT or Client Centered Therapy (CCT). 89 completed TF-CBT and 91 completed CCT.

  - The study found that of the 89 treated with TF-CBT 21% (down from 84%) maintained the PTSD diagnoses as compared to the 42% (down from 91%) who were treated CCT.

Screening & Assessment

- Trauma screen
  - NSILJHS Trauma History Checklist
- PTSD screen
  - UCLA PTSD Reaction Index for Children/Adolescents- DSM 5- screens for meeting diagnostic criteria for PTSD in DSM

NSLIJHS TRAUMA HISTORY CHECKLIST AND INTERVIEW

Date: _____ **Interviewer:** _____ **Eval #:** _____

"Sometimes things happen to people that are extremely upsetting, things like being in a life-threatening situation. I'd like to ask if any of these kinds of things have happened to you at any time during your life. You don't need to give me a lot of details."

Place "Y" or "N" before each item. Write notes to the right and list the most significant trauma at the bottom of this sheet. Provide details only for A1. traumas as defined by the DSM-IV criterion for PTSD. Include information regarding age of onset and duration of trauma. It is not necessary to include detail about items endorsed if they were not traumatic. Include information that others may consider to be traumatic, even if the adolescent does not view it as such.

Please DESCRIBE any significant DETAILS for each A1 Trauma: **INCLUDE DETAILS HERE: (include age of onset & duration)**

1. ___Have you ever been in a major natural disaster, like a hurricane, earthquake, or flood?
2. ___ Have you ever been directly affected by a terrorist attack like 9/11?
3. ___Have you or anyone in your family been involved in or affected by a war?
4. ___Have you ever been in a fire?
5. ___Have you ever been in a serious car accident?
6. ___Has there ever been a time when you were seriously hurt or injured?
7. ___Have you ever been in the hospital or undergone treatment for any serious or life-threatening illness or injuries?
8. ___Have your parents or sibling(s) ever been in the hospital or undergone treatment for any serious or life-threatening problems?

9a. ___Has anyone ever hit you or beaten you up (physically assaulted you?)
9b. ___Has anyone ever threatened to physically assault you?
10a. ___Have you ever been hit or intentionally hurt by a family member?
10b. ___If yes, did you have bruises, marks or injuries?
11a. ___Was there a time when adults who were supposed to be taking care of you didn't?
11b. ___Have you lived with someone other than your parents while you were growing up?
11c. ___Has there ever been a time when you did not have enough food to eat?

12. ___Have you ever been homeless?

13a. ___Have you ever *seen* or *heard* someone in your family/house being beaten up or
13b. ___Have you ever *seen* or *heard* someone in your family/house get threatened with bodily harm?
14a. ___Have you ever *seen or heard* someone being beaten, or seen someone who was badly hurt?
14b. ___Have you ever seen someone who was dead or dying, or *watched or heard* them being killed? Was this person a stranger, acquaintance, close friend, or family member? _____ (specify)

15. ___Has anyone ever told you details of how someone you were close to was injured or killed?
16. ___Have you ever been threatened with a weapon?
17. ___Has anyone ever stalked you?
18. ___Did anyone ever try to kidnap you?

19a. ___Has anyone ever made you do sexual things you didn't want to do, like touch you, make you touch them, or try to have any kind of sex with you?
19b. ___Has anyone ever *tried* to make you do sexual things you didn't want to do?
19c. ___Has anyone ever forced you to have intercourse?
19d. ___Has anyone ever *tried* to force you to have intercourse?

20. ___Is there anything else really scary or very upsetting that has happened to you that I haven't asked you about? Sometimes people have something in mind but they're not comfortable talking about the details. Is that true for you?

Most Significant Traumatic Event(s)

Of the things we've talked about, which is the worst? Which still really bothers you?

Brief Description (include corresponding item number from the list above):	Date (Month/Yr)	Age	Duration
_____	_____	_____	_____
_____	_____	_____	_____

IF NO SUCH EVENTS, CHECK HERE ___

 Revision 4/07/2007

UCLA PTSD Reaction Index for Children/Adolescents DSM-5 ©

HOW MUCH OF THE TIME DURING THE PAST MONTH…		None	Little	Some	Much	Most
1_{E3}	I am on the lookout for danger or things that I am afraid of (like looking over my shoulder even when nothing is there).	0	1	2	3	4
2_{D2}	I have thoughts like "I am bad."	0	1	2	3	4
3_{C2}	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
4_{E1}	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
5_{B3}	I feel like I am back at the time when the bad thing happened, like it's happening all over again.	0	1	2	3	4
6_{D4}	I feel like what happened was sickening or gross.	0	1	2	3	4
7_{D5}	I don't feel like doing things with my family or friends or other things that I liked to do.	0	1	2	3	4
8_{E5}	I have trouble concentrating or paying attention.	0	1	2	3	4
9_{D2}	I have thoughts like, "The world is really dangerous."	0	1	2	3	4
10_{B2}	I have bad dreams about what happened, or other bad dreams.	0	1	2	3	4
11_{B4}	When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
12_{D7}	I have trouble feeling happiness or love.	0	1	2	3	4
13_{C1}	I try not to think about or have feelings about what happened.	0	1	2	3	4
14_{B5}	When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches.	0	1	2	3	4
15_{D3}	I am mad with someone for making the bad thing happen, not doing more to stop it, or to help after.	0	1	2	3	4
16_{D2}	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
17_{D6}	I feel alone even when I am around other people.	0	1	2	3	4
18_{B1}	I have upsetting thoughts, pictures or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
19_{D3}	I feel that part of what happened was my fault.	0	1	2	3	4
20_{E2}	I hurt myself on purpose.	0	1	2	3	4
21_{E6}	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4

TF-CBT Session Formatting-PRACTICE

Baseline assessment

1/3	1/3	1/3
Sessions 1-6	Sessions 7-12	Sessions 13-18
Psychoeducation/ Parenting Skills	**T**rauma Narrative Development and Processing	**C**onjoint Parent and Child Sessions
Relaxation	**I**n Vivo Gradual Exposure	**E**nhancing Safety and Future Development
Affective Expression and Regulation		
Cognitive Coping		

Entire process is gradual exposure.

Goals: Psycho-Education

- Gradual Exposure Begins
- Normalize child's and parent's reactions to severe stress
- Instill hope—symptoms can be managed or resolved
- Educate family about benefits and need for early treatment—Introduce TF-CBT model and components
- Educate youth and caregiver
  - Types of trauma/abuse and prevalence
  - Why does trauma exist
  - Diagnoses (if applicable)
  - Specific trauma –add detail gradually throughout PRAC and complete prior to starting trauma narrative

Parenting Skills

- Praise- never assume parents know how to use praise properly
- Active Ignoring- should not be ignoring unsafe behaviors
- Timeouts- Needs to be age-appropriate
- Behavior Modification

  *Behavior contracts and plans
- Teach parents how to model skills

Relaxation

Rationale: Relaxation important for stress management / healthy coping strategies for trauma reminders

Fight, flight, or freeze response: The body's reaction to perceived threat or danger.

- Fight – fighting off an attacker
- Flight – running away from danger
- Freeze – going "dead" such as during rape

Relaxation Skills

- Deep or “Belly” Breathing – deep, slow breaths
- Progressive Muscle Relaxation/ “Spaghetti” – relaxing muscle tension to relax internally as well
- Thought Stopping – replacing negative/intrusive thoughts with positive
- Mindfulness (focused, in control of mind-concentrating on 1 thought)-M&M activity
- Grounding-here and now- 5 4 3 2 1

Affective Expression and Modulation

Rationale:

- Teach youth/caregivers how to differentiate between emotions and thoughts
- Identify a common language to communicate an emotion—accurate labels

- Teach youth/caregivers to manage their emotions by developing strategies to intervene before the intensity is too great
- Increase child's vocabulary of emotions and increase the ability to understand their physiological cues associated with emotions.
- To increase self awareness and effective communication

Affective Expression Techniques

- Feelings Identification
- Feelings crossword puzzle
- Felt board; draw/color where feelings are in body
- Feelings charades
- Emotional bingo
- Blended feelings-use colors to present experiencing 2 or more feelings at a time

Affective Modulation Techniques

- SUDS (Subjective units of distress)

  Differentiate various degrees of intensity of emotions and assign a number to correlate with each emotion

  Using a thermometer is a wonderful visual to display how emotions have different labels and intensity

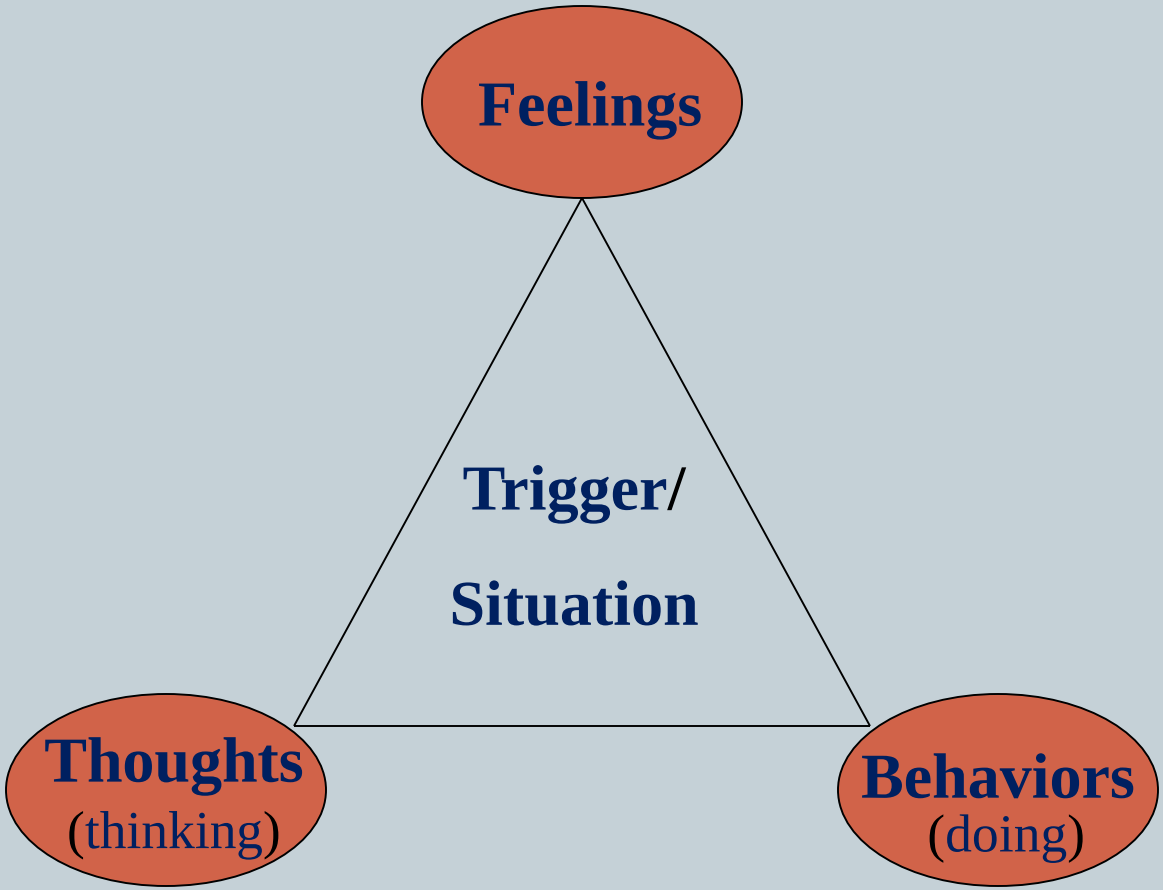
Cognitive Coping

Rationale:

Teach youth and caregivers to:

- recognize the distinction and connection between feelings, thoughts, and behaviors.
- recognize and understand the difference between accurate/inaccurate, helpful and unhelpful cognitions
- Teach youth and caregiver that they can change feelings and behaviors by thinking differently

Cognitive Coping Technique: Cognitive Triangle



Trauma Narrative

Rationale:

- Gradual Exposure, or systematic desensitization increases a sense of control and decreases the PTSD symptoms associated with the incident.

- Relief of emotional and psychological distress is experienced through repeated exposure to a feared stimulus and through the correction of unhelpful cognitions which have promoted the stress symptoms.

Trauma Narrative

- Start with an innocuous story and add chapters related to trauma
- Identify “hot spots” or “worst moments” that need to be in their story
- Rate distress (SUDS scale) before, during, and after narrative
- Review or re-read the child’s description in each session
- Invite the child to describe or add more details
- Can be creative with this (i.e., song, puppet show, poem)

Cognitive Processing Of the Trauma

Rationale…

- This is where the rubber meets the road
  - If we don't correct the distortions we have wasted all this time and could have potentially strengthened the distortions
    - Transferring or discharging kids in the middle of trauma work could increase symptoms and cause more damage
- The goal is to increase accurate and helpful thoughts while decreasing trauma symptoms

In Vivo

- **In Vivo Exposure:** Gradually combating the avoidance of innocuous trauma cues (i.e. bathrooms, the dark, smells, sounds), in cases where avoidance interferes with functioning successfully within the community.

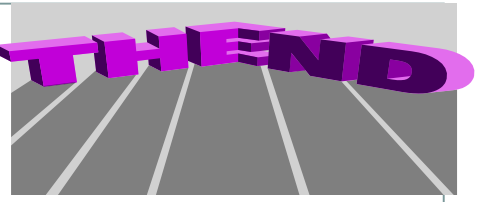
- When exposure to a feared situation doesn't result in the feared consequence, anxiety slowly dissipates.

** **This component may not be indicated in all cases**

Enhancing Personal Safety and Future Growth

- Provide education and training around safety issues associated with the identified trauma due to sense of vulnerability children/youth may experience
- Teach skills for increasing self-efficacy and preparedness
- Enhance youth's ability to communicate with others about scary and confusing experiences
- Engage youth into goal planning for successful future

Moving Forward



- Allow the youth to determine what they would like to do to symbolize their growth and saying goodbye to the power the trauma previously had over them.
- Shredding or tearing the narrative may be a ritual symbolizing the closure of the work accomplished and demonstrate control over the story.
- The youth may choose to keep the last chapter about what they would say to others and moving forward.

TF-CBT Group Supervision: The 3 Ps: Purpose, Process, and Payoff

Purpose:

- Support- important to provide support during this process; watch for vicarious trauma
- Skill-building-important to increase counselor's confidence and competence with TF-CBT techniques
- Fidelity-important to ensure that counselor's adhering to the TF-CBT model (i.e., TF-CBT checklists, metrics, etc.)

TF-CBT Supervision: Process

- TF-CBT supervisors are critical in ensuring successful implementation of the model
- Supervisors should foster an environment of learning
- Strengths and challenges should be acknowledged
- Supervisors should encourage collaboration; ongoing assessment of supervision is important

TF-CBT Supervision: Process

-Can be done in an individual or group supervision format

- Tool that can help structure supervision is a supervision agenda

-no. of active cases/recently screened

-red flag cases

-TF-CBT check lists

-skill building section

-other case concerns

TFCBT Supervision: Support

- Establish “comfort rules” for supervision
- Case reviews; peer consultations
- Opportunities to ask questions outside of the agenda
- Sharing resources i.e. books, techniques
- Role-playing; feedback
- Explore any organizational challenges and discuss with leadership
- Assess counselor confidence and competence
- Celebrate successes!!!!!!

TFBCT Supervision: Skill-building

- Sharing resources- supervisor/counselors bring in resources that can be useful with clients
- Role playing- supervisor/counselor can identify prior to supervision; in the moment role playing (i.e., tag in/out also useful)
- Feedback on cases- counselors bring most challenging case to supervision for supervisor and peer feedback
- Ongoing trainings can be helpful to refresh skills

TFCBT Supervision: Fidelity

- TF-CBT checklists- helps therapist to structure their sections and provide a snapshot of where they are in model

-can have counselors bring most current copy of checklist to supervision

-supervisor should check for gaps i.e. dates, missed components, insufficient information

-supervisor should keep copy of checklists

Ponder Points

- Pay attention to counselors who hang out in PRACTICE components too long
- Plan for how to address vicarious trauma
- Consider individual or organizational barriers
- Consider counselor developmental level

Thank you!

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