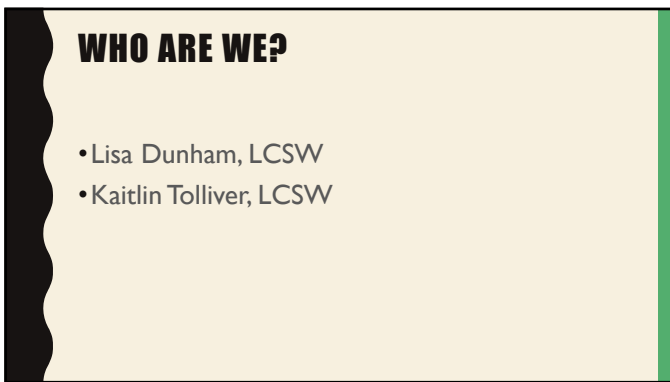
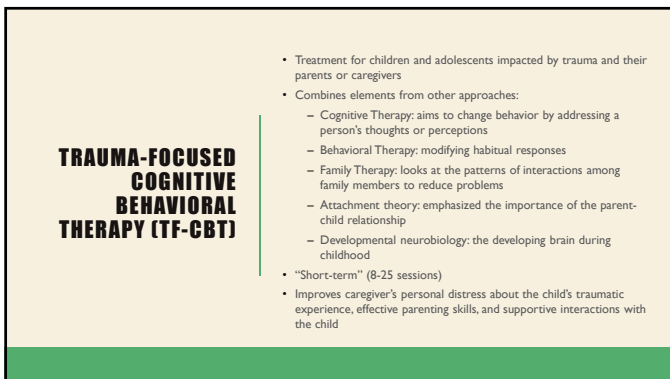




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Children and adolescents (ages 3-18):

- Remember being exposed to at least one trauma
- Experience PTSD symptoms
- Experience elevated levels of depression, anxiety, shame or other dysfunctional above-related feelings, thoughts, or developing beliefs
- Display trauma-related behavioral problems

Parents/caregivers

- Physically present
- Caring
- Believing

WHO IS TF-CBT FOR?

4

CULTURALLY SPECIFIC INFORMATION

TF-CBT has been tailored to use with various cultural groups, including:

- Religious groups (Muslim, Jehovah's Witness, Orthodox Jewish)
- Military families
- LGBTQ individuals
- Ethnically diverse families (Latino, African American, Asian, Biracial, among others)
- Diverse settings (home, school, residential treatment, refugee camp)
- International countries (Zambia, Pakistan, Palestine, Netherlands, Germany, Norway, Russia, Sri Lanka, Thailand)

5

WHO MIGHT TF-CBT NOT BE APPROPRIATE FOR?

- Children and adolescents whose primary problems include serious conduct problems that existed prior to the traumatic events and who may respond better to an approach that focuses on overcoming these problems first
- Children who inappropriately or illegally use substances to the point of being unable to attend sessions while sober
- Children who are acutely suicidal
- Children with only preverbal trauma or if the trauma is not remembered

6

WHAT HAPPENS WHEN YOU ASK SENSITIVE QUESTIONS?

Adverse reactions to sensitive questions are less common than many professionals anticipate

Most clients respond to sensitive questions without significant distress

Clients with a trauma history report that it is helpful to be asked these kinds of questions

Some discomfort is normative and even potentially therapeutic

THIS MUST BE DONE IN AN ENVIRONMENT MADE SAFE FOR THE CLIENT AND WITH A PROFESSIONAL THAT IS WILLING TO FOLLOW THROUGH ON WHATEVER IS LEARNED

10

TF-CBT COMPONENTS

- P: Psychoeducation and Parenting**
 - Destigmatize the effects of trauma
 - Engage and validate parents
- R: Relaxation Skills**
 - Decrease physiological reactivity and increase mindfulness
- A: Affect Expression and Regulation**
 - Improve identification and expression of feelings
- C: Cognitive Coping**
 - Change inaccurate and unhelpful thoughts to accurate and helpful thoughts
 - Link thoughts to feelings and behaviors
- T: Trauma Narrative**
 - Expose child to distress of trauma memories in tolerable doses
 - Integrate and make meaning out of the trauma
- I: In-Vivo Mastery**
 - Manage trauma triggers
- C: Conjoint Child Parent Sessions**
 - Have child share full trauma narrative with their identified caregiver
 - Have caregiver witness, give praise, believe, and cheerlead
- E: Enhancing Future Safety and Resilience**
 - Increase child's safety skills
 - Enhance developmental skills
 - Continue with coping skills and trauma processing as needed

11

THE DICE GAME

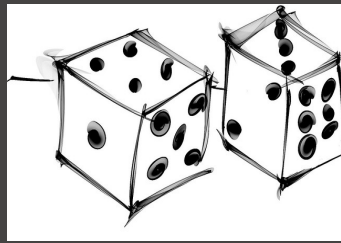


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12

ENDING TF-CBT

- Re-administer and share the UCLA results
- Graduation party
- Maintenance sessions if needed

13

BENEFITS/SUCCESSSES WITH TF-CBT

- UCLA Reaction Index: achieves assessment, psychoeducation, and gradual exposure
- Maintain fidelity for evidence-based results
- The party!
- Components = flexible + concrete
- Parent/Caregiver Involvement

14

CHALLENGES TO TF-CBT

- Parent psychoeducation/involvement
- Maintaining fidelity
- Moving past the "COWs" or new traumas
- Compassion fatigue

15

COMPASSION FATIGUE/SECONDARY TRAUMA

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet." Rachel Remen

- Seek a team
- Schedule time after appointments
- Have a set amount of TF-CBT sessions per day (week, month, etc.)
- Utilize your own wellness plan

16

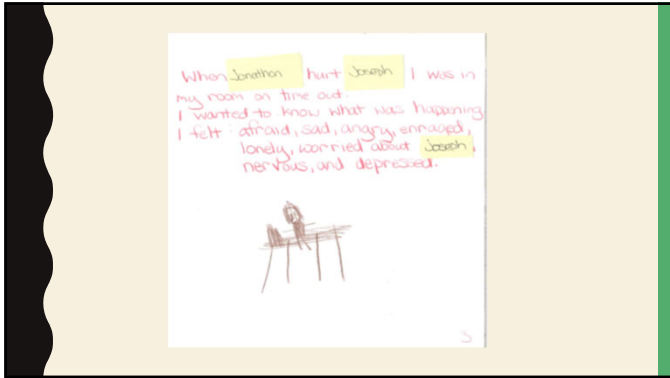
ALEX, AGE 8

- Originally came to clinic at age 5 and first UCLA score was 53
 - Anchor trauma: witnessing physical abuse to mother
- Stopped coming to treatment
- Over a year later, returned after having been removed from home
 - Anchor trauma: witnessing severe physical abuse to younger brother
- Resumed TF-CBT, with foster parents as caregivers (mother also witnessed narrative)

17



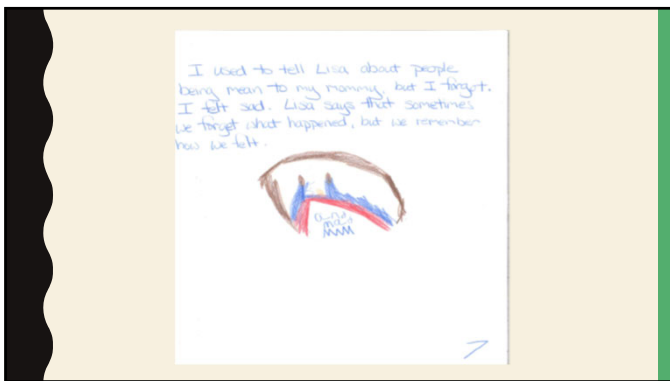
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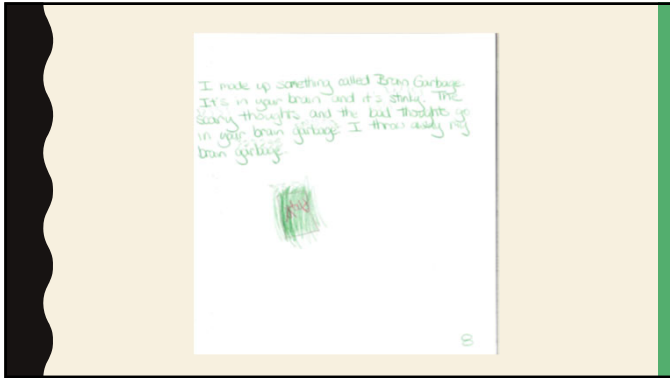
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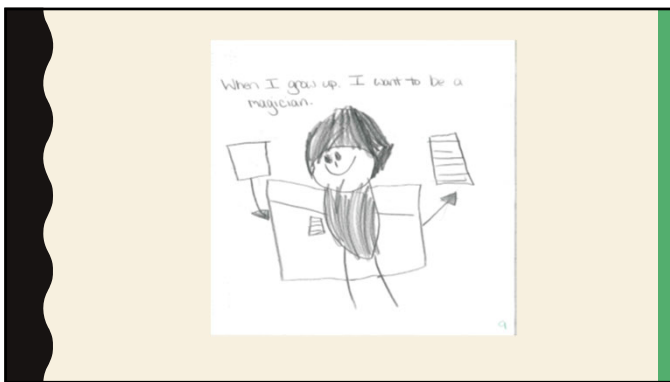
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ALEX

- Foster parents and mother partnered well throughout
- Foster parents and mother witnessed narrative
 - Mother utilized index cards to remember her statements to read after narrative
- End point UCLA score: 11 (42 point DECREASE in score)
 - No longer qualifies for PTSD diagnosis
- Graduation party involved parent, foster parents, foster siblings, brother, foster grandparents, CHIPS worker, supervised visit worker, new therapist

24

ATRAYUS, AGE 13

- Anchor trauma: sexual assault at age 11
- Still participating in treatment
- During course of treatment has been assaulted by a relative (twice), hospitalized, several moves, parents' own MH struggles, and loss of relatives
- LOVES psychoeducation

25

NO-SEND LETTER TO ASSAILANT

Dear A**hole,

I just want to know why did you think that it was ok for you to do that. What was going through your mind when you were doing it? You hurt me a lot and it sucks that I have to go through everything you are putting me through. You made my life 10 times worse and you made everyone's life worse. Can I say, I gave you a second chance and you did this to me. When I was only 11 years old! I just really want to say f*** you right to your face and watch you say sorry to me, imagine how your kids would feel if they heard that their dad is in jail because he touched an under-aged girl in a way that she did not like. Just think about that for a minute.

26

ATRAYUS' MEANING MAKING

- What would you like to say to the lawyers and police, since he hasn't gotten in trouble?
 - *I know that they can't do anything about that. And that they tried to help, I guess. And thank you for doing your job.*
- Do you think it means anything about you, as a person, that you've been sexually assaulted?
 - *It helps me grow into a stronger person, and I know to watch out for people like that...Because how I look at something (like ditching class), then I know more about "I won't let my children do that because I've done that." So that's another way how I calm down when I do something wrong, is that I'm going to be smarter for my kids. I'm going to be smarter for my kids to be sure that they don't get hurt."*
- What would you to say other girls who cut because of their bad memories?
 - *It's going to be okay, just because you have a bad memory doesn't mean that you have a bad life.*
- Who's responsible for the rape?
 - *He is. He's 99.9% responsible. The other 0.1% is Mom, for letting him back into our lives...she should have been more careful.*

27

ATRAYUS' MOTHER

The most important thing for clinicians is to teach the parent the coping skills and triggers. Parents also need to believe that what their child experienced is real.

28



Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program

Home About TF-CBT Certification Process Find a Certified Therapist Contact Resources Feedback

- Offered at tfcbt.org
- Certification criteria:
 - Master's degree or above in a mental health discipline
 - Professional license in home state
 - Completion of the 10 hour online TF-CBT web training (tfcbt2.musc.edu)
 - Completion of a live training conducted by an approved national trainer
 - Completion of consultation calls for totaling 12 hours with national trainer
 - Completion of 3 separate TF-CBT treatment cases with at least two of the cases including the active participation of caretakers or another designated third party
 - Passing the TF-CBT Therapist Certification Program Knowledge-Based Test

29

OPTIONS FOR TRAUMA TRAINING

- Wisconsin Trauma Project (TF-CBT, Trauma Informed Parenting)
<https://dcf.wisconsin.gov/cwportal/prevention/trauma>
- The Institute for Child and Family Well-Being (PCIT, CARES)
<https://uwm.edu/icfw/>
- Wisconsin Office of Children's Mental Health (Organizational)
<https://children.wi.gov/pages/home.aspx>
- Wisconsin Hawthorn Project
<https://www.wihawthornproject.com/>

30
