Trauma Informed Care:

TRAUMA Focused -- Cognitive Behavior Therapy: A Brief Treatment Overview

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Learning Objectives:

- Revisit the Definition of Trauma
- Learn about Trauma Informed Care
- Features of Trauma Focused – Cognitive Behavior Therapy
- Key Components of TF – CBT
- Effectiveness of TF- CBT
Trauma and Why We Need to Address/Be Aware of It

- The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters

- (DSM-IV TR) –
  - a person’s response involves fear, horror, and helplessness
  - extreme stress that overwhelms the person’s capacity to cope
Who cares? Why bother? What’s in it for me?

- Recognition of traumatic reactions makes management of survivors much easier.

- A little bit of trauma awareness goes a long way.

- Ongoing trauma treatment across a continuum of care is a major contributing factor to reducing recidivism within the criminal justice population.
Critical trauma correlates to be aware of:

- Adverse Childhood Events have serious health consequences
- Health Risk Behaviors as coping mechanisms
  - eating disorders, smoking, substance abuse, self harm, sexual promiscuity
- Severe Medical Conditions such as heart disease, pulmonary disease, liver disease, STDs, GYN cancer
Adverse Childhood Experiences

- Recurrent & severe physical abuse
- Recurrent & severe emotional abuse
- Sexual abuse

Growing up in household with:
- Alcohol or drug user
- Family member being imprisoned
- Mentally ill, chronically depressed, or institutionalized member
- Mother being treated violently
- Both biological parents absent
- Emotional or physical abuse
What does the data tell us?

- Majority of adults and children in psychiatric treatment settings have trauma histories.

- A large percentage of individuals with substance use disorders have traumatic stress symptoms that interfere with achieving or maintaining sobriety.

- Growing research on relationship between victimization and later criminal offense.

- Individuals with trauma histories have overlapping problems with mental health, addictions, physical health, and are victims or perpetrators of crime.
Victims of trauma are found across all systems of care.

Therefore . . . . . . . . . .

We need to presume that the clients we serve have a history of traumatic stress and exercise “universal precautions” by creating systems of care that are trauma informed.
What is Trauma Informed Care?

- MH treatment that incorporates:
  - an appreciation for the high prevalence of traumatic experiences in persons who receive mental health services
  - thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual (Jennings, 2004)
Trauma Informed Care is……

- recognition of the high prevalence of trauma
- recognition of primary and co-occurring trauma diagnoses
- assessment for traumatic histories & symptoms
- recognition of culture and practices that are re-traumatizing
- power/control minimized – attention to culture
- collaborations between caregivers/supporters
- address training needs of staff to improve knowledge & sensitivity
Trauma Informed Care is......

- staff understanding function of behavior (rage, repetition-compulsion, self-injury)
- objective, neutral language
- transparent systems open to outside parties.
TF- CBT with Children Affected by Abuse or Trauma

Children who have been traumatized ……

- are often confused
- don’t understand what has happened
- may blame themselves
- may hold on to myths due to being misled or given incorrect information

We help them cope/deal thru TF –CBT.
TF- CBT with Children Affected by Abuse or Trauma

What is Trauma Focused CBT?

- Evidence Based treatment approach proven to help children, adolescents, and their caregivers overcome trauma-related difficulties.
- Designed to reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss, and other traumatic events.
TF- CBT with Children Affected by Abuse or Trauma

- **Features of TF- CBT**
  
  Addresses the negative effects of sexual abuse, exposure to domestic violence and other traumatic events by integrating several other approaches (therapies) and treating both the child and parent in a comprehensive approach.
TF- CBT with Children Affected by Abuse or Trauma

- It addresses the effects of sexual abuse and trauma.

- Examines all the facets that may include emotional and behavioral difficulties as a result of the trauma.
For example: Sexual abuse victims may experience ---

- Maladaptive or unhelpful beliefs and attributions related to the abusive event including:
  - A sense of guilt for their role in the abuse
  - Anger at parents for not knowing about it
  - Feelings of powerlessness
  - A sense of being “damaged goods”
  - Fear of being treated differently because of the abuse.
TF- CBT
(con’t) from trauma experience
- Acting out behaviors – such as age-inappropriate sexual behaviors.
- Mental Health Disorders – including depression
- Posttraumatic Stress Disorder – symptoms characterized by:
  ◦ Intrusive & recurring thoughts of the experience
  ◦ Avoidance of reminders of the trauma (places, people, sounds, smells, and other sensory triggers)
  ◦ Emotional Numbing
  ◦ Irritability
  ◦ Difficulty sleeping/ concentrating
  ◦ Physical and emotional hyperarousal (mood swings, rapid fits of rage/anger or crying out of proportion)
Other features of TF- CBT

- Treats non-offending parents in addition to the child; teaches stress management, parenting and behavior management skills, and communication skills.

- Result: parents are better equipped to address their personal issues associated with the child’s trauma while providing support to the child.
Other features of TF- CBT

- Integrates several established treatment approaches.
- Combines elements drawn from:
  - **Cognitive Therapy** – aims to change behavior by addressing a person’s thoughts or perceptions, focusing on patterns creating distorted or unhelpful views.
  - **Behavioral Therapy** – focuses on changing habitual responses to situations or stimuli.
  - **Family Therapy** – examines patterns of interactions among members of the family to identify and alleviate problems.
Goals of TF- CBT

- Reduce child’s negative & behavioral responses to trauma
- Correct maladaptive or unhelpful beliefs
- Provide support and skills to help parents cope effectively with their own distress
- Provide non-offending parents with skills to respond appropriately to and support the child/children.
TF- CBT

- **Efficacy in various environments and with those from different cultural backgrounds** – A highly collaborative approach in which the therapist, parents, and child work together to identify goals and achieve them.

- **An approach appropriate for multiple traumas** - more effective than client centered treatment or non-directive approaches for children whom have experienced multiple traumas
Protocol Components of TF-CBT

- **P** – Psychoeducation and Parenting skills, addressing emotional & behavioral reactions to abuse; training for parents in behavioral management strategies w/child

- **R** – Relaxation Techniques – breathing, muscle relaxation & visual imagery

- **A** – Affective expression & regulation – helping parent & child manage reactions to reminders of the trauma.

- **C** – Cognitive coping & processing – understanding the connection between thoughts, feelings and behaviors.
Protocol Components of TF-CBT

- **T** – Trauma narrative and processing – gradual exposure exercises & processing of inaccurate and/or unhelpful thoughts about the abuse/trauma.

- **I** – In Vivo exposure – gradual exposure to reminders of the trauma so the child learns to control his/her emotional reactions.

- **C** – Conjoint parent/child sessions – enhancing communication and opportunities for therapeutic discussions pertaining to the trauma.

- **E** - Enhancing personal safety and future growth - education and training on personal safety skills, interpersonal relations, healthy sexuality and encouragement in use of new skills in managing stressors and trauma reminders.
Limitations of TF - CBT

- TF-CBT may not be appropriate or may need to be modified for:
  - children or teens whose main problems include serious conduct issues or significant behavioral problems existing prior to the trauma whom may respond to other interventions focusing on these problems first.
  - youth acutely suicidal or whom are actively abusing illegal substances, even a gradual exposure to TF – CBT may temporarily worsen symptoms.
  - Teens/youth prone to history of running away, self-injurious behaviors or engaging in suicidal behavior.
Some easy reminders, treatment briefs of the components, approaches and features of TF – CBT.

Can you identify the elements, key to the efficacy of this therapeutic approach when assisting a child/youth/teen in coping, dealing with TRAUMA?
TF-CBT

Is a structured, directive & active model of treatment

- Safety
- Education
- Activity
- Disclosure
- Externalization
- Trust and letting go
SAFETY

◦ Physical
◦ Emotional
◦ Hyper-vigilance
◦ Self care/calm
◦ Need for medication
◦ Risk of suicide
Activity

- Free play
- Puppets
- Stories
- Worksheets/exercises
- Abuse prevention
RELAXATION

- Breathing
- Progressive relaxation
- Reading: poetry, rhyme, guided imagery
- Yoga, drumming, tapping
- Music: Listening, singing, natural sounds, rhythm
DISCLOSURE

- Identify triggers and reminders
- Drawing the abuse
  - Puppets
  - Narrative
  - Role play
- Telling others
  - My story
  - Brave Little Bears

Crisci, Lay, Lowenstein, 1998
DISCLOSURE

- Sand tray, clay, play dough
- Ceramics, sculpture
- Songs, stories, music
- Painting and coloring
- Rituals, routines
- Connecting
- Closure

Gaskill & CTA, 2008
Stories And The Narrative Of The Traumatic Experience

• Teach us through archetypes
• Help us learn how the world works
• Help us understand good and bad through narrative
• Helps with Gestalt sequencing
• Builds a representation of reality

Gaskill & CTA, 2008
RECOVERY

- Memory
- Level of affect and tolerance
- Symptom management
  - Grounded
  - Safe
  - Appropriate reality testing
- Improved self esteem
- Attachment
  - Mutual non-exploitive relationships
- Meaning & interpretation
TF-CBT Training:

- Must have a Master’s degree or higher in a mental health discipline with experience working with children and families.
- Licensed Therapist / Clinical Supervisor
- 10 hour web based training on TF-CBT via Medical University of South Carolina website ([http://tfcbt.musc.edu](http://tfcbt.musc.edu))
- Read Program developer’s treatment book and related materials
- Participate in intensive skills-based training (2 days)
- Receiving ongoing expert consultation from trainers for 6 to 12 months
- Participating in advanced TF – CBT training for 1 to 2 days
References


California Evidence-Based Clearinghouse
www.cachildwelfareclearinghouse.org

References


References


