

Trauma-Focused Cognitive-Behavioral Therapy
(Mannarino, Cohen and Deblinger model)


Brought to you by: Psychology Training and Supervision

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Learning points

- What is Trauma
- What is TF-CBT
- Evidence for TF-CBT
- Assessment of PTSD in Children and Adolescents
- TF-CBT Model



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What is Trauma

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What is Trauma

A traumatic event can be defined as a frightening, dangerous, or violent incident that poses a threat to a child's life or physical integrity (National Child Traumatic Stress Network, 2020).

Most people will go through at least one traumatic event in life

Around two thirds of children will experience a potentially traumatic event by the time they turn 16

Almost everyone who experiences trauma will be emotionally affected, but not everyone will respond in the same way.

Most people will recover within the first week or two with the help of family and friends.

Centre for Post-traumatic Mental Health (2015)




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Trauma

Traumatic events can include:

- Experiencing** a serious event
- Witnessing** a serious event happening to another person
- Learning** that a friend or family member died suddenly (e.g., as a result of an assault or an accident), was involved in a life threatening event, or was seriously injured.
- Repeated** trauma's that happen over a long period of time



Centre for Post-Traumatic Mental Health (2015)



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Types of Childhood Trauma


- Sexual abuse or assault
- Physical abuse
- Witness to domestic violence
- Victim or witness of community violence
- Bullying
- Suicide
- Motor vehicle or other travel accidents
- Weather-related events
- Terrorism/War
- Mass disasters
- Removal from a major attachment figure
- Kidnapping etc.

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Additional Types of Trauma

- Epidemics and pandemics
- Systemic racism and discrimination
- Traumatic loss
- Medical trauma
 - Cancer
 - Burns
 - Transplant or other life-threatening procedures
 - Mutilating accidental or intentional injury



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Adverse Childhood Experiences (ACEs)

ACEs overlap significantly with childhood trauma

In addition to DSM 5-defined traumas, ACEs include:

- Neglect
- Caregiver drug and/or alcohol abuse
- Parental criminal behavior/incarceration (possible traumatic separation)
- Divorce
- Parental psychiatric problems
- Psychological abuse

HIGHER NUMBER OF ACEs SIGNIFICANTLY PREDICTS MEDICAL MORBIDITY AND MORTALITY IN ADULTHOOD



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Adverse Childhood Experiences (ACEs)

Initial study by Felitti et al. (1998) identified that 61% of adults had experienced at least one ACE and found a relationship between higher number of ACEs and increased likelihood of adult risk behavior, health issues and disease in adulthood.

Particularly, individuals who have experienced four or more ACEs are at an increased risk of adverse health outcomes compared to those who have experienced no ACEs (Hughes et al. 2017). Violence, mental illness and substance use are the factors most associated with having experienced multiple ACEs.

In our backyard:

- Research in South West Sydney (Wickramasinghe, Raman, Garg, and Hurwitz, 2019) explored the prevalence of ACEs amongst children attending community paediatric clinics
- Findings:
 - 64% of children had experienced one or more ACEs and 28% had experienced four or more.



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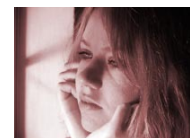
Trauma Impact

Acute distress almost universal

Impact **can** be long lasting

Childhood trauma is a risk factor for numerous adult psychiatric and medical problems

Impact varies; most recover over time without treatment but a significant minority will develop moderate to serious PTSD symptoms and will require treatment



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Affective Trauma Symptoms

- Fear
- Sadness
- Anger
- Anxiety
- Affective dysregulation
- Significant hyperarousal
- Baseline is never '0'



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Behavioural Trauma Symptoms

- Avoidance
- Maladaptive behaviours
 - Sexualised behaviours
 - Violent behaviours
 - Bullying
- Traumatic bonding
- Angry outbursts/temper tantrums
- Substance abuse
- Self-injury



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Biological Trauma Symptoms

- HPA/immune dysregulation
Hypothalamic-Pituitary-Adrenal Axis
- Multiple neurotransmitter changes
- Somatic symptoms
- Emerging research relating to trauma and digestive health
- Increase vulnerability to chronic illnesses throughout their lifetime



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Cognitive Trauma Symptoms

- Irrational or maladaptive beliefs (e.g. "the abuse was my fault," "I should have stopped him from drinking.")
- Reduced trust
- Negative self-image (e.g., "I am bad." "I am damaged.")
- Potentially accurate, but unhelpful cognitions (e.g., "Most men are dangerous." "There will probably be another terrorist attack today.")



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School and Social Trauma Symptoms

School

- Concentration impacted
- Motivation impacted
- Can affect academic progress
- Attendance
- Sleep problems

Social

- Reckless behaviour, irritability and anger outbursts
- High risk behaviour and impulsivity
- Child protection involvement
- Juvenile Justice



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Common Comorbidities

- Depressive disorders
- Anxiety disorders
- ADHD
- Eating Disorder
- Borderline Personality Disorder
- Oppositional Defiant Disorder
- Substance Use Disorder
- Bipolar Disorder
- Psychotic disorders- up to 20% of traumatized children have psychotic symptoms



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Trauma

Children and Adolescents

PTSD includes four main types of difficulties:

1. **Reliving the trauma** (e.g. repetitive play, frightening dreams, or distress when reminded of the event)
2. **Avoiding reminders of the event** (e.g. people, places, activities, thoughts/feelings that bring back memories of the trauma)
3. **Having negative thoughts and moods** (e.g. Fear, guilt, sadness, shame, or confusion; a loss of interest in activities that used to be enjoyed; and spending more time alone)
4. **Feeling wound up** (e.g. having trouble sleeping or concentrating, feeling angry or irritable, easily startled, constantly on the look-out for danger)

Adolescents may do things that might be risky or dangerous



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What is TF-CBT

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Trauma Focused CBT

TF-CBT

An intervention based on learning and cognitive theories, developed by Drs. Judy Cohen, Esther Deblinger, and Anthony Mannarino

Treatment model initially developed to address trauma associated with child sexual abuse

More recently been adapted for a wide array of traumatic experiences, including multiple traumas



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What is TF-CBT?

A Hybrid Treatment Model That Integrates:

- Trauma sensitive interventions
- Cognitive-behavioral principles
- Attachment theory
- Developmental Neurobiology
- Family Therapy
- Empowerment/Strengths



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What is TF-CBT?

Core Values of TF-CBT

CRAFTS

- Components-based
- Respectful of cultural values
- Adaptable and flexible
- Family focused
- Therapeutic relationship is central
- Self-efficacy is emphasized



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TF-CBT

Treatment Goals

- Reduce children’s negative emotional and behavioural responses to the trauma
- Correct maladaptive or unhelpful beliefs and attributions related to the traumatic experience (e.g., a belief that the child is responsible for the abuse)
- Provide support and skills to help non-offending parents cope effectively with their own emotional distress
- Provide non-offending parents with skills to respond optimally and support their children



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TF-CBT

TF-CBT is appropriate for children and adolescents/youth aged 3 to 21 with a history of trauma who:

- Experience PTSD symptoms
- Show elevated levels of depression, anxiety, shame, or other dysfunctional abuse-related feelings, thoughts, or developing beliefs and/or
- Demonstrate behavioural problems (including age-inappropriate sexual behaviours)

Non-offending parents (or caregivers)



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TF-CBT

Structure

- 8-16 60-90 minute sessions
- 16-25 60-90 minute sessions (complex PTSD)
- Individual sessions with children, caregivers and joint sessions




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TF-CBT Components

PRACTICE

- Psychoeducation and Parenting Skills
- Relaxation
- Affective Modulation
- Cognitive Coping
- Trauma Narration and Processing
- In Vivo Desensitization
- Conjoint parent-child sessions *Gradual Exposure throughout
- Enhancing safety and social skills Adaptable to the individual



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Evidence

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Evidence

For TF-CBT

Trauma focused psychotherapies are recommended as first-line treatments for children and adolescents experiencing PTSD (Phoenix Australia, 2020; NICE Guidelines, 2018).

TF-CBT recommended to be offered first, EMDR offered only if child/adolescent does not engage or do not respond to TF-CBT (NICE Guidelines, 2018)

TF-CBT identified as an empirically supported intervention for children and adolescents with PTSD (Gilles et al., 2012; Leenarts et al., 2013; Ramirez de Arellano et al., 2014); improved PTSD symptoms, depression, anxiety, shame and behaviour problems in comparison to supportive treatments.



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Evidence

For TF-CBT

Research conducted among various populations and settings: Former child soldiers (McMullen et al., 2013), refugee populations (Unterhitzenberger et al., 2015 & 2019), Community settings (Cohen, Mannarino, Iyengar, 2011), Acute Adolescent Inpatient Unit (Cabrera, Moffitt, Jairam, 2020)

Reductions in Depression (Jensen et al., 2013)

Increase in Resiliency (Deblinger, Pollio, Runyon, & Steer, 2016)




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Schools

Trauma-Focused Cognitive Behavior Therapy for School Psychologists (Fitzgerald & Cohen, 2012)

Schools are ideal settings for identifying children and adolescents who have been exposed to traumatic events.

They are also ideal for providing evidence-based mental health services, such as trauma-focused cognitive behavioral therapy, to students affected by childhood posttraumatic stress disorder and co-occurring mental health and behavioral problems.




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Schools

Educators and school psychologists are uniquely positioned to educate school staff and families about child trauma and play a crucial role identifying and treating traumatized children in schools.

School psychologists can

- Implement trauma informed screening to gain an awareness of child trauma,
- Recognize reminders that trigger trauma symptoms and identify ways to manage these triggers and responses in school settings,
- Facilitate a supportive response for traumatized students and families, and
- Provide trauma-focused cognitive behavioral therapy to children and their nonoffending caregivers in the school setting.



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Assessment and Treatment

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Assessment


It is important and recommended to ask specifically about trauma, as childhood trauma's are typically underreported (Saunders, 2003)

One option is to utilize a standardised format. Examples include the Child and Adolescent Trauma Screen (CATS), UCLA PTSD Index for DSM-V.

These instruments ask children to identify and rate the severity of each traumatic event they have experienced and to select the one that is most upsetting to them.

Explain limits of confidentiality

Important to explain that new disclosures of abuse or self-harm will have to be reported and explain the limits of confidentiality




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Assessment

Additional Signs


- Development of new fears (can be related or un-related to the traumatic event)
- Dependent or clingy
- Regression in skills or behaviour
- Depression or anxiety
- Misbehaviour or excessive care eliciting behaviour
- Poor school performance
- Unexplained aches and pains
- Substance use
- Self-harming



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What areas would we want to Assess


- Trauma History
 - Presenting Trauma and its characteristics
 - All other traumas
- Mental health symptoms and behaviour problems
 - Current symptoms
 - History of symptoms



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What areas would we want to Assess

- Environment
 - Safety
 - Support
 - Response to disclosure
 - History of parent/child relationship/attachment
 - DCJ involvement with family since abuse



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CHILD AND ADOLESCENT TRAUMA SCREEN 2 (CATS-2)
SELF REPORT (7-17 YEARS)

NAME: _____ DATE: _____

Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark NO if it didn't happen to you.

	YES	NO
1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	<input type="radio"/>	<input type="radio"/>
2. Serious accident or injury like a car/trike crash, dog bite, or sports injury.	<input type="radio"/>	<input type="radio"/>
3. Threatened, hit or hurt badly in my family.	<input type="radio"/>	<input type="radio"/>
4. Threatened, hit or hurt badly at school or the community.	<input type="radio"/>	<input type="radio"/>
5. Attacked, grabbed, hit or hit/robbed by friend.	<input type="radio"/>	<input type="radio"/>
6. Seeing someone in my family threatened, hit or hurt badly.	<input type="radio"/>	<input type="radio"/>
7. Seeing someone in school or the community threatened, hit or hurt badly.	<input type="radio"/>	<input type="radio"/>
8. Someone doing several things to me or making me do several things to them when I couldn't say no. Or when I was forced or pressured.	<input type="radio"/>	<input type="radio"/>
9. On line or in social media, someone asking or pressuring me to do something sexual. Like take or send pictures.	<input type="radio"/>	<input type="radio"/>
10. Someone bullying me in person. Saying very mean things that score me.	<input type="radio"/>	<input type="radio"/>
11. Someone bullying me online. Saying very mean things that score me.	<input type="radio"/>	<input type="radio"/>
12. Someone close to me dying suddenly or violently.	<input type="radio"/>	<input type="radio"/>
13. Threatful or scary medical procedure.	<input type="radio"/>	<input type="radio"/>
14. Being around war.	<input type="radio"/>	<input type="radio"/>
15. Other stressful or scary event? Describe: _____	<input type="radio"/>	<input type="radio"/>
16. What event(s) are bothering you the most? _____		

Turn the page and answer the next questions about all the scary or stressful events that happened to you.



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Mark 0, 1, 2 or 3 for how often you had the following thoughts, feelings, or problem in the last few weeks: 0 = Never / 1 = Sometimes / 2 = Often / 3 = Almost always

1. Upsetting thoughts or memories about what happened pop into my head. 0 1 2 3
2. Bad dreams involving me of what happened. 0 1 2 3
3. Pictures in my head of what happened. Feels like it is happening right now. 0 1 2 3
4. Feeling very upset when I am reminded of what happened. 0 1 2 3
5. Strong feelings in my body when I am reminded of what happened (sweating, heart beating fast, upset stomach). 0 1 2 3
6. Trying not to think about what happened. Or to not have feelings about it. 0 1 2 3
7. Staying away from anything that reminds me of what happened (people, places, things, situations, etc.). 0 1 2 3
8. Not being able to remember part of what happened. 0 1 2 3
9. Having negative thoughts, such as:
 - a. I won't have a good life. 0 1 2 3
 - b. I can't trust other people. 0 1 2 3
 - c. The world is unsafe. 0 1 2 3
 - d. I am not good enough. 0 1 2 3
10. Blaming for the event(s):
 - a. Blaming myself for what happened. 0 1 2 3
 - b. Blaming someone else for what happened although it wasn't their fault. 0 1 2 3
11. Upsetting feelings (fright, anger, guilty, ashamed) a lot of the time. 0 1 2 3
12. Not wanting to do things I used to do. 0 1 2 3
13. Not feeling close to people. 0 1 2 3
14. Not being able to have happy feelings. 0 1 2 3
15. Managing strong feelings:
 - a. It's very hard to calm down when I am upset. 0 1 2 3
 - b. Feeling mad. Having fits of anger and taking it out on others. 0 1 2 3
16. Doing unsafe things. 0 1 2 3
17. Being overly careful (checking to see who is around me). 0 1 2 3
18. Being jumpy. 0 1 2 3
19. Problems paying attention. 0 1 2 3
20. Trouble falling or staying asleep. 0 1 2 3

Please mark YES or NO if the problem you marked interfered with:

1. Getting along with others	YES NO	4. Family relationships	YES NO
2. Hobbies/Fun	<input type="radio"/> <input type="radio"/>	5. General happiness	<input type="radio"/> <input type="radio"/>
3. School or work	<input type="radio"/> <input type="radio"/>		

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Psychoeducation

- Provide information about the impact of trauma and hope for recovery
- Facts about trauma/abuse (prevalence, who offends, why children don't tell etc)
- Information about child's symptoms and reactions
- Normalize emotional, cognitive and behavioral reactions
- Educate family about PTSD and the benefits of treatment
- Graded Exposure

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Parenting Skills

- Teach caregivers positive parenting strategies to manage behavior problems, fears, sleep problems, sexual behavior problems through:
 - Attending skills and praise
 - Active ignoring / selective attention
 - Effective commands and time out
 - Reward charts
- Golden rules: Consistency, predictability and follow through

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Relaxation

Reduce physiological symptoms of stress and PTSD

Explain body responses to stress
Shallow breath, muscle tension, headaches...
“where do you feel stress in your body?”

Not just one technique

Important to include a caregiver



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Affective Modulation

Accurately identify and express a range of different feelings

Helps children and caregivers communicate and manage feelings

Important to use the child’s/young person’s vocabulary

Relate feelings to body and facial expressions

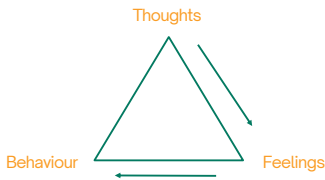



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Cognitive Coping

Helps children and caregivers to understand connections between thoughts, feelings and behaviours.

Also, this teaches children and carers that there are different ways to think of a situation, which in turn will affect the way we feel and the way we behave.

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The Trauma Narration


A form of gradual exposure therapy that allows the child to experience the negative feelings, thoughts, memories associated with the trauma in small doses in a safe, controlled environment.

Goal is for the child to be able to tolerate traumatic memories without significant emotional distress and no longer need to avoid them

Child tells their story gradually in sessions

Increasing detail about thoughts and feelings during the trauma

Relaxation used throughout narration



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Cognitive Processing

Identifying, exploring and correcting the the child's trauma related cognitive errors

Help children and caregivers view events in more accurate and helpful ways

Encourage parents to assist children in cognitive processing of upsetting situations and to use this in their own everyday lives



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Conjoint child and caregiver sessions

Child reads the trauma narration for caregiver

Caregiver is well prepared

Why?

- Reduce caregiver's own distress

- Correct cognitive distortions

- Help caregiver to tolerate own emotions

- Help caregiver to tolerate hearing about the trauma

- Help caregiver serve as a model

- Show child that caregiver is fully supportive

*Research shows equally as effective without conjoint session



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Enhancing Safety Skills

Develop children's body safety skills

- Right to say no (body ownership)

- Assertiveness

- Identification/recognition of red flags

- Safe people/safe places

- Telling what happens

- Secrets and surprises

Education about healthy sexuality

- Ok/Not ok touch

- Risky behaviors



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