

# **TF-CBT Booster Clinical Training Materials**

## **National Mass Violence Victimization Resource Center**

Department of Psychiatry and Behavioral Sciences  
Medical University of South Carolina  
Charleston, SC



A PARTNER IN  
**NCTSN**



The National Child  
Traumatic Stress Network

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**TF-CBT Booster  
May 3 - 4, 2018**

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**Clinical Training Agenda -- DAY 2**

| <b>Time</b>             | <b>Activity</b>   |
|-------------------------|---|
| <b>8:30 – 9:00 am</b>   | <b>Sign-in</b>  |
| <b>9:00 – 9:30 am</b>   | <b>Introductions<br/><u>Module 1</u>: Overview of traumatic stress and TF-CBT</b> |
| <b>9:30 – 10:30 am</b>  | <b><u>Module 2</u>: Screening &amp; Assessment</b>                                |
| <b>10:30 – 10:45 am</b> | <b>Break</b>  |
| <b>10:45 – 11:15 am</b> | <b><u>Module 3</u>: Engaging and PRAC Review</b>                                  |
| <b>11:15 – 12:00</b>    | <b><u>Module 4</u>: Tweaking PRAC</b>   |
| <b>12:00 – 1:00 pm</b>  | <b>Lunch</b>  |
| <b>1:00 – 2:15 pm</b>   | <b><u>Module 5</u>: Review of TICE</b>  |
| <b>2:15-2:30</b>        | <b>Break</b>  |
| <b>2:30 - 3:15</b>      | <b><u>Module 6</u>: Traumatic Fear and Traumatic Grief</b>                        |
| <b>3:15 - 4:00</b>      | <b><u>Module 7</u>: Taking Care of Ourselves</b>                                  |
| <b>4:00-4:30</b>        | <b>Next Steps &amp; Wrap-Up</b>   |



## To TF-CBT or NOT to TF-CBT? That is the Question!

### **Rules of the game:**

Below are 4 case vignettes. Each team will have 4 minutes to review each of the cases and determine: ***Is this case appropriate for TF-CBT, and why or why not?*** Identify a spokesperson who will present your case decision AND your rationale for the decision. Try to convince the rest of us about your decision!

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### **Case #1:**

14-year old Olivia, was referred to your Center for evaluation and treatment. Her mother reported that she is planning to begin home schooling Olivia because school is simply “not safe for kids.” Olivia endorsed multiple symptoms of depression that she has been experiencing for more than a year. These include feelings of sadness, withdrawal from others, low appetite with significant weight loss, sleep difficulties, including (trouble falling and staying asleep and nightmares, which leave her feeling exhausted in the morning). She also disclosed that she often has thoughts about wishing she were dead. She told you that she just doesn’t see the point of living in such an unsafe world. She said she has considered how she would kill herself (overdosing on medication), but then said she would never do it because she didn’t want to cause her mother that kind of pain. She does not think she needs any help to herself safe. When you met with Olivia’s mom, she shared that Olivia’s father had committed suicide about a year ago and that Olivia had made an attempt as well (took several Advil). She stated that she asks Olivia about her mood multiple times a day and has removed access to methods that Olivia could use to harm herself (e.g., firearms, knives, medications).

### **Is TF-CBT appropriate for her? Why or why not?**

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### **Case #2**

Mason is a 15-year-old boy whose paternal uncle was shot and killed 1 year ago. About 3 months ago (just prior to the school shooting), he was suspended from school for fighting. When asked about this, he reported that he was being bullied at school and that this had been occurring almost daily since the start of the school year. The reason he was suspended was because he fought back after three seniors surrounded him, and one punched him in the face, breaking his glasses. Mason hates school and has missed many days, including the day of the school shooting. Mason’s mother told you that she is at her wits end – she described Mason as moody, angry and aggressive towards his 10-year old brother. She said they fight constantly. She hasn’t really noticed any differences in his behavior since the shooting but worries that it probably made things worse.

### **Is TF-CBT appropriate for him? Why or why not?**

**Case #3:**

Jenna is a 15-year old female who previously sought services in 2012, because of sexual abuse by her mother's boyfriend. She is now living with her biological father and stepmother who called seeking services because of a recent change in Jenna's behavior. They are concerned that the school shooting has caused her trauma symptoms related to the prior sexual abuse to return. She endorsed clinically significant symptoms of PTSD and major depression, primarily related to the sexual abuse from ages 7-9 and indicated these have worsened by her current family situation (living with her father/stepmother). Her father is extremely frustrated by her behavior (she is belligerent, non-compliant, argumentative, particularly with the stepmother). She has also been cutting school (she leaves the house in the morning but then returns after her parents have left for work).

**Is TF-CBT appropriate for her Why or why not?**

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## Introducing the Cognitive Triangle

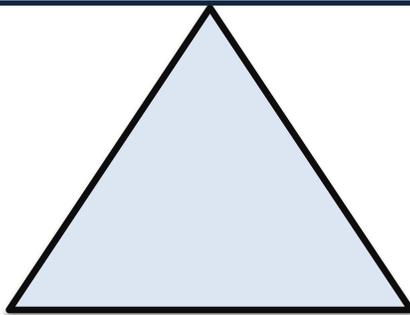
Ask the child to:

- Think of a **recent** incident where he/she felt a negative emotion (sad, angry, frustrated).
- Identify what he/she was thinking at that time
- Write down at least 2 feeling words
- Write down what they did

Use the challenging questions to dispute/reframe the negative thought

Event: \_\_\_\_\_

Thought:



Behavior:

Feeling:

### Challenge the thought!

- Is the thought true?
- Does thinking in this way lead to positive behavioral responses?
- Does thinking in this way make you feel good about yourself?
- Identify a replacement or alternative thought
  - *How does this new thought make you feel?*

## COGNITIVE TRIAD Practice

### Paired Practice:

In pairs (if a third is necessary due to uneven numbers, the third person can be the observer and feedback giver), alternate role playing a therapist and a child client at the “C – Cognitive Coping” stage of TF-CBT. The tasks are:

For the “child:”

1. Determine whether you would like to portray a 9-year-old or a 15-year-old youth.
2. Tell your partner your name, age, and the kind of trauma that you have experienced before beginning the exercise.
3. Be cooperative, but age-appropriately genuine. We will have the opportunity to discuss how to handle situations where patients are uncooperative or have difficulty grasping the concepts.
4. Provide feedback to the therapist after the exercise is complete. Focus on: what you thought your partner did well, what areas you think s/he might modify to be more effective, and your overall impression of the encounter.

For the therapist:

1. Explain effectively the difference between thoughts (what you tell yourself), feelings (the way you feel), and behaviors (what you do).
2. Explain clearly, in terms your client can understand, the relationships among thoughts, feelings, and behaviors. You should feel free to draw on the (imaginary) course of therapy that you have already conducted with this client (e.g., “In the last session, we talked about feelings, right? We said that different feelings make us want to behave in different ways. Well, today we’re going to talk about how the way we think fits in. Now ...” Or some more developmentally appropriate version of that, as feels comfortable to you.)
3. Using a non-trauma-related example from the child’s “real life” that can be emotionally positive, neutral, or negative, to illustrate how the connections between thoughts, feelings, and behaviors work.
4. Once you are confident that the “child” understands the basics of the triangle, use a situation involving a trauma-related symptom to illustrate the triangle. Examples might be: avoidance behavior, aggression when provoked by a peer, anxiety about having a visit with a non-offending parent, etc.



## Developing the Trauma Narrative

### Case Background:

- Harper is a 14-year old girl who has been in treatment for 8 weeks. The initial intake and results from standardized measures indicate that she had clinically significant symptoms of Posttraumatic Stress Disorder (PTSD).
- One of Harper's best friends was killed in the shooting. Harper didn't see her friend get killed and learned about it later in the day. She has heard about details of the shootings from her friends, family, social media, and television. Shortly after the shooting, she was spending large amounts of time throughout the day searching and looking at social media posts about the shootings and was having a hard time focusing on anything else. She would become very distressed while on social media, and it was interfering with her ability to function in school and at home. With guidance from her therapist, Harper and her mother helped to reduce the amount of time Harper was spending on social media, which helped reduce some of the related distress.
- In addition to the recent shooting, Harper witnessed significant domestic violence between her mother and stepfather. During that time, she witnessed her mother being pushed, shoved, slapped and verbally abused. The worst incident occurred about 10 months ago; her mother and stepfather got into a big fight over money. The fight escalated and her stepfather threatened her mother with a knife. Harper started screaming and called the police. Her stepfather was arrested and jailed briefly.
- Mom has since separated from him (divorce is pending), and he has moved out of the state. They have had no contact with him and she reports that she doesn't think about him much.
- Harper meets criteria for PTSD, endorsing symptoms related to the shooting, as well as the domestic violence. At the time of the initial intake, Harper's mom reported that Harper had nightmares about three times a week and was afraid when she faced any reminders of the violence. She was visibly distressed when she saw her mother use any type of knife, even a plastic or butter knife. She is also endorsed fear of loud noises, such as sirens, because they reminded her of the shooting and the police arriving at her house. When she would hear these noises, her heart raced and she reported feeling scared. At times, she just doesn't leave her house and she has missed a good bit of school since February. She often asked her mom to talk to her while she was trying to go to sleep.
- Harper told you that one of her biggest problems was thinking about what happened and she has difficulty identifying which bothers her more – the shooting or the violence between her mother and stepfather. She reported that she tries not to think about 'any of it.' During the intake, Harper told you "I just want to get over it. I want to feel normal again." Harper shared with you that she used to love soccer (she had played on the high school team), but has lost interest.

**Developing the Trauma Narrative**

Form a team of 3 – one person plays role of the therapist, one plays the role of the observer and one plays the role of Harper

1. Review the Case Background
2. Complete the Role Play
3. Observer: Observe and Complete Adherence Checklist
4. Large Group Report out.

**Session with Harper:**

**Goal:** To enable Harper to provide a detailed account of her trauma experiences.

**Barrier:** Although Harper has successfully completed all of the PRAC (Psychoeducation, Parenting, Relaxation, Affective Modulation, and Cognitive Coping) components of the model, she continues to have concerns that she is not ready to do the TN. She has told you that she is scared to talk about what happened, that she just wants to “get over it,” and wants to feel “normal” again.

**Therapist Role:** Please demonstrate in a role play how you would work with the client to begin developing the trauma narrative.

**Tips for the Therapist:**

As you engage in the role play, remember to:

**Repeat the Rationale for the TN****Set the agenda and give the child choices**

*Do you want to draw a picture or create a book? How about if we design a cover page for your book? Would you prefer crayons or markers? Would you like to start with a chapter about your family or your favorite activities?*

**Ask** – open ended questions, make eliciting statements

*What do you think will happen if you talk about the shooting or the domestic violence?*

**Listen** – patiently and without interrupting; try to maintain a neutral but engaging demeanor.

**Get something:**

*Ask for 2 feelings, 1 thought*

*Ask for one detail/one sentence about the traumatic event*

*Draw a picture*

**Check in:**

*How are you feeling now? On a scale of 1-10, how distressed are you? How does this compare to how you felt when you saw your parents fighting?*

**Remind the child of what she’s accomplished and praise for their effort:**

*See what you just did! You talked about it and you’re still safe. I bet next time you can work on another part of your narrative.*

**General Instructions:**

-Keeping neutral body language so as not to reinforce avoidance

-Validate/praise effort and efficacy (“you talked about tough stuff and are still here”) at the end.

Adherence Checklist – Introducing the Trauma Narrative and Addressing Client Avoidance  
(OBSERVER)

**Did the clinician.....**

Provide a rationale for activity

Yes  No

Work together with the client to set the agenda (*e.g., which TN chapter to work on*)

Yes  No

Give the child choices (*e.g., to draw a picture or write a book*)

Yes  No

Offer to be the scribe

Yes  No

Use open-ended questions to elicit more details (*e.g., where were you? Who was there? Remember I wasn't there and want to understand everything that happened*)

Yes  No

Reflect back what the child said

Yes  No

Listen to what child is saying without interrupting

Yes  No

Get something from the client (*i.e., any feeling words? Any thoughts? Any details? Sensations experienced during the trauma*)

Yes  No

Assess the client's *current* distress

Yes  No

Assess the client's distress *now* as compared to during the trauma

Yes  No

Praise the child for their effort

Yes  No

***For avoidance, did the clinician....***

Encourage one word/one phrase?

Yes  No

Encourage the child to discuss what they think will happen if they talk about 'it'

Yes  No

Gently encourage forward movement

Yes  No

Introduce the plan for the next session (*i.e., next steps for the Trauma Narrative*).

Yes  No

Overall, was the clinician neutral in their demeanor, but engaged? (*e.g., neutral body language so as not to reinforce certain parts of the narrative; minimal interruptions*)

Yes  No

Overall, how skilled was the therapist in addressing the client's avoidance?

1    2    3    4    5    6    7    8    9    10

**Terrible (*who trained that therapist??*)**                      **Amazing (*I want to be that therapist when I grow up*)**

Adherence Checklist – Introducing the Trauma Narrative and Addressing Client Avoidance: SELF-REPORT

**Did you.....**

Provide a rationale for activity

Yes  No

Work together with the client to set the agenda (*e.g., which TN chapter to work on*)

Yes  No

Give the child choices (*e.g., to draw a picture or write a book*)

Yes  No

Offer to be the scribe

Yes  No

Used open-ended questions to elicit more details (*e.g., where were you? Who was there? Remember I wasn't there and want to understand everything that happened*)

Yes  No

Reflect back what the child said?

Yes  No

Listen to what child was saying without interrupting

Yes  No

Get something from the client (*Any feeling words? Any thoughts? Sensations experienced during the trauma?*)

Yes  No

Assess the client's *current* distress?

Yes  No

Assess the client's distress *now* as compared to during the trauma?

Yes  No

Praise the child for their effort?

Yes  No

***For avoidance, did the clinician....***

Encourage one word/one phrase?

Yes  No

Encourage the child to discuss what they think will happen if they talk about 'it'

Yes  No

Gently encourage forward movement

Yes  No

Introduce the plan for the next session (*i.e., next steps for the Trauma Narrative*).

Yes  No

Overall, was the clinician neutral in their demeanor, but engaged? (*e.g., neutral body language so as not to reinforce certain parts of the narrative; minimal interruptions*)

Yes  No

Overall, how skilled was the therapist in addressing the client's avoidance?

1    2    3    4    5    6    7    8    9    10

**Terrible (*who trained that therapist??*)**

**Amazing (*I want to be that therapist when I grow up*)**

## **Challenging Cognitive Distortions**

Instructions: The exercise below is designed to encourage you to think through how you might approach these issues in the course of treatment. First, list an alternative/improved thought. Second, identify Socratic dialog techniques (e.g., clarifying questions, assumptions, evidence gathering, alternate perspectives) that will build a bridge from the old thought towards the alternative/improved thought. There are no right or wrong answers, and there are no simple ways to address these complex issues. It can be tough, so be creative and flexible. "Winning" is not the objective. Engaging the client/caregiver in the questioning process is.

### **Child Distortions**

1. There is simply no place that's safe.
2. No-one can be trusted
3. I can't go anywhere alone
4. Life is so unfair

### **Parent Distortions**

5. If I talk about what happened, it will just make things worse.
6. I was sexually abused and now my daughter is going to suffer the same problems I did.
7. I should have known something like this would happen

## **Preparing for In Vivo**

### **Instructions**

1. Form a team of 3 – one person plays role of Harper; one plays the role of the therapist and one plays the role of the supervisor
2. Review the Case Background
3. Complete the Role Play
4. Observers: Complete the Adherence Checklist
5. Large Group Report out

### **Case Background**

Harper has now been in treatment for 11 weeks. She successfully completed the TN but continues to become very distressed when she sees her mother using knives; she is also fearful of loud noises, particularly sirens as they remind her of the shooting and the police arriving at her house after the big fight between her mother and stepfather. This has become increasingly problematic as the family lives near the local hospital, which means that ambulances frequently drive past their home. At times, Harper becomes so distressed that she hides under the bed and is extremely reluctant to emerge. She has also become increasingly fearful of leaving her home because she thinks she will 'freak out' if she hears a siren.

The plan for today's session is to focus on **In Vivo Mastery**

**Goal:** to work with Harper to identify something that she can do in the upcoming week to start facing her fears. The overall goal is to help her change her feelings by doing something that is safe, but that she feels afraid of doing and seeing that she can do it.

**Therapist Role:** Please demonstrate in a role play how you would explain the session goal and the rationale to deal with her fear of leaving home. Prepare Harper for practicing exposure during the upcoming week.

### **Tips for the Therapist:** (what to address)

- Providing a rationale for the in vivo exposure
- Helping Harper identify possible ways to cope when she starts to feel nervous or anxious
- Planning a reward for facing her fears
- Doing as much as possible to prepare Harper for actually doing the activity during the upcoming week, including discussion of any potential barriers (or avoidance) to completing it.

**Observer Role:** Observe the role play and complete the Adherence Checklist





## **Caregiver and Child Sessions - Conjoint Sharing of TN**

### **Instructions:**

- Form team of 3 (therapist, observer, client)
- Review the updated case information for Harper below.
- Complete the Role Plays – Scenario #1, then Scenario #2
- Complete Adherence Checklists
- Large Group Report Out

### **Case Background**

Harper has now been in treatment for 14 weeks. She successfully completed the TN and is ready to share with her mother (Tonya). While you have been steadily working with her mother, Tonya, continues to struggle in discussing the trauma, and you have concerns about her ability to share her daughter's TN. Additionally, while Harper has progressed well in terms of developing and processing the details of her TN, she still has concerns about sharing with her mother.

**Goal:** To prepare for the sharing of the TN

### **Scenario #1: Working with the Child**

#### **Tips for the Therapist:**

##### **Identify/assess**

- *Child's fears/concerns about sharing*
- *Questions the child has about the domestic violence*

##### **Ask** – *open ended questions, make eliciting statements*

- *What do you think will happen when you and your mom talk about the domestic violence?*
- *What do you think will happen if you and your mom do NOT talk about the domestic violence?*
- *What questions would you like to ask your mom about the domestic violence or anything related to that?*

##### **Repeat the Rationale for the Sharing of the TN**

- *Open communication*
- *Opportunity to openly discuss child's questions related to the trauma(s)*
- *Way to move away from family 'secrets'*
- *Remind the child that the ability to share and talk openly about the trauma will strengthen communication and help to reduce ongoing trauma-related fears.*

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**Scenario 2: Working with the Caregiver**

**Tips for the Therapist:**

**Identify/assess**

- *Caregivers' emotional strength (address concerns about how she'll respond in session)*
- *Caregivers' ability to provide support*
- *Caregivers' listening skills*

**Ask** – *open ended questions, make eliciting statements*

- *What do you think will happen when you and Harper talk about the domestic violence?*
- *What do you think will happen if you do NOT talk about the domestic violence?*

**Repeat the Rationale for the Sharing of the TN**

- *Open communication*
- *Opportunity to openly discuss child's questions related to the trauma(s)*
- *Way to move away from family 'secrets'*
- *Remind the caregiver that the ability to share and talk openly about the trauma will strengthen communication and help to reduce ongoing trauma-related fears.*

**Practice responses to the questions generated by Harper during her session today**

Adherence Checklist – Preparing for the Conjoint Sharing of the TN: Caregiver

**Did the clinician.....**

Provide a rationale for the session/activity

Yes  No

Work together with the client to set the agenda

Yes  No

Use open-ended questions to assess caregiver’s strengths regarding sharing of the TN

Yes  No

Use open-ended questions to assess caregiver’s concerns regarding sharing of the TN

Yes  No

Use open-ended questions to assess caregiver’s abilities to provide child support during sharing of the TN

Yes  No

Share part of the child’s TN to facilitate the sharing

Yes  No

Conduct any role play/practice activities to begin answering Harper’s questions about the domestic violence

Yes  No

Reflect back what the caregiver said

Yes  No

Listen to what caregiver is saying without interrupting

Yes  No

Assess the client’s *current* distress

Yes  No

Introduce the plan for the next session (i.e., actual sharing of the Trauma Narrative).

Yes  No

Overall, was the clinician neutral in their demeanor, but engaged? (e.g., *neutral body language; minimal interruptions*)

Yes  No

Overall, how skilled was the therapist in this ‘session’?

1      2      3      4      5      6      7      8      9      10

**Terrible (*who trained that therapist??*)**      **Amazing (*I want to be that therapist when I grow up*)**

Adherence Checklist – Preparing for the Conjoint Sharing of the TN: Child

**Did the clinician.....**

Provide a rationale for the session/activity

Yes  No

Work together with the client to set the agenda

Yes  No

Use open-ended questions to assess child’s concerns regarding sharing of the TN

Yes  No

Generate list of questions the child would like answered by the caregiver

Yes  No

Reflect back what the child said

Yes  No

Listen to what child is saying without interrupting

Yes  No

Assess the child’s *current* distress

Yes  No

Introduce the plan for the next session (i.e., actual sharing of the Trauma Narrative).

Yes  No

Overall, was the clinician neutral in their demeanor, but engaged? (e.g., *neutral body language; minimal interruptions*)

Yes  No

Overall, how skilled was the therapist in this ‘session’?

1    2    3    4    5    6    7    8    9    10

**Terrible (who trained that therapist??)**                      **Amazing (I want to be that therapist when I grow up)**

**Caregiver and Child Sessions - Enhancing Safety**

Harper has now been in treatment for 17 weeks. She successfully completed the TN (including sharing of the TN with her mother). She is still fearful of loud noises, particularly sirens, as they remind her of the shooting and the police arriving at her house after the big fight between her mother and stepfather. This has become increasingly problematic as the family lives near the local hospital, which means that ambulances frequently drive past their home. It has become increasingly apparent to you that Harper's mother continues to struggle with her own reactions to the domestic violence. To make matters worse, Harper's stepfather has been calling her mother and, it appears that the calls are becoming increasingly threatening. During the past week, both Harper and her mother saw her stepfather near their home on 3 different occasions. Harper openly shared that she is very scared.

In your small group, discuss the following:

1. What are the parallel issues (between Harper and her mom)?
2. How would you address these in therapy?
3. Working in pairs, practice how you would conduct this session (feel free to be the child or caregiver!)

Large Group Report Out.