



Bringing Evidence Supported Treatments
To South Carolina Children and Families

Make Your Agenda for the Session Ahead of Time
Based On These Ideas. (Make it right now while
we're on the phone!)

Provide resources to caregivers

Assign homework – if appropriate

1. Roll Call
2. Check in: who has questions about cases?
3. Announcements
4. TF-CBT Model: **Cognitive Coping**

TF-CBT: **Cognitive Coping**

Goals: To help child and caregiver understand connections between thoughts, feelings & behaviors; to identify and restructure distorted/maladaptive cognitions related to the trauma

Purpose of this component is to teach the child and caregiver to:

- identify and track internal thoughts
- understand connections between thoughts, feelings & behaviors
- use positive self-statements
- restructure/replace maladaptive thoughts

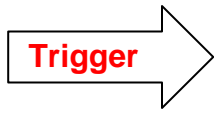
As with all of the components:

- be creative
- consider developmental level and intellectual functioning
- try various strategies and media
- **Don't give up; takes a lot of practice**

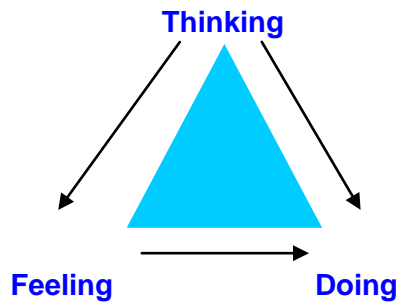
Probably works best to do this component separate with the child & caregiver, rather than in a joint session (especially if the caregiver is struggling with negative, maladaptive thoughts that need to be addressed before having a conjoint session)

So.....How do I get kids to talk about their thoughts?

- ▶ Use KID LANGUAGE!
- ▶ ADJUST TO THEIR DEVELOPMENTAL LEVEL, BE CREATIVE!
 - What do you think about when you're sad?
 - Are there any thoughts or pictures that go through your mind?
 - What popped into your head? What did you say to yourself?
 - What went through your head?
 - Use a cartoon bubble and have the child fill in possible thoughts



Introduce the Cognitive Triangle:
Connections between thoughts, feelings, and behaviors –



Use real-life examples to help the child understand:

Example #1: *You did poorly on an exam at school - What are some reasons for this?*

(Child may say, "I'm stupid" or "The test was unfair" or "I didn't study hard enough")

Ask the child how these different thoughts make him/her feel and what he/she does

Then ask child: "What are some other reasons they could have done poorly? How do these thoughts make you feel?"

NOTE: trying to help the child recognize/understand that the way they interpret or think about an event is related to how they feel and what they do.

Example #2: You're in the lunchroom and are walking over to a table where your classmates are sitting. They start laughing

- What are some reasons for this?
- How does that make you feel? What do you do?

Example #3: A child at your school is having a birthday party and you did not get invited

- How does that make you feel? What do you do?

Be creative! Use as many non-trauma examples as possible to illustrate the concepts

I. Caregiver Session

Helping Caregivers process Dysfunctional thoughts

Elicit troubling thoughts from the caregiver and try to write down as many of these thoughts as possible.

Examine thoughts which are permanent, pervasive, or too personalized

- *Permanent: "My child will never be happy again."*
- *Pervasive: "No one can be trusted with my child."
"The world is not a safe place."*
- *Personalized: "This happened because I am a terrible parent."
"I should have known that man was a sex offender."*

Use strategies to help caregiver recognize these unhelpful thoughts and to reframe:

- *Socratic Questioning*
 - *Evidence gathering*
 - *Psychoeducation*
 - *Best Friend Role play*
- ▶ *"If my best friend had a child who experienced a similar traumatic experience, would I say to him or her what I am saying to myself?"*
 - ▶ *"Would I want my child to overhear me making this statement out loud?"*

5. GROUP ROLE PLAY

6. Review of a specific case

7. Don't forget to go on the intranet! There are several excellent resources and handouts to use with clients for this component.