TF-CBT Booster Clinical Supervisor Training Materials

National Mass Violence Victimization Resource Center

Department of Psychiatry and Behavioral Sciences
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Charleston, SC

MUSC
Medical University of South Carolina

A PARTNER IN NCTSN
The National Child Traumatic Stress Network

TF-CBT Supervisor Training

May 3, 2018
Agenda

Time	Activity
12:30 – 1:00 pm	Sign-In
1:00 – 1:45 pm	General Supervision Practices & Strategies
1:45 – 2:30 pm	TF-CBT Specific Supervision Strategies – Part 1
2:30 – 2:45 pm	BREAK
2:45 – 3:30 pm	TF-CBT Specific Supervision Strategies – Part 2
3:30 – 4:00 pm	Special Issues with MVI
4:00 – 4:30 pm	Wrap-up, Evaluations; Sign-Out

Name:_____ Date:-_____

Activity1: Goals for Supervision

Write down your top 3 goals for supervision:

1.

2.

3.

Activity 2: Supervision Challenges: GROUP SUPERVISION

You provide supervision in a group format comprised of 3 clinicians. The clinicians vary considerably in their level of experience:

- Clinician #1 has been practicing for nearly 20 years but is just learning TF-CBT
- Clinician #2 works primarily with adults but was trained in TF-CBT
- Clinician #3 recently finished her master's degree but has experience in TF-CBT

Questions for discussion in your buzz group

Question #1: What do you anticipate will be the primary challenges in supervision? What unique challenges do you anticipate with each of the 3 clinicians?

Question #2: How do you structure supervision to accommodate these different levels of skill and expertise?

TF-CBT Case Presentation Template

Demographic Information (child's age, gender, grade)

Relevant Family Information, including the identified caregiver to participate in TF-CBT

Brief Treatment History

Reason for Referral for TF-CBT, including brief trauma history

Assessment Results (Trauma Screen, CPSS, MFQ, other?)

Diagnosis and Medications

Current symptoms, including any behavior problems

Use of TF-CBT

- PRACTICE Components completed
- Successes
- Challenges

Plans for next session?

What is your primary challenge/question for supervision/consultation today?

Activity 3: Behavioral Rehearsal: Cognitive Coping & Processing

Instructions

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

Case Background

Joanna is a 15-year old girl who has been in treatment for 5 weeks. The initial intake and results from standardized measures indicate that she has clinically significant symptoms of Posttraumatic Stress Disorder (PTSD). Joanna lives with her mom and younger sister, Torrie. Joanna was at school the day of the shooting and knew two of the kids who were fatally shot. She has also experienced a lot of bullying at school over the past year.

At the time of the initial intake, Joanna's mom reported that Joanna has nightmares about three times a week, is afraid when she is reminded of the violence, like hearing cars backfire and loud sirens (reminds her of the shooting). When she hears these noises, her heart races and she feels scared. She often wants her mom to talk to her while she is trying to go to sleep. Joanna tells you that one of her biggest problems is that she cannot stop thinking about the shooting and that she feels 'nervous and scared' nearly all the time. Joanna tells you "I just want to get over it. I want to feel normal again." Joanna has shared with you that she loves art and that she spends a lot of her free time drawing and writing poetry. She says drawing and writing are two things that make her feel a little better and take her mind off of what she had witnessed.

In this session, the client's 5th therapy session, the therapist will teach Joanna the cognitive triangle.

Goal: Use the cognitive triangle to explain:

- How thoughts, feelings, and behaviors are connected
- How changing thoughts can change feelings and behaviors
- How changing behavior can change feelings and thoughts

Therapist Role: Please demonstrate how you would teach the cognitive triangle to Joanna.

Tips for the Therapist:

- Use an everyday example or situation (e.g. drawing) to teach the triangle to Joanna and show her how her thoughts, feelings and behaviors are connected
- Help Joanna understand how doing something different or thinking differently can change feelings and behaviors.
- If you are unsure of how to proceed, just do the best you can (i.e., how you would normally work with a child with PTSD symptoms.)

Supervisor Role: Observe and complete the Adherence Checklist

Adherence Checklist – Introducing the Cognitive Triangle

Did the therapist provide a rationale for activity?

- Yes
- No

Did the therapist draw a picture of the cognitive triangle?

- Yes
- No

Did the therapist explain that the way we think about things affects the way we feel and behave?

- Yes
- No

Did the therapist explain that we can't change the way we feel; that the focus is on changing the way we **think** about a situation/event and/or the way we **behave** (or respond to that event?)?

- Yes
- No

Did the therapist introduce a 'real-life' non-trauma example to explain the connections between thoughts, feelings and behaviors? (e.g., bad grade on a test; kids laughing in the lunchroom; a friend 'ignoring' them in the hallway?)

- Yes
- No

Did the therapist discuss how to practice this at home?

- Yes
- No

Overall, how skillful was the clinician's performance in teaching the child the cognitive triangle:

1	2	3	4	5	6	7	8	9	10
not well									Very Well

Activity 4: TN AVOIDANCE – Pair Share Activity

Joanna has been regularly attending therapy sessions, which have focused on PRAC skills. In supervision, the therapist tells you that she is concerned about *damaging* the client because she isn't 'ready' to talk about what happened. She worries that the client will become extremely distressed and that she won't be able to handle talking about it. She has asked the client to let her know when she is ready to talk about what happened.

How do you proceed in supervision? (*Tips: how do you overcome therapist avoidance? What strategies will you use in supervision to address this?*)

Break into pairs (i.e., one person plays the role of the supervisor and the other is the therapist) and practice how you will address these issues with the therapist in supervision.

Therapist Identifier:_____

TF-CBT Brief Practice Checklist

TF-CBT Treatment Component	Session #:	1	2	3	4	5	6	7	8	9	10
	Date:	/	/	/	/	/	/	/	/	/	/
Caregiver participation: Therapist met (face-to-face or via telephone) with caregiver for 15 minutes or longer.											
P: Therapist provided psycho-education (e.g., directive education about the traumatic event, normal reactions to trauma, and instills hope.)											
Made normalizing and validating statements.											
Reviewed limits of confidentiality.											
Laid out components of TF-CBT, and the length of treatment time.											
Engaged family (e.g., found out what child liked, what motivates the family, worked out problems they might have with transport…etc.)											
P: Therapist reviewed skills (e.g., time out, selective attention, praise, reinforcement plans.)											
R: Therapist explained physiology of relaxation; instructed on relaxation methods											
A: Therapist assisted the child in accurately identifying their feelings, and various ways of regulating their emotions (e.g., imagery, thought stopping, positive self-talk.)											
Named variety of feelings (positive, negative, in youth's words)											
Linked feelings to situations											
Linked feelings to feelings in body and/or facial expressions											
Reviewed intensity of certain feelings and ways to rate their intensity											
Developed ways to talk about feelings (e.g., colors, animals, music)											
Talked about feelings related to a traumatic event											
C: Therapist reviewed the cognitive triangle.											
Distinguished between thoughts, feelings and actions											
Educated child on connection between thoughts, feelings and actions											
Helped the child generate alternative thoughts that are more accurate or helpful, in order to feel differently.											
Reviewed cognitive triangle related to a traumatic event.											
T: Therapist worked on a trauma narrative with the child.											
Introduced rationale for trauma narrative											
Initiated trauma narrative (e.g. started with introduction or innocuous information about child/family; title page, timeline and/or table of contents											
Recorded the details of the traumatic events											
Asked about thoughts and feelings throughout the narrative											
Worked to modify cognitive distortions throughout the narrative.											
Reviewed the trauma narrative at the beginning of each TN session											
Did final chapter on "what they've learned, how they grew…"											
Read the trauma narrative to a caregiver/supportive adult											
I: Therapist developed an in-vivo desensitization plan to resolve avoidant behaviors.											
C: Conjoint child-parent session: sharing trauma narrative with parent/caregiver											
Prepared child and caregiver separately (e.g. re-read TN, developed questions for joint session)											
Praised the child/caregiver											
E: Therapist addressed child's sense of safety; developed a safety plan (if needed).											
E: Therapist taught problem-solving skills and/or social skills as needed by the child.											
General Therapeutic Practices											
Welcomed, check-in											
Suggested an activity during the week											

TF-CBT Treatment Component	Session #:	11	12	13	14	15	16	17	18	19	20
	Date:	/	/	/	/	/	/	/	/	/	/
Caregiver participation: Therapist met (face-to-face or via telephone) with caregiver for 15 minutes or longer.											
P: Therapist provided psycho-education (e.g., directive education about the traumatic event, normal reactions to trauma, and instills hope.)											
Made normalizing and validating statements.											
Reviewed limits of confidentiality.											
Laid out components of TF-CBT, and the length of treatment time.											
Engaged family (e.g., found out what child liked, what motivates the family, worked out problems they might have with transport…etc.)											
P: Therapist reviewed skills (e.g., time out, selective attention, praise, reinforcement plans.)											
R: Therapist explained physiology of relaxation; instructed on relaxation methods											
A: Therapist assisted the child in accurately identifying their feelings, and various ways of regulating their emotions (e.g., imagery, thought stopping, positive self-talk.)											
Named variety of feelings (positive, negative, in youth's words)											
Linked feelings to situations											
Linked feelings to feelings in body and/or facial expressions											
Reviewed intensity of certain feelings and ways to rate their intensity											
Developed ways to talk about feelings (e.g., colors, animals, music)											
Talked about feelings related to a traumatic event											
C: Therapist reviewed the cognitive triangle.											
Distinguished between thoughts, feelings and actions											
Educated child on connection between thoughts, feelings and actions											
Helped the child generate alternative thoughts that are more accurate or helpful, in order to feel differently.											
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Initiated trauma narrative (e.g. started with introduction or innocuous information about child/family; title page, timeline and/or table of contents											
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Asked about thoughts and feelings throughout the narrative											
Worked to modify cognitive distortions throughout the narrative.											
Reviewed the trauma narrative at the beginning of each TN session											
Did final chapter on "what they've learned, how they grew…"											
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E: Therapist addressed child's sense of safety; developed a safety plan (if needed).											
E: Therapist taught problem-solving skills and/or social skills as needed by the child.											
General Therapeutic Practices											
Welcomed, check-in											
Suggested an activity during the week											

Citation: March 2008 Adapted by Murray, Epstein, Cohen & Mannarino from Deblinger, E, Cohen, J, Mannarino, A, Murray, L, and Epstein,C. (2007). TF-CBT Brief Practice Checklist.

TF-CBT Case Monitoring Form -- II

Client: _____

Therapist: _____ **Broker:** _____

Therapy Week	Date	Child Engaged	Caregiver Engaged	TF-CBT Focus Component(s) (PPRACTICE & GE)	Progress Rating
0				Intake Assessment	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Outcome Scores

Time	Date	Outcome 1 Child	Outcome 1 Parent	Outcome 2 Child	Outcome 2 Parent	Outcome 3
Intake						
Interim 1						
Interim 2						
Post-Tx						
Change						

TF-CBT Case Monitoring Form Codes

Child/Caregiver Engaged

NAS No appointment was scheduled for this week
NSW Client did not come to scheduled appointment

1 Client came to session, but was not engaged
2 Client came to session, but was minimally engaged
3 Client came to session and was moderately engaged
4 Client came to session and was highly engaged
5 Client came to session and was extraordinarily engaged

Progress Rating

NAS No appointment was scheduled for this week
NSW Client did not come to scheduled appointment

1 Little progress was made on this treatment component this week
2 Some progress was made on this treatment component this week
3 A good bit of progress was made on this treatment component this week
4 Significant progress was made on this treatment component this week
5 Extraordinary progress was made on this treatment component this week

TF-CBT PRACTICE Components

Psychoeducation
Parenting skills
Relaxation
Affective modulation
Cognitive coping and processing
Trauma narrative
In vivo mastery of trauma reminders
Conjoint child-parent sessions
Enhancing future safety and development

Other Codes

GE Some form of Gradual Exposure (GE) was used in this session
COW A Crisis of the Week (COW) interrupted the delivery of TF-CBT this week

25 Ways to Infuse New Life into Evidence-based Supervision

1. Celebrate successes. For example, have supervisees bring in completed narratives to supervision. For consultation calls, have trainees read parts of their narratives, even if the group cannot "see" the completed product.
2. Set an agenda for supervision meetings and follow it (parallel process to TF-CBT sessions). Okay, so this one doesn't sound so exciting…but supervisees and supervisors feel satisfaction from making sure that all agenda items get addressed.
3. Set an agenda for weekly meetings, based on supervisees' interests and needs, send out to the group and follow it.
4. Introduce the feedback sandwich for providing feedback to supervisees and to the supervisor. Bread: Something the clinician/supervisor did well. Meat: Something that the clinician/supervisor could improve (one to grow on!). Bread: Another thing the clinician/ supervisor did well.
5. Tune into the therapist before launching in! Is the therapist primarily interested in receiving a) support/empathy (from you or the group) b) new strategies/ approach/ technique, c) case conceptualization help, d) Tools/logistical support (e.g., a measure, scoring information, interpretation, workbook)? Try to provide them with what they are looking for in addition to what you think they need!
6. Consider the following before offering supervisees' solutions (*similar to the steps for teaching cognitive restructuring):
    a. Where do you think the therapist "should be"? Where are you trying to move them (i.e., what do you think the therapist should consider in the case for the next session? what are they missing w/ regard to information or tools they need to guide them).
    b. How can you get them there? What questions can you ask them/or information can you provide to help them arrive there themselves?
7. Bring in an audiotape or a videotape of you doing TF-CBT (or other evidence-based treatment, for supervision of other models). With supervisees, notice/discuss things that went well, notice areas for improvement (apply feedback sandwich approach to you!).
8. Set aside part of supervision for something 'didactic' to advance supervisee learning. One possibility for a supervision agenda: 20-25 minutes on didactic, the rest of the hour meeting on cases. On consultation calls, fill in the "gaps" with relevant didactic material and follow up with a "practice opportunity" (e.g., role play, round robin).
9. Introduce role plays. Go component by component. The supervisor may have to volunteer first.
10. If you can't get volunteers, bring in food. Chocolate works well to motivate volunteering, and makes volunteering 'acceptable.'
11. Start a 'journal club' focus for part of supervision. Supervisees or the supervisor brings in the abstracts of relevant articles and gives a quick overview.

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12. Include a ‘book club’ part to supervision. Have supervisees bring in and ‘review’ books or chapters/segments of readings that they have found helpful in doing TFCBT. Have supervisees run off a couple pages for others (e.g., Peaceful Piggy Meditating (mindfulness for young kids), Strong at the Heart (narrative examples for adolescents), the TF-CBT Workbook.
13. Focus on an age group that is difficult for supervisees: young kids, adolescents.
14. Have a supervisee/supervisor lead a mindfulness exercise. Discuss how it feels, what it is like.
15. Bring in ‘star power.’ Ask someone (usually someone from the developer’s groups or the TF-CBT Train-the-Trainer group) to join your supervision by phone or in person to address a particular topic of interest.
16. Have someone take notes on a laptop and then email to the group to share and concretize learning.
17. Join with another Learning Collaborative or clinical team (by phone) to do peer supervision of cases for one week or to discuss supervision ideas.
18. Have a clinician volunteer to have sessions taped (audio or video). The supervisor listens to these tapes and the group follows this one case closely.
19. Even better, make the tape available to the group—everyone watches it and then benefits from the feedback to the clinician doing the work.
20. Have a couple of clinicians tape their sessions and bring in a segment that illustrates successes or struggles.
21. Go through the TF-CBT book chapter by chapter; each week assign someone a chapter and have them give the group an overview.
22. Have the group go through TF-CBTWeb2.0 to review the components, watch a video together, and have a discussion. A next step would be to follow-up with a “live practice” of what was modeled in the videos.
23. As a group, or individually, view or listen to an archived presentation on You-Tube or go to www.nctsn.org for resources on TF-CBT and related topics (e.g., trauma-focused interventions in juvenile justice system settings; developmental disabilities, implementation in residential treatment settings, cultural considerations, etc.).
24. Take time periodically to “check-in” with supervisees regarding vicarious traumatization. Talk about the positive and negative impact of this type of trauma work on their personal life. Discuss ways to provide self-care and coping, if supervisees are experiencing any negative effects/symptoms.
25. Regularly check in with supervisees’ that supervision/consultation (mode, content, approach) is meeting their personal goals for building knowledge, skills, techniques, etc.