



# TF-CBT Treatment Components: PRACTICE

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## P: Psychoeducation

The therapist provides the child and the caregiver with education about the prevalence of abuse or other traumatic events the child may have experienced (“You are not alone.”), normal reactions to abuse and trauma (“You are not weird or strange to feel these things.”), and the benefits of treatment (“You will get better.”) The therapist seeks to instill hope and positive expectations about the outcome of therapy. Psychoeducation begins very early in treatment, and continues throughout the treatment process.

**Goals:** Psychoeducation helps to normalize the child’s and parent’s responses to the traumatic event and helps to reinforce accurate cognitions about what occurred.

Information provision often involves:

- ▶ facts about different types of trauma and abuse (prevalence, frequency)
- ▶ common psychosocial and behavioral reactions following abuse
- ▶ common symptoms and diagnoses related to traumatic events
- ▶ why this type of trauma occurs
- ▶ why children may not like to talk about traumatic events
- ▶ offender motives
- ▶ issues related to abuse disclosure
- ▶ clarify myths and misinformation

The kind of information provided to the child varies according the type of abuse or traumatic events that was experienced, and according to the child's age and developmental abilities.

Following a traumatic event, children and caregivers may feel confused, guilty, or “crazy.”

Psychoeducation provides another way to target faulty or maladaptive beliefs by helping to normalize thoughts and feelings about the traumatic experience(s). Psychoeducation also involves providing information about how the treatment process will go. Parents and children don't really know what to expect from therapy. Educating them about the collaborative philosophy of treatment and the kinds of things they will be asked to do is a good way of getting their cooperation and engagement in therapy.

## P: Parenting Skills

Therapists teach caregivers effective strategies for managing child behavioral problems, such as disruptive, aggressive, or non-compliant behavior, or fears, sleep problems, and inappropriate sexual behaviors. Providing parents with skills is important because child victimization often results in behavior problems. Parents of abused and traumatized children often have poor parenting skills or they may feel guilty about disciplining their children who have experienced trauma.

**Goals:** To decrease any unhealthy, ineffective, or unsafe discipline techniques and increase use of positive, effective, and safe discipline strategies for child behavior problems. When used correctly, these tools should increase positive behavior, decrease behavior problems, and improve the parent-child relationship.

Some of the parenting skills typically taught to caregivers include:

- ▶ Importance of praise
- ▶ Use of selective attention and active ignoring
- ▶ Education about children’s abilities at different developmental stages in order for parents to have reasonable expectations of children
- ▶ Use of logical and appropriate consequences
- ▶ Using behavior charts and contingency reinforcement programs
- ▶ Appropriate use of Time Out
- ▶ Importance of consistency, predictability, and follow through

Therapists teach, assign, coach, and reinforce these parenting skills throughout treatment. Therapists practice these skills with parents to prepare them to use these strategies effectively in the home, neighborhood, supermarket, and elsewhere.

## R: Relaxation

The therapist teaches the child and the caregiver a set of relaxation skills to help them manage the physiological symptoms of fear and anxiety. Having the body physiologically relax reduces the child's perceptions of fear and anxiety and encourages a sense of empowerment and mastery over symptoms.

**Goals:** Enable the child to use specific skills to reduce physiologic manifestations of fear, anxiety, stress and PTSD.

The therapist explains the body's responses to stress (e.g., shallow rapid breathing, rapid heart beat, muscle tension, sweating, headache and body aches, stomach pain, "butterflies") and the physiology of how relaxation works to counteract these physiological sensations. The therapist explains the difference between normal and adaptive fear and anxiety responses and traumatic stress reactions. The therapist teaches the child specific methods of relaxation. All methods of teaching relaxation skills are tailored to developmental level of child.

Relaxation skills may include:

- ▶ Focused or Controlled Breathing
- ▶ Progressive muscle relaxation
- ▶ Pleasant imagery
- ▶ Calming words and response
- ▶ Mindfulness or meditation skills
- ▶ Other calming activities for child (e.g., listening to music, creating relaxation songs, prayer)

Children may teach their caregivers the relaxation skills in conjoint sessions. Children and caregivers are asked to practice the skills at home, in school, and elsewhere in between sessions.

## A: Affective Expression and Modulation

Children who have experienced traumatic events may experience intense levels of negative emotion, such as sadness, anger, fear, anxiety, guilt, shame, and disgust. They may have difficulties identifying, understanding, expressing, and regulating their feelings, particularly negative feelings. Similarly, caregivers often experience a range of difficult emotions following a traumatic event, and they may need help learning how to express and regulate their emotions in a healthy manner.

**Goals:** To help children and caregivers learn the skills necessary to accurately identify, process, express, and regulate emotions, particularly negative emotions. To help children and caregivers understand healthy vs. unhealthy or maladaptive forms of emotional expression.

The therapist helps the child and caregiver understand and learn the basic skills of emotional regulation. These skills are then applied to emotions associated with the abuse and trauma.

Teaching affect expression and modulation involves:

- ▶ Learning to correctly identify and label a range of positive and negative emotions
- ▶ Learning to accept all feelings as a normal part of life
- ▶ Understanding the causes and consequences of emotion
- ▶ Understanding how a range of negative feelings often get expressed as anger
- ▶ Learning and practicing appropriate ways to express a range of feelings
- ▶ Identifying trauma-related feelings and learning strategies to manage these feelings
- ▶ Learning self-soothing techniques
- ▶ Learning how to stop inappropriate behavior as a way of expressing negative emotion
- ▶ Learning how to increase the experience of positive emotions
- ▶ Using positive self-talk, thought stopping, positive imagery
- ▶ Enhancing social skills and problem solving

## C: Cognitive Coping and Processing

The therapist explains the connections between thoughts, feelings, and behavior, and teaches a variety of techniques that encourage the child and caregiver to explore specific thoughts related to the traumatic event and how they are connected to specific feelings and behaviors.

**Goals:** To teach the child and caregiver methods for identifying and altering cognitions (i.e., thoughts) related to the traumatic event that are leading to distressing feelings and behaviors and replace them with appropriate thoughts that will improve their functioning.

Steps Involved:

- ▶ Therapist teaches children and caregivers about the connection between thoughts, feelings, and behaviors. They often use an approach called the “**cognitive triangle.**” After a event, one has thoughts that lead to particular feelings which then motivate behaviors.
- ▶ Children and caregivers learn how to identify thoughts associated with abuse or traumatic events and understand their connections to negative feelings and problem behaviors.
- ▶ Therapist teaches child and caregiver how to identify “thinking mistakes.” These are inaccurate, maladaptive, and unhelpful thoughts that lead to negative feelings and inappropriate behaviors.
- ▶ Children and caregivers learn to challenge the thinking mistakes and replace them with accurate, helpful, and adaptive thoughts that lead to appropriate feelings and behaviors.

The therapist teaches the child and caregiver to manage distressing thoughts using techniques such as:

- ▶ Getting accurate information
- ▶ Challenging negative thoughts
- ▶ Using positive self-statements
- ▶ Planned distraction
- ▶ Mindfulness
- ▶ Use of supportive adults to provide accurate information

The therapist helps the child and caregiver develop the skills to generate alternative thoughts that are more accurate or helpful, in order to feel differently. All techniques are adapted to the age and developmental skills of the child.

## **T: Trauma Narrative**

The therapist helps the child create a story, or narrative, of the traumatic events that will help them better manage the negative thoughts and feelings associated with the trauma. Developing the trauma narrative is a form of gradual exposure therapy that allows the child to experience the negative feelings associated with the trauma in small doses in a safe, controlled environment. This process allows the child to learn to cope with and manage the feelings associated with the trauma, resolve them, and incorporate them into their life, rather than avoid the feelings.

Therapists may use a variety of devices and structured activities to complete the Trauma Narrative, depending on the age, developmental abilities, and interests of the child. These may include writing a book, drawing a set of pictures, writing poems or writing songs that describe the traumatic event(s) and the child’s reactions.

**Goals:** The goal of the Trauma Narrative is help the child approach rather than avoid negative feelings associated with the traumatic events and to reduce the intensity of overwhelming negative emotions such as fear, anxiety, helplessness, guilt, and shame.

Using the Trauma Narrative, children learn how to talk about the traumatic event without feeling overwhelmed or overly distressed. By repeatedly exposing children to memories and thoughts of the abuse and the feelings associated with it, they gain a sense of mastery and control over the trauma.

Steps involved:

- ▶ The therapist describes the rationale for creating the Trauma Narrative to the child and caregiver. In simple language, they are told about how gradual, repeated exposure to the feelings associated with the trauma, coupled with use of the coping methods they have been taught, will reduce the power and intensity of the feelings and enable them to gain mastery over them. They will be able to think about and talk about the traumatic event without feeling overwhelmed by emotion.
- ▶ Over the course of several sessions, the child constructs a book, story, song, poem, set of pictures, or other concrete device that describes in detail the abuse and the child’s reactions.

- ▶ While developing the Trauma Narrative, the child is encouraged to repeatedly experience the feelings associated with the abuse and apply the coping skills they have been taught previously. The child is asked to describe more and more details of what happened before, during, and after the traumatic event(s), as well as her thoughts, feelings, and behaviors during these times.
- ▶ Trauma-specific cognitive coping and processing is an important part of this component. The therapist helps the child modify thinking errors as they come up throughout the creation of the narrative.
- ▶ The therapist prepares the parent or caregiver to listen to the Trauma Narrative and respond to the child in a supportive manner.
- ▶ The therapist and the child share the Trauma Narrative with the caregiver.

At the end of the Trauma Narrative component, children and caregivers should have the necessary skills to talk about the abuse with each other without overwhelming emotion and with a high level of support. The Trauma Narrative is a critical component of treatment and a central and necessary component of TF-CBT.

## I: *In-vivo* Exposure

***In-vivo exposure*** means that the child is gradually and repeatedly placed in closer and closer contact with a feared object or activity in real life. This is in contrast to ***covert exposure*** where the child remembers, thinks about and talks about a feared object or activity, but it is not really there. For example, a child may be afraid of dogs after a dog bite. The child may first be shown a picture of a dog until they can tolerate it. Then they may look at a live dog through a window. They be in a backyard with a dog. Finally they will be asked to pet the dog. All the while they are using their coping skills to manage the anxiety of each step.

Some abused and traumatized children develop specific fears that interfere with their ability to function. Some fears may be clearly linked to the abusive events (e.g., afraid to go into the bedroom where they were sexually abused) while others may not (e.g., fears of bathing, going to school, sleeping alone in bed). They may avoid people, places, or objects that appear innocent, but that in the child's mind might be in some way associated with the traumatic event. These are often called "traumatic reminders."

**Goals:** To help the child reduce and master their fears and enable them to function appropriately around people, places, things, or activities that may be associated with the abusive or traumatic events.

In these situations, with the help of a caregiver, the therapist develops an *in-vivo* desensitization plan to resolve avoidant behaviors. The therapist generates a set of things that the child is gradually exposed to in real life. These can include objects, people, places, situations, activities, or information that reminds the child of the abuse. Exposure occurs in the context of a safe and supportive therapeutic environment. The exposure sessions are gradual in nature and involve situations that get closer and closer to the feared objects. All the while the child is encouraged to use their coping skills. During exposure exercises, children are exposed only to stimuli that are objectively harmless. Over time, the child learns to cope with the situation and fear is greatly reduced.

## C: Conjoint Child-Parent Sessions

Therapy with children should always involve considerable participation by the parent or caregiver in order to maximize the durability of therapeutic gains. In conjoint sessions, child and parent meet with the therapist for the therapeutic activities. All components of TF-CBT involve heavy use of conjoint sessions. Conjoint sessions might be used for many reasons related to the treatment components, including reviewing educational information, having the child teach the parent a new technique or skill learned from the therapist, or sharing the child's trauma narrative. All conjoint sessions are used to help the parent and child engage in more open, positive communication and build a sense of support for the child. The therapist will use clinical judgment to evaluate the child's and the caregiver's readiness to participate in conjoint sessions. Some caregivers may require considerable work before they are ready to provide the needed level of support for the child.

**Goals:** Promote positive, healthy communication between caregivers and children about the traumatic events and the child's reactions. Enhance child's comfort in talking directly with the caregiver about the

traumatic experience and any other issues the child may want to address. Help parents to develop skills for responding appropriately when children discuss traumatic events. Promote a healthy parent-child relationship that can sustain the gains made by the child in therapy.

Conjoint sessions about the trauma typically occur after the child has completed the Trauma Narrative. These sessions facilitate open communication about:

- ▶ Trauma knowledge and education
- ▶ Sharing the trauma narrative
- ▶ Feelings
- ▶ Sex education
- ▶ Personal safety

The therapist explores what caregiver knows about the traumatic event and encourages caregiver's emotional reactions. The therapist models appropriate support of the child and teaches the parent how to make supportive comments to child about the trauma. The therapist role-plays and practices with caregiver until caregiver models skillful coping and supportive response (e.g., emotionally calm and in control, offers praise and support, provides helpful suggestions).

Conjoint sessions are designed to help the caregiver and child learn to talk about difficult topics, such as the abuse. They also encourage a spirit of support and problem-solving. These skills will enable the caregiver to help the child continue to make improvements when therapy ends.

## **E: Enhancing Future Safety and Development**

In the final stage of therapy, the therapist addresses the child's sense of safety for the future. In collaboration with the caregiver, the therapist teaches general safety skills and personal safety skills. Often these procedures are done in conjoint parent-child sessions, but may also be done individually if necessary.

**Goals:** To identify points of potential danger for the child in the future. To identify fears the child may have for their future safety. To help the child build the skills necessary to keep safe in the future. To develop safety plans for specific areas of danger or fear.

Safety skills training involves:

- ▶ Teaching the child about possible dangers in the environment, enhancing awareness, and developing a safety plan (if needed)
- ▶ Helping the child learn the skills necessary to identify potentially dangerous situations
- ▶ Teaching child how to communicate effectively with others about scary or confusing experiences
- ▶ Helping the child understand who they can rely upon to help them in dangerous situations
- ▶ Identifying resources the child can access when they encounter dangerous situations

Personal safety skills training may involve:

- ▶ Improving problem solving skills in stressful situations
- ▶ Teaching children assertiveness skills and confident body language when faced with potentially unsafe situations
- ▶ body awareness
- ▶ sex education
- ▶ Education about healthy sexuality and how to distinguish between okay and not okay touches
- ▶ For children exposed to domestic violence, physical abuse, and community violence, may include education about bullying, conflict resolution, etc.

Skill building aims to reduce children's risk of future victimization and may enhance feelings of self-efficacy in facing potential future life stressors.

Information should be adapted to the special needs of the child, their age, and their developmental abilities.