

# TF-CBT Treatment Components Summary

## PRACTICE

### P: Psychoeducation

Therapists provide children and caregivers with education about the prevalence of traumatic events they may have experienced (“You are not alone”), normal reactions to trauma (“You are not weird or strange to feel these things”), and the benefits of effective treatment (“You will get better”). Therapists seek to instill hope and positive expectations about the outcome of therapy.

Psychoeducation is a first step of treatment. Therapists immediately provide useful information and reinforce ideas frequently throughout the treatment process.

**Goals:** Psychoeducation helps to normalize responses by children and caregivers to traumatic events and support accurate cognitions about what occurred.

Information provided may include:

- ▶ facts about different types of trauma and abuse (prevalence, frequency)
- ▶ common psychosocial and behavioral reactions following a trauma
- ▶ common symptoms and diagnosis 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
- ▶ body awareness
- ▶ sex education

Information provided to children varies according the types of traumatic events experienced and their age and developmental level.

Providing children with accurate information helps to correct inappropriate information children may have been told by perpetrators or others, or came to believe on their own. Following a traumatic event, children and caregivers often 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 experiences.

Psychoeducation also involves providing information about TF-CBT and the treatment process. Most caregivers and children do not really know what to expect in therapy and some may have had poor experiences with the mental health system in the past. Educating them about the topics such as the collaborative philosophy of TF-CBT, treatment goals related to facing up to and resolving past traumatic experiences, and treatment parameters such as duration, session length and structure, and therapy activities is critical to successful engagement.

### P: Parenting Skills

Therapists teach caregivers effective parenting strategies to improve their ability to manage child behavior problems and increase functional behavior. Treatment targets often include disruptive, aggressive, and non-compliant behavior; fears; sleep problems; or inappropriate sexual behaviors. Providing caregivers with skills is important because common consequences of child victimization include disruptive, aggressive, and non-compliant behavior. Caregivers may feel guilty about disciplining children who have experienced traumatic events.

**Goals:** To decrease unhealthy, ineffective or unsafe 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 abilities at different developmental stages in order for the parent to have reasonable developmental expectations of the child
- ▶ Using behavior charts, contingency reinforcement programs and other effective reward and punishment techniques
- ▶ 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 caregivers to prepare them to use these strategies effectively in the home, neighborhood, community, and elsewhere.

## R: Relaxation

Therapists teach children and caregivers a set of relaxation skills to help them manage the physiological symptoms of fear and anxiety. Having the body physiologically relax reduces children's perceptions of fear and anxiety and encourages a sense of empowerment, control, and mastery over symptoms.

**Goals:** Enable children to use specific skills to reduce physiologic manifestations of fear, anxiety, stress, and physiological arousal.

Therapists explain the body's responses to stress (e.g., shallow rapid breathing, rapid heartbeat, muscle tension, sweating, headache and body aches, stomach pain, "butterflies") and how relaxation works to counteract these bodily sensations. Therapists explain the difference between useful and adaptive fear and anxiety responses and unhelpful traumatic stress reactions.

Therapists teach children specific methods of relaxation tailored to developmental level of child.

Common relaxation skills may include:

- ▶ Focused or Controlled Breathing ("belly breathing")
- ▶ Progressive Muscle Relaxation (PMR)
- ▶ Pleasant imagery
- ▶ Mindfulness or meditation skills
- ▶ Other calming activities (e.g., listening to relaxing music, creating relaxation songs, prayer)

In conjoint sessions, children teach their caregivers the relaxation skills learned. Children and caregivers practice and use the relaxation skills at home, in school, and elsewhere in between sessions.

## A: Affect Identification and Regulation

Children who have experienced traumatic events often experience intense levels of sadness, anger, fear, anxiety, guilt, shame, and disgust. They may have difficulties identifying, labeling, understanding, expressing, and effectively regulating their feelings, particularly negative feelings. Similarly, caregivers often experience a range of difficult emotions after their children have experienced traumatic events. They, too, may need help learning how to identify, label, express and regulate their own emotions in a healthy manner and how to help their children regulate their emotions.

**Goals:** To help children and caregivers learn the skills necessary to accurately identify, label, 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 applied to emotions associated with the abuse and other traumatic events.

Teaching affect expression and modulation involves:

- ▶ Learning to correctly identify and label a range of positive and negative emotions to build an emotional vocabulary
- ▶ Understanding the causes and consequences of emotion
- ▶ 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 increase the experience of positive emotions
- ▶ Enhancing social skills and problem solving

## C: Cognitive Coping

Therapists explain to children and caregivers the connections between thoughts, feelings, and behavior. Many techniques are used to help them understand these connections and apply them to specific situations in their lives, including traumatic events.

**Goals:** To teach children and caregivers methods for identifying specific thoughts that to distressing feelings and problematic behaviors. To teach them how to challenge inaccurate and unhelpful thoughts and replace them with accurate and helpful ones that lead to more positive feelings and functional behavior.

Steps Involved:

- ▶ Therapists teach children and caregivers about the connections between thoughts, feelings, and behaviors. They often use an approach called the "Cognitive Triangle" which visually depicts the relationships between thoughts, feelings and behaviors.
- ▶ Children and caregivers learn how to identify thoughts associated with specific activating events in their lives, including traumatic events, and understand their connections to negative feelings and problem behaviors.
- ▶ Therapists teach children and caregivers 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 helpful and functional feelings and behaviors.

Therapists teach children and caregivers to manage distressing thoughts using techniques such as:

- ▶ Getting accurate information, are thoughts true or false?
- ▶ Challenging negative thoughts and identifying alternative replacement thoughts
- ▶ Replacing challenged thoughts with helpful ones
- ▶ Building cognitive flexibility skills

Therapists help children and caregivers develop the necessary skills to identify inaccurate or unhelpful thoughts, challenge them successfully, and generate alternative thoughts that are more accurate or helpful in order to feel differently. All techniques should be adapted to the age and developmental skills of the children. Even very young children can distinguish between thoughts and feelings and understand the connection between them.

## T: Trauma Narration and Processing

Therapists help children create a story, or narrative, of the traumatic events that will help them approach rather than avoid memories, thoughts, and feelings associated with the traumatic experiences, process them and reduce trauma-related problems. Developing the trauma narrative is a form of gradual exposure therapy that allows children to experience repeatedly the negative feelings associated with the traumatic events in small doses in a safe, controlled, therapeutic environment. This process allows children to learn to experience, process, and reduce the negative thoughts and feelings associated with the traumatic events; resolve them; and incorporate them into their life.

Therapists use a variety of techniques and structured activities to complete the Trauma Narrative, depending on the age, developmental abilities, and interests of children. Approaches may include writing a chapter book, drawing a set of pictures with narration, writing poems or composing songs that describe the traumatic event(s) and the child's reactions.

**Goals:** The goals of the Trauma Narrative are to 1) help children approach rather than avoid negative thoughts and feelings associated with traumatic events; 2) eliminate or reduce to tolerable levels the intensity of overwhelming negative emotions such as fear, anxiety, helplessness, guilt, and shame; and 3) functionally incorporate the traumatic events into their life histories so they can move on with their lives.

In developing the Trauma Narrative, children learn how to think and talk about the traumatic events without feeling overly distressed. By repeatedly exposing children to memories and thoughts of abuse and other traumatic events and the feelings associated with them and properly processing them, they gain a sense of mastery and control over their experiences and their reactions.

Steps involved:

- Therapists describe the rationale for creating a Trauma Narrative to children and caregivers. In simple language, therapists explain about how gradual, repeated exposure to the memories, thoughts, and feelings associated with the traumatic events, coupled with use of the coping methods they learned in therapy, will reduce the power and intensity of the feelings and enable them to gain mastery over them.
- Over the course of several sessions, children construct books, songs, poems, sets of pictures, or other methods that describe in detail their exposure to traumatic events and reactions to them.
- While developing their narratives, children are encouraged to repeatedly experience the feelings associated with the abuse and apply the coping skills they learned in therapy.
- Trauma-specific cognitive coping and processing is an important part of this component. Therapists help children modify thinking errors or unhelpful thoughts as they come up during the creation and discussion of the narratives.
- Therapists prepare caregivers to listen to the narratives and respond to children in a supportive manner.
- Therapists help children share their narratives with their caregivers.

At the end of the Trauma Narrative component, children and caregivers should have the necessary skills to talk about abuse and other traumatic events 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* Mastery

Some abused and traumatized children develop specific fears of people, places, situations, sounds, smells, objects or other cues that are not dangerous. Some of these fears may be very clearly linked to the abusive or traumatic incidents (e.g., child is afraid to go into the bathroom where they were sexually abused) while others may not seem to be as closely linked, at least to the adults around the children (e.g., fears of going to school, sleeping alone in bed). Because of these fears, children may seek to avoid places, situations, or people that appear innocent, but that in the child's mind have

become in some way associated with the traumatic events. These cues often are called “traumatic reminders” or “triggers.”

This component uses *in-vivo* exposure methods to reduce children’s fear responses associated with specific cues or triggers. Children are helped to be in closer and closer physical proximity with the feared situation, object or other trigger while using their previously learned coping methods to reduce their fear level and gradually habituate to the cue. The child is exposed to approximations of the feared cue in real life (*in vivo*) and uses his coping skills to manage the fear at each step until it is reduced to acceptable levels.

**Goals:** To help children reduce and master their trauma-related fears and enable them to function appropriately around people, places, things, activities, or other triggers that may be associated with 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. With the caregiver and child, the therapist generates a set of situations involving the feared cues where the child is gradually exposed to them safely in real life. The exposure sessions are gradual; involve a set of situations that get closer and closer to the feared cues; and 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 situations and fear and avoidance behavior are greatly reduced.

## C: Conjoint Child-Parent Sessions

Although parent-child conjoint sessions can be used for many reasons in all aspects of TF-CBT treatment (e.g., reviewing educational information, having children teach caregivers new skills), this component is focused on the sharing of children’s trauma narratives with caregivers. Therapists should use clinical judgment to evaluate the readiness of children and the caregiver to participate in conjoint sessions, particularly when it is time to share the trauma narrative. 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 children’s comfort in talking directly with caregivers about their traumatic experiences and any other issues they may want to address. Help caregivers to develop skills for responding appropriately when children discuss traumatic events. Promote a healthy parent-child relationship that can sustain the gains made by children in therapy.

Conjoint sessions about the trauma typically occur after children have completed their Trauma Narratives. These sessions facilitate open communication about:

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

Prior to conjoint sessions sharing trauma narratives, therapists need to prepare caregivers for the experience. They should explore what caregivers know about the traumatic events and encourage caregiver emotional reactions outside of conjoint sessions. Therapists model appropriate support of children and teach caregivers how to make supportive comments to children about the trauma. Therapists often role-play with caregivers until caregivers can deliver skillful coping and supportive responses (e.g., be calm and in control, offer praise and support, provide helpful suggestions).

Conjoint sessions help caregivers and children learn to talk about difficult topics, such as abuse and traumatic events. They also encourage a spirit of support and problem-solving. These skills enable caregivers to help children continue to make improvements when therapy ends.

## E: Enhancing Safety and Future Development

In the final component of TF-CBT, therapists should address the children's sense of safety for the future. In collaboration with caregivers, therapists teach 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 children 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. To identify points in future development where past traumatic events may cause problems and need to be revisited.

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:

- ▶ Teaching children assertiveness skills and confident body language when faced with potentially unsafe situations
- ▶ Body awareness
- ▶ 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.