

# Overcoming Avoidance in Trauma-Focused Cognitive Behavioral Therapy

Alison Hendricks, LCSW

*Hendricks Consulting*

# Learning Objectives

Participants will:

1. Cite strategies for identifying and understanding avoidance in their clients
2. Identify challenges related to avoidance when implementing TF-CBT with children and families
3. State specific strategies for overcoming avoidance for successful TF-CBT implementation

# Post-Traumatic Stress Disorder

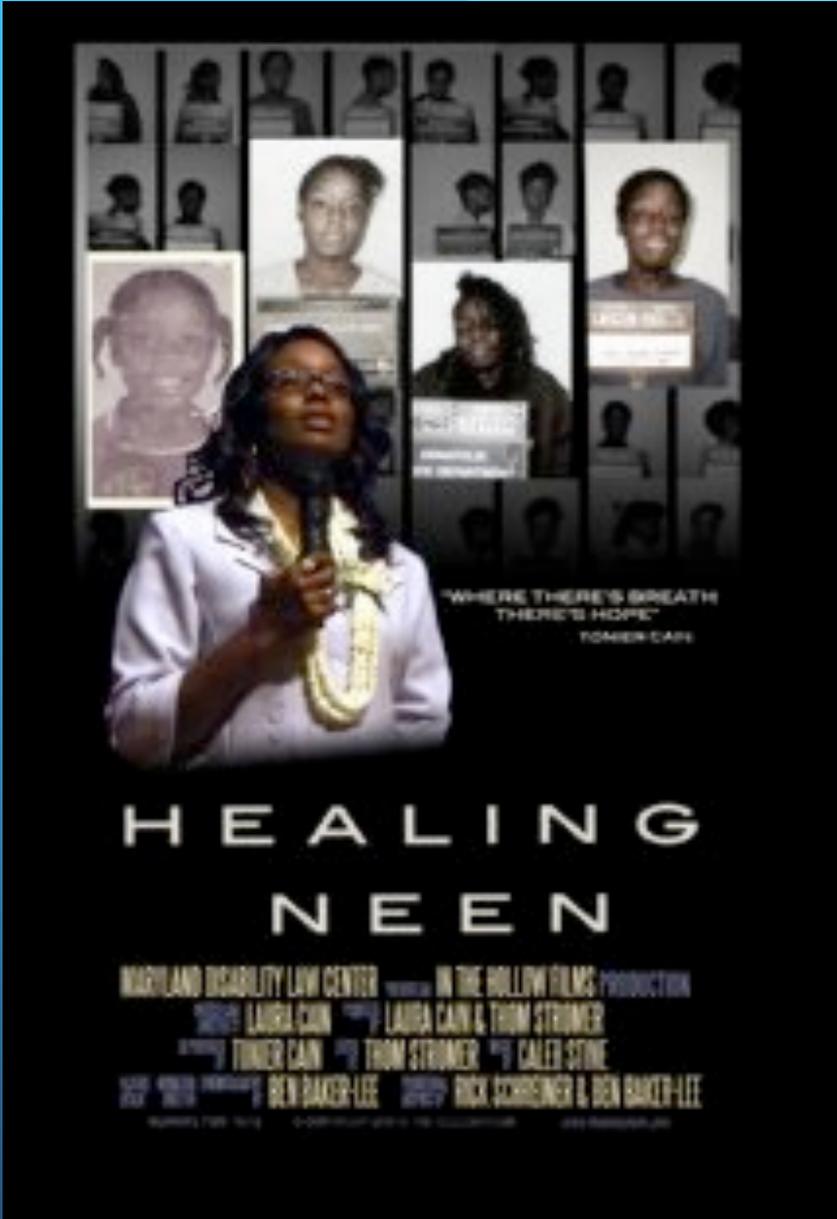
- Exposure to actual or threatened death, serious injury, or violation
  - Direct experience, witnessing, learning about event happening to a loved one, or repeated exposure to aversive details
- Persistent re-experiencing of the trauma
- Persistent avoidance of stimuli associated with the trauma
- **Negative alterations in cognitions and mood that are associated with the traumatic event**
- Persistent alterations in arousal and reactivity
- An individual must have symptoms in all four areas described above in order to receive a diagnosis of Post-Traumatic Stress Disorder (PTSD)

# PTSD Avoidance Symptoms

- Avoiding trauma reminders (people, places, things)
- Trying not to think about or have feelings about the trauma
- Emotional numbing

# Trauma Avoidance

- Purposes
- Effectiveness as a coping strategy
- Impact on emotional and physical health and well-being
  - Short-term
  - Long-term (Adverse Childhood Experiences Study)



# Why Do Children Avoid?

- To avoid painful feelings associated with the trauma
- Attempt to forget or pretend that the trauma never happened
- Fear of losing control or being overwhelmed
- Shame or embarrassment
- Negative past experiences related to telling or talking about the trauma
- Fear of negative ramifications

# Avoidance or Resilience?

- Children assert that trauma does not bother them
- Lack of observable functional impairment
- Internal distress can be hard to detect
- Avoidance coping is not healthy as a long-term strategy
- Can the child talk about the trauma in an appropriate, detailed manner?
- Does the child have significant distortions related to the trauma?
- Has the child already processed and made sense of the trauma on his/her own or with support?

# Challenges Related to Avoidance in TF-CBT

- Children avoid or resist therapy
- Children deny traumatic events
- Children express that the trauma does not bother them and deny or under-report symptoms
- Children have difficulty experiencing or describing emotions
- Children do not want to talk about the trauma or create a trauma narrative
- Children do not want to share narrative with caregivers
- Caregivers' avoidance impedes treatment and child's ability to address trauma
- Therapist avoidance

# Case Example: Emily

- Emily is a 6-year-old Caucasian girl who was sexually abused by her older stepbrother on multiple occasions. When she told her mom about the abuse, mom thought it was just Emily's active imagination and did not take protective measures. The abuse continued and Emily finally told a teacher at school. Child welfare services removed Emily from her mother's care, and she was placed in a non-relative foster home. She has weekly supervised visits with her mom.
- What might be some reasons why Emily might not want to talk about the sexual abuse?
- How could you address her concerns to overcome her avoidance in therapy?
- Could her foster mom also have some avoidance or concerns about being the supportive caregiver for Emily through the entire TF-CBT process?
- As the therapist, what factors might contribute to your own avoidance?

# Caregiver Avoidance

- Desensitization
- Desire to protect children from distress and retraumatization
- Attempt to avoid distress and guilt related to child's trauma
- Attempt to avoid thinking about their own traumas

# Understanding the Avoidance

- What is the child afraid might happen if s/he talks about the trauma?
- What have been the child's experiences so far related to telling about the trauma?
  - How did others react? Did they listen to and believe the child? Were they upset?
  - What memories and emotions were elicited for the child?
  - Did the child feel in control of the situation?
  - Were there any negative consequences for the child, family, or others?
- Are there any cultural issues underlying the avoidance?

# Strategies for Addressing Avoidance

- Psychoeducation about trauma and avoidance
- Gradual exposure
- Building safety and trust
- Offering opportunities for choice and control
- Teaching coping skills to manage distress
- Monitoring child's distress and ensuring that child does not become overwhelmed
- Doing a neutral or practice narrative
- Challenging distortions that impede child from doing narrative

# Gradual Exposure

- Psychoeducation: naming the trauma and talking about it in general terms
- Relaxation: client encouraged to use skills when reminded of trauma or when experiencing trauma-related distress
- Affect Expression and Regulation: talking about feelings related to the trauma and how to cope with those feelings
- Trauma Narrative: planning out and rating chapters so that child starts with easiest and gradually moves into more difficult parts

# Interventions to Overcome Avoidance

- Metaphors/Analogies
  - Beach ball
  - Cleaning out the wound
  - Bag of rocks
- Books: You've Got Dragons, Brave Bart/A Terrible Thing Happened
- Songs and videos
- Testimonials
- Listing pros and cons: talking about the trauma vs. not talking about the trauma

# Interventions to Overcome Avoidance (continued)

- “My other client” or best friend role play
- Challenging distortions underlying the avoidance
- Enlisting the help/support of caregivers
- Engaging client’s interests
- Offer choices
- Innovative ways to create narrative
- Starting with easy parts (“About Me”)

# Strategies for Overcoming Avoidance in Caregivers

- What are the caregiver's fears/worries?
- Cost benefit analysis
- Explore impact of caregiver avoidance on child
- The magic question: what would it be like to no longer have to avoid this issue?
- Eyes on the prize: long-term healing of child and family

# Case Example: Mark

- Mark is an 11-year-old African-American boy who lives with both parents. There is a long history of domestic violence between Mark's parents. Mom asserts that dad is no longer physically abusive to her, but emotional abuse is ongoing. Mark was referred to therapy by his teacher due to poor attention and aggressive behavior at school. Mom has been involved in therapy but minimizes the domestic violence and its impact on Mark.
- Why might mom avoid direct discussion of the trauma? How could you work with her to overcome any avoidance?
- What might be some concerns that you as the therapist might have that might contribute to avoiding direct discussion of the trauma?

# Therapist Avoidance

- What might contribute to our own trauma avoidance with clients and caregivers?
  - Child/caregiver discomfort and/or distress
  - Trauma/distress reminders for therapist
  - Concerns about lack of support for child
  - Feeling overwhelmed
  - Secondary traumatic stress

# Strategies for Overcoming Therapist Avoidance

- Reflective supervision - processing and using your own thoughts, feelings, and reactions
- What are your concerns?
- What are the benefits of gradual exposure vs. avoidance?
- What are the long-term costs of avoidance?
- If you are not addressing the traumas, what is your focus of treatment?
- Addressing your own Secondary Traumatic Stress - awareness and active coping strategies
- Utilizing supports and therapy to process any unresolved issues that may contribute to avoidance

# Case Example: Gabriella

- Gabriella is a 16-year-old Mexican-American female who has witnessed shootings and stabbings in her neighborhood and recently lost her father in a gang-related shooting. She lives with her mother and three younger siblings. Gabriella's mom is not coping well, and Gabriella is having to do a lot of the caretaking of her younger siblings. She has always been a good student but is now struggling in many of her classes.
- What might be some reasons why Gabriella would be avoidant regarding her father's death?
- How could you help her overcome her avoidance in therapy?
- How could you effectively address mom's avoidance to increase support for Gabriella?
- What might be some reasons why you might collude with the client's and family's avoidance? How could you address your own avoidance?

# Contact Information

Alison Hendricks, LCSW

*Hendricks Consulting*

[ahendrickconsulting@gmail.com](mailto:ahendrickconsulting@gmail.com)

[www.ahendricksconsulting.com](http://www.ahendricksconsulting.com)

(619)549-7958