

A Trauma-Focused Cognitive Behavioral Therapy Case Conceptualization: From Assessment to Termination

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Learning Objectives

Participants will:

- Define complex trauma and its impact on children and adolescents
- Identify key assessment and termination considerations when implementing TF-CBT with children and youth who have experienced complex trauma
- Describe solutions to overcoming clinical barriers to implementing the PRACTICE components and apply these to a case example
- Cite resources and interventions for utilizing TF-CBT with youth experiencing complex trauma reactions

Complex Trauma

- Describes both exposure to chronic trauma—usually caused by adults entrusted with the child’s care—and the impact of such exposure on the child.
- Children who experienced complex trauma have endured multiple interpersonal traumatic events from a very young age.
- Complex trauma has profound effects on nearly every aspect of a child’s development and functioning.

Source: Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., ... van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390-398.

Effects of Trauma Exposure

- **Attachment:**
 - World is uncertain and unpredictable
 - Socially isolated
 - Difficulty relating to and empathizing with others
- **Biology:**
 - Changes in brain chemistry and structure
 - Higher levels of stress hormones
 - Unexplained physical symptoms/increased medical problems
- **Mood Regulation:**
 - Difficulty regulating their emotions
 - Difficulty knowing and describing their feelings and internal states

Effects of Trauma Exposure (continued)

- **Dissociation:**
 - Feeling of detachment or depersonalization
 - “Observing” something happening to them that is unreal
- **Behavioral Control:**
 - Poor impulse control
 - Self-destructive behavior
 - Aggression towards others
- **Cognition:**
 - Problems focusing on and completing tasks
 - Problems planning for and anticipating future events
 - Learning difficulties
 - Problems with language development
- **Self-Concept:**
 - Disturbed body image
 - Low self-esteem
 - Shame
 - Guilt

Challenges to Treating Complex Trauma

- Lack of baseline: desensitization-trauma viewed as normal
- Frequent crises, lack of stability (still in the middle of the hurricane)
 - Emotional and behavioral dysregulation
 - Lack of stable, consistent, responsive caregiving
- History of interpersonal trauma leads to attachment difficulties
 - Lack of trust impedes therapeutic alliance

Survival Coping Strategies

- In the face of chronic maltreatment, children develop maladaptive coping strategies to survive
 - Lack of trust/guard up
 - Hypervigilance and over-reaction
 - Aggression
 - Desensitization
 - Numbing out
 - Dissociation
 - Somatization
 - Substance abuse
 - Self-harm
 - Eating disorders
 - Promiscuity
 - High-risk behaviors

Case Example: Ricky

- 13-year-old Mexican-American male
- Early neglect, substance abuse, and domestic violence by parents
- Multiple foster care placements and separation from siblings
- Current group home placement
- Presenting issues: anger, aggression, alcohol and marijuana use, academic struggles, guarded
- Strengths: intelligent, sense of humor, excels at soccer, likes music and sports
- Supports: group home counselor, maternal aunt

Assessment of Complex Trauma

- Assess for wide range of traumatic events and age of occurrence to understand developmental impact
- Link traumatic events to possible trauma reminders that may trigger symptoms or avoidant behavior
- Assess for wide range of reactions and symptoms beyond PTSD including:
 - Risk behaviors (survival coping)
 - Substance abuse
 - Danger to self/others
 - Functional impairment
 - Developmental derailments
 - Identity disturbance
 - Affect dysregulation
 - Relational disturbance
 - Somatization
- Incorporate variety of techniques and sources/perspectives

Assessment Tools

- Trauma history: Childhood Trust Events Survey
 - Wider range of events: separation from caregivers, emotional abuse, parental substance abuse, neglect
- Trauma symptoms/reactions:
 - Child PTSD Symptom Scale
 - UCLA PTSD Index
 - Trauma Symptom Checklist for Children
 - Trauma Symptom Review for Adolescents
 - Child Dissociative Checklist

Assessment Considerations

- Need to establish safety and balance engagement with need to gather information
- Sensitivity to triggering or flooding client
- Measures administered by therapist only
- Lack of consistent caregiver, gaps in early history

Assessment with Ricky

- Trauma history:
 - Neglect, domestic violence, parental substance abuse ages 0-8
 - Removal from parents
 - Multiple placements
 - Kinship (paternal aunt and uncle ages 8-9)
 - Foster family ages 9-10
 - Separation from siblings
 - Placement disruption - new foster placement-pre-adoptive (ages 10-12)
 - Disrupted adoption
 - Group home placement (age 12-present)

Assessment with Ricky (continued)

- Challenges:
 - Lack of collateral information
 - Lack of trust - insecure attachment and multiple rejections by caregivers
 - Desensitization
 - Avoidance
 - Delinquent behavior
- Strategies:
 - Engagement around interests, hobbies, and strengths
 - Normalize symptoms
 - Sports analogies

TF-CBT with Complex Trauma: Phase-Based Treatment

1. Engagement, safety, and stabilization (EPRAC)
2. Recalling and processing traumas (T)
3. Enhancing daily living (ICE)

(Ford et al., 2005)

Engagement

- Establish rapport
- Establish trust
 - Relationships as threatening and triggering
 - Client may test therapist
 - Gradual exposure to therapeutic relationship
 - Develop safe, secure relationship while working on stabilization
- Accept client where s/he is at
- Avoid judgment and authoritarian therapist behaviors
- Focus on respect, open information sharing, empowerment, and hope

(Kliethermes & Wamser, 2012)

Enhancing Safety

- Safety planning to address:
 - Self-harm
 - High-risk behaviors
 - Current threats/ongoing violence exposure
 - Psychological safety
 - Trauma triggers and reactions
- Engage caring adults

Enhancing Safety with Ricky

- Psychological safety
 - Triggers in group home and at school
 - Visitation with siblings and relatives
- Substance abuse
- Fighting
- Engaging group home counselor and aunt
 - Trauma-Informed Individualized Safety Plan (Think Trauma Toolkit: <http://learn.nctsn.org/enrol/index.php?id=92>)

Psychoeducation

- Include information about traumatic stress responses and their purposes
 - Fight, flight, or freeze
- Common coping strategies (including survival coping)
- Trauma triggers
- Educate caregivers about dysregulation and survival coping strategies

Psychoeducation with Ricky

- Multiple traumas (including system trauma) and losses
- Increase insight into his own triggers, symptoms, and reactions
- Creative interventions
 - [No More Campaign](#)
 - Finding the Right Spot
 - Resources for teens in foster care:
<http://www.representmag.org/>,
<https://www.fosterclub.com/>

Parenting Skills

- Engage any and all significant adults in the child's life
- Educate caregivers about trauma reactions and how to create safety (physical and psychological)
 - NCTSN Resources:
<http://www.nctsn.org/resources/audiences/parents-caregivers>
- Be clear with client on purpose of collateral sessions and confidentiality

Parenting Skills with Ricky

- Psychoeducation for group home staff and aunt about trauma triggers and reactions and trauma reenactment
- Resources for substitute caregivers: The Invisible Suitcase, Caring for Children Who Have Experienced Trauma: <http://learn.nctsn.org/enrol/index.php?id=67>, NCTSN, ReMoved (<http://removedfilm.com/pages/watch>)
- Other ideas

Relaxation

- Start with techniques that have been helpful to client in past
- Incorporate physical activities to address hyperarousal/hypervigilance
- Self-soothing and distraction
- Use of technology
 - Relax and Sleep Well, MindShift, Take a Break! Guided Meditations for Stress Relief, BellyBio Interactive Breathing, Relax Melodies, Take a Chill
- Using these skills to cope with trauma reminders

Relaxation with Ricky

- Strategies to address hyperarousal, aggression, and substance abuse
 - Soccer/sports
 - Guided imagery
 - Music
 - Relax Melodies
 - Herbal tea
 - Engaging group home staff and school staff

Affective Expression and Regulation

- Therapist uses attunement to help client identify and express current emotions
- Use of modeling
- Feelings intensity
- Mixed emotions
- Toleration of negative affective states
- Communicating feelings helps
- Techniques to address numbing
- Grounding and mindfulness
 - For therapist and client
 - Meditation, body scan, ice cubes, mindful eating
 - <http://www.stressedteens.com/>

(Kliethermes & Wamser, 2012)

Affective Expression and Regulation with Ricky

- Strategies to address desensitization and numbing
- Cultural issues
- Creative outlets for self-expression
 - Writing, playing, or listening to music
 - Art
 - Physical
- Working with group home staff
 - Understand triggers
 - Early warning signs
 - Interrupt escalation
 - Turn down the volume

Cognitive Coping and Processing

- Use the cognitive triangle to cope with current stressors and triggers
- Increase awareness of unhelpful and inaccurate thoughts in response to daily stressors
- Helps with stabilization

Trauma Narrative Development

- Client readiness: “stably unstable”
- Stability of therapeutic relationship
- Therapist helps client use PRAC skills during narrative process to regulate
- Life narrative - includes positive as well as traumatic memories
- Allow client to guide which events/experiences should be included
- Meaning of events may be more important than details

Trauma Narrative with Ricky

- Life narrative
- Addressing avoidance
- Examples - music, videos, movies, famous athletes
- Creative modalities
 - Song
 - Playlist: “My Life”
 - Talk show interview
 - Comic strip

Processing of Traumatic Experiences

- Look for common themes and related distortions
- Common distortions related to complex trauma:
 - No one loves me/I am unlovable
 - Adults always hurt or leave me
 - It's safer not to let anyone get close to me
 - There must be something wrong with me that bad things keep happening
 - I will never be happy or have a “normal” life
- Processing may take several sessions and different approaches
- Therapeutic relationship as corrective experience

Cognitive Processing with Ricky

- Possible trauma-related cognitive distortions
 - No one wants me
 - I am unworthy of love/care
 - I am unlovable
 - I am a bad kid
 - I will never amount to anything
 - I will never lead a “normal” life
 - I will become like my parents
 - I will never be happy
- Approaches or strategies to challenge his distortions?

In Vivo Mastery of Trauma Reminders

- Hypervigilance to perceived threats
- Goal: learn to self-regulate to tolerate situations that are uncomfortable but safe
- Identify triggering cues and situations and develop desensitization plan
- Use safety of therapy sessions to start
- Engage support people outside of therapy (e.g., school, home)

In Vivo with Ricky

- Possible triggers
 - People fighting
 - People using drugs
 - Perceived rejection
 - Perceived abandonment
 - Family members
 - Feeling vulnerable in relationships
- Coping strategies
 - Positive self-talk
 - Relaxation and grounding exercises

Conjoint Parent Child Sessions

- Biological parent, relative, foster parent, caseworker, group home staff, teacher, mentor, CASA
- Careful assessment and preparation of caring adult to ensure a positive experience/result for client
- Conjoint sessions do not have to involve sharing of complete narrative if not appropriate
- Therapist to bear witness if no other adult can be identified

Conjoint Sessions with Ricky

- Sharing narrative with aunt or group home counselor
- Preparation
- Safety
- Addressing concerns

Enhancing Safety and Future Development

- Safety plan incorporates ongoing environmental stressors and risks
- Incorporate psychological safety as well as physical safety
- Prepare for future trauma triggers/reminders
 - Predict, plan, and permit

Enhancing Future Safety with Ricky

- Relapse prevention - identify triggers and develop coping plans
- Sources of ongoing support
- Future goals

Termination

- Important to make it a healthy good-bye: opportunity for corrective experience
- Help client process feelings about ending early on and address fears of abandonment
- Graduation as achievement
- Use of transitional object to convey continuation of relationship in different form
- Genuine sharing of therapist's feelings and hopes for client
- Other sources of ongoing support

Termination with Ricky

- Process loss issues
- Corrective experience
- Ongoing therapeutic support
- Focus on strengths and accomplishments

Secondary Trauma and Self-Care

- Complex trauma cases can be the most emotionally draining and difficult for the therapist
- Weight of feeling like you are the only support
- Importance of grounding, mindfulness, and cognitive coping for therapist (before, during, and after session)
- Using supervision and peer consultation to process feelings, concerns, and reactions
- Focus on small and big successes

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