

TF-CBT: Multiple Traumas and COWs

Laura Murray, Ph.D. (Trainer)

Johns Hopkins University School of Public Health

Department of International Health

Allegheny General Hospital/Drexel University College of Medicine

New Jersey CARES Center

National Child Traumatic Stress Network
(www.nctsn.org)

Areas of focus

- How to integrate COWs into TF-CBT
- Working with multiple trauma cases
- Gradual Exposure tips

COWs!!!??



Managing COW's

- ❑ Recognize when COWs are a form of avoidance
- ❑ Many therapists get derailed in providing TF-CBT by COW, so COW works to avoid addressing the child's trauma.
- ❑ Therapist behavior may be complicit in COWs
- ❑ “Small talk” can become a loose COW
- ❑ Therapist's conceptualization of role is important

Anticipating/Avoiding Pitfalls

- Be alert to:
 - ▣ Too much time spent on supportive listening
 - ▣ Distraction onto COWs without systematic application of components
 - ▣ Failure to follow-up on homework assignments
 - ▣ Continuing therapy unnecessarily



Group Activity

- List out various COWs you hear about.
- Let's rate these....safety concerns? Common trauma reactions?

Integrating COWs in Psychoeducation

- Normalize that many COWs are part of trauma situations
- Prioritize COWs if there are multiple
- Try to better understand them as part of symptom/case presentation
- TF-CBT focuses on TRAUMA, not COWs!
- Other ideas?



Integrating COWs to AM

- Talk about situation highlighting the feelings – naming them, asking how others in the situation might have felt.
- Are there other times when you've had these same feelings?



Integrating COWs into Cognitive Triangle

- Use crisis situation to work the triangle
- May only be able to complete distinguishing and connecting goals, then move to another situation to get them to think in a more helpful way.



Integrating COWs into the TN

- Continue using PRAC for COWs that come up
 - ▣ How much time spent on this! We do not want to reinforce avoidance!
- Write a brief chapter about the COW
 - ▣ Is it related to the trauma (e.g., court, visit to parent)
 - ▣ What point are you at in the TN work?



Integrating COWs into Cognitive Reprocessing

- Use a triangle
- Use other Cognitive Reprocessing Techniques
- Considerations
 - ▣ How close is the COW to trauma-related material?



Integrating COWs into Conjoint Session

- Great opportunity to have the family start problem solving together
- Goal is to start using more questions
 - ▣ What skill that you now know could we use to look at this situation? Or use in the situation?



MULTIPLE TRAUMAS



Gradual Exposure/TN: *How do I start when there are multiple traumas?*

- Can introduce TN by reading a book, discussing it, encouraging them to make their own (video)
 - ▣ List things that go in book (title page, author)
 - ▣ Create a Timeline, Chapters
 - ▣ Create a Hierarchy list of things/events they fear/avoid



Organizing the Narrative

- If multiple episodes, let the child choose one (example: first time, last time, the one remembered the most).
- Include the “worst” or most embarrassing/disturbing episode
- Include disclosure, legal procedures, medical exams, etc
- How does this help us??

Organizing the Narrative



- Help child put chapters in chronological order
- Typically children proceed from first to last episode, but not always
- Example
 - ▣ CHP 1 : “About Me” information (name, age, school, hobbies, etc)
 - ▣ CHP 2: “Before” the event (e.g., what life was like or the relationship was like with the person before the trauma)
 - ▣ CHP 3: “what happened”-Describe what happened during the trauma itself
 - ▣ CHP 4: “what I would like to tell others now” – What the child has learned

How do you choose from so many traumatic experiences?



- Child/Adolescent Input:
 - ▣ Ask the child to “rate” each of the events in the timeline or chapters. Rating is of how much they lead to their symptoms (e.g., how much they think about it, cause sadness...etc.)
- Therapist Input:
 - ▣ Use clinical judgment to look at ratings – are they honest?
 - ▣ Example: A child marks a foster move as a 10, the death of a parent as an 8, and a sexual abuse experience as a 1, saying he/she doesn’t want to talk about that one.
- Supervisor Input:
 - ▣ Consult with supervisor if there is a question.

GRADUAL EXPOSURE/TN

TIPS:



Facilitating Detailed Narratives

Review the child's description

- Help the child to describe more details
 - What happened next?
 - And then?
- Go slow. Repeat.
 - They speak, written down, you repeat
- Encourage child to describe thoughts, feelings and body sensations related to the trauma

Gradual Exposure Hints

- Help child re-create the scene
- Avoid asking questions
 - ▣ Do you remember?
 - ▣ Can you do this?
- Be patient with pauses and silence
- Do not plan GE for the end of session
- Starting a chapter in the 1st session of GE can actually be HELPFUL!!

Tips for Facilitating Detailed Narratives

- Ask broad, open-ended questions
 - What were you thinking?
 - What were you saying to yourself?
 - How were you feeling?
 - What happened next?
- Make clarifying and reflective statements
 - Tell me more about it...
 - I wasn't there, so tell me...
 - I want to know all about...
 - Repeat the part about...
 - Tell it to me like a story/movie...
 - So, your uncle began touching your vagina...
 - So, when your mom stabbed your daddy..

Managing Reluctance/Avoidance

- Praise child for his/her effort
- Repeat treatment rationale
- Slow down pace or take a step back
- Don't over attend to COWs
- Encourage use of coping skills
- Be creative
- Gently persist

Recognizing our own Avoidance

- *Sound bites from therapists:*
 - *“Child is not ready yet”*
 - *“Things are not stable”*
 - *I really feel as if he is finally trusting me. I think I need to pace this correctly. She doesn't seem ready.....I need to respect that.”*
- **Questions to ask:**
 - How many sessions have you had?
 - What are you waiting for?
 - What are your concerns?
- **Do a triangle!**

What if a child becomes “symptomatic” during the TN

- Think prevention!
 - ▣ Use Affective Modulation to identify youth who slide in/out of emotions quickly
 - ▣ Do a timeline/TOC to assess how many traumas and the nature of them
 - ▣ Start with less intense trauma
 - ▣ Go slow: less time on TN
 - ▣ Pacing:
 - Move through story quicker (pull them through)
 - Ask about thoughts to slow down emotions
- Get frequent SUDS ratings
- Spend more time at the end to “segway” youth back into life/day.

Evaluating Trauma Narratives

- Did the child describe the trauma in extreme detail?
 - ▣ Developmental, cognitive considerations
- Re-read book for accuracy and dysfunctional thoughts.
- Identify “hot spots” or “stuck points” or “worst moments”
 - ▣ Problematic cognitions
 - ▣ Cues that elicit fear, anxiety, depression
 - ▣ Cues that prompt emotion avoidance
 - ▣ Places where narrative “skips,” lacks detail, or changes in quality

Evaluating Trauma Narratives

- Aim for genuine emotional arousal, emotion regulation, and appropriate emotional expression.
 - ▣ permission to curse, use 'bad' language
- Rate distress before, during, after trauma descriptions.
- Repetition of the narrative is necessary.