TF-CBT: Balancing Fidelity and Flexibility and Working with Caregivers

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Areas of focus

- Flexibility and Fidelity:
  - Working with different ages
  - Changing up your methods of implementing

- Parallel parent treatment
  - Caregivers with their own issues
Group Activity:
Name the goals of each component:

To balance fidelity and flexibility, you first need to understand the goals that need to be accomplished.
Psychoeducation Techniques

Other ways besides “talking”
- What are the downsides to just telling/giving knowledge?

Example: A child aged 4 years, very hyperactive.
Example: An adolescent who has been in residential care for years. They have attended groups and been in therapy for over 10 years. They can quote the DSM.
Relaxation Techniques

- Group brainstorm of relaxation strategies for kids.
- PMR for young children?
- Children with attachment issues – what technique might you use?

Example: A school aged child lives in a neighborhood with a significant amount of community violence. How do you teach and have them practice relaxation?
Certain techniques are good/better at addressing all your goals.

Important to choose a technique based on clinical presentation

Example: A child comes in saying everything is just great, nothing bothers him/her. Yet, you hear of problems in the home, at school...etc. What technique might you use and why?

Example: A teenager has never been to therapy before, and his family doesn’t really communicate about “deep” things – what technique might be challenging to start with?
Cognitive Coping

- Techniques for young children
  - Triangle on floor
  - In–vivo situations
  - Starting with an explanation
  - Repetition

- Change the way you ask about thoughts…
  - What is going through your head?
  - What is your brain saying?
Trauma Narrative Skills

- Techniques for creating a TN with a young child?
- What if the child was very young when it happened and doesn’t remember the actual event?
- Different ways to create the TN besides using a book.
Cognitive Re-Processing

Review: What are different techniques of Cognitive Reprocessing?

How do you do this with young children (4–5 years)?

Ex: A teenager writes three chapters and her unhelpful thoughts all seem to relate to “its all my fault”. What technique would you start with?
  ◦ After you do this first technique, what would you do next?
Parent/Caregiver Work as part of TF–CBT
Common Questions around Caregiver Work

- Working with Foster parents
- Help with engaging caregivers
- Caregiver with their own issues (e.g., trauma, stress, poverty)
- How much help do we give a caregiver with their own trauma?
Engaging Parents

- What is THEIR reason for coming in?
- Joining rather than “pushing” them
- Does it happen in ONE session?
- Techniques that have worked?

- Ex: Parent that says “this won’t work, nothing else has.”
Parenting Skills

- How much is too much?
  - Time spent
  - What behavior (singular) are you working on?
  - Probably won’t change behavior issues or parenting issues overnight

- Link between P & P:
  - Make sure parents understand behavioral problems in the context of trauma
Think miniscule
Think doable by the family (keep in mind level of chaos in home), and history of caregiver.
Is homework on behavioral techniques helping or hurting?
Using PRAC as a “detective”

- Psychoeducation – ASK what they know
  - Listen if they make the link to trauma, or what their distortions or unhelpful thoughts may be. Or inaccurate understandings of trauma or development.

- Relaxation – Do Same activity
  - Can the caregiver relax?
  - Are they buying into the homework activities?
  - Can you “depend” on them?
Using PRAC as a “detective”

- Affective Modulation
  - Do same activity
  - Assess same skills as child (can they name feelings, can they modulate as you switch between events and corresponding emotions?)
  - Are the feelings all about them? The child?

- Cognitive coping – Do Same activity
  - Are they able to see situations differently?
  - Can they use it in their own life with difficult situations?
How to use the information to decide if caregiver can be “supportive”.

- Availability to regularly participate (modality)
- Psychological Availability/Psychiatric Needs
- Emotional availability
- Level of attachment
- Level of belief/support
- Major ongoing parental discord
Does not have to be at the start of treatment.
Major decision point after PRAC
Could read parts of the TN and see how a caregiver does.
May need to do some cognitive reprocessing with the caregiver BEFORE reading the child’s TN.
Gradual Exposure with Caregivers

- Sharing the child’s “work” with caregivers
  - Don’t wait until the end of treatment!
  - Use hierarchy—start with more innocuous parts (drawings/chapters about feelings, relaxation, and coping skills—PRAC)
  - Gradually show them TN materials; read what the child has written, show pictures
    - Address confidentiality
  - Solicit parent’s reactions, feelings
  - Provide a safe place to ask questions and express a range of emotions and thoughts, even the socially undesirable ones
  - Encourage them to seek their own treatment if necessary.