Case Conceptualization in Trauma Focused Cognitive Behavioral Therapy

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Premise:

• We can’t assume everyone who has had a really scary experience needs trauma treatment. Most people will be ok. For those who are affected, symptoms are somewhat predictable. We can figure out who is most likely to have trauma symptoms and tailor treatment to meet their needs.
Impact of trauma
The following slides are taken from *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents (2010)*
We Learn by Experience
We Learn by Experience

(Continued)
We Learn by Experience
(Continued)
Your Internal Alarm System

The brain releases chemicals that help the body to respond to the threat (fight, flight, freeze)

If the threat is removed, everything returns to normal

(Continued)
If the threat continues or is repeated, the system stays on "red alert"

The brain releases chemicals that help the body to respond to the threat (fight, flight, freeze)
Neurophysiology of the Stress Response

Emotional Stimulus (Initial actual threat & Subsequent reminders)

Thalamus → Amygdala

Sensory/Transitional Cortex

Hypothalamus

Pituitary Gland

Adrenal Cortex

CRF → ACTH → CORT
**FIGHT or FLIGHT**

**NOTICEABLE EFFECTS**
- Pupils dilate
- Mouth goes dry
- Neck + shoulder muscles tense
- Heart pumps faster
- Chest pain
- Palpitations
- Sweating
- Muscles tense for action
- Breathing fast + shallow - hyperventilation
- Oxygen needed for muscles

**HIDDEN EFFECTS**
- Brain gets body ready for action
- Adrenaline released for fight/flight
- Blood pressure rises
- Liver releases glucose to provide energy for muscles
- Digestion slows - or ceases
- Sphincters close - then relax
- Cortisol released (depresses the immune system)
ACE Study Design

- Principal Investigators: Felitti & Anda
- >17,000 adult subjects
- Examine 9 common ACEs
- Generate an “ACE Score” for each subject based on surveys

►►► Compare ACE scores with teen and adult risk behaviors and health status
ACE Study Design:
ACE Categories

Abuse:
1. Recurrent and severe physical abuse
2. Recurrent and severe emotional abuse
3. Contact sexual abuse

Growing-up in a household with:
4. Alcoholic or drug abuser
5. Incarcerated family member
6. Mentally ill, chronically depressed, institutionalized individual
7. Physical violence against mother
8. Absence of one or both parents
9. Emotional or 10. physical neglect
Prevalence of ACEs

Source: Felitti and Anda, 2003
Relationship Between the ACE Score and Suicide Attempts During Adolescence

Dube et al., *JAMA*, 2001
Relationship Between ACE Score and Age of First Sexual Intercourse

Relationship Between ACE Score and Adolescent Pregnancy

Relationship Between ACE Score and Adolescent Substance Use

- Initiated regular smoking by age 14 years
- Initiated illicit drugs use 15-18 years
- Initiated alcohol use by 14 years
OVERALL:

• Adverse Childhood Experiences (ACEs) are common
• ACEs are associated with poor health and social functioning in adulthood
• Poor adult health and functioning may be the result of:
  • Risky behaviors associated with ACEs
  • Changes in brain structure and function associated with certain ACEs
Remember this slide?
Relationship Between the ACE Score and Suicide Attempts During Adolescence

Dube et al., *JAMA*, 2001
What about the other 84%?

Resilience!
RESILIENCE

- “A class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development.”
- “The process of, capacity for, or patterns of positive adaptation during or following exposure to adverse experiences that have the potential to disrupt or destroy the successful functioning or development of the person.” (Masten et al., 1990)

# Short List of Resilience Factors & Adaptive Systems

<table>
<thead>
<tr>
<th>Resilience Factors</th>
<th>Human Adaptive Systems</th>
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</thead>
<tbody>
<tr>
<td>Positive attachment bonds w/ caregivers</td>
<td>Attachment</td>
</tr>
<tr>
<td>Positive relationships with other adults</td>
<td>Attachment</td>
</tr>
<tr>
<td>Intellectual skills</td>
<td>Human brain</td>
</tr>
<tr>
<td>Self-regulation skills</td>
<td>Human brain</td>
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<tr>
<td>Positive self-perceptions</td>
<td>Mastery motivation system</td>
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<td>Faith, hope, sense of meaning in life</td>
<td>Meaning-making system</td>
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<tr>
<td>Supportive, pro-social friends &amp; partners</td>
<td>Attachment</td>
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<tr>
<td>Bonds with effective schools or other organizations</td>
<td>Socio-cultural systems</td>
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<tr>
<td>Communities that support families &amp; children</td>
<td>Socio-cultural systems</td>
</tr>
<tr>
<td>Cultures with positive standards, rituals, supports</td>
<td>Socio-cultural systems</td>
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</tbody>
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At any age, trauma dysregulates

• Physiologically
• Cognitively
• Affectively
• Psychologically
At any age, the amount of dysregulation and the time it lasts depends on:

- Type of trauma exposure
- Duration of exposure
- Severity of exposure
- Frequency of exposure
- Age at first exposure
- Relationship to perpetrator
At any age, effects are buffered or exacerbated by

- Parental response
- Gender
- Biology
- Environment
- Subsequent situation
- Parent child relationship
Context matters!
Ecological-Transactional Model

Adapted from Cicchetti, Toth, & Maughan (2000)
Ecological-Transactional Model

Adapted from Cicchetti, Toth, & Maughan (2000)
Assessing and understanding symptoms

• 3 sources are best
• Kids report internalizing
• Caregivers report externalizing symptoms better
• Internalizing symptoms cause externalizing symptoms
Standardized Assessment Tools

• Trauma history
  • https://www.ptsd.va.gov/professional/assessment/documents/TESI-C.pdf

• Trauma symptoms

• Other internalizing symptoms

• Other externalizing symptoms
  • http://www.sdqinfo.com/

• Sexual behavior problems
  • https://www.parinc.com/Products/Pkey/71
What makes a good TF-CBT case?

Presenting problem

- “My child had this really scary experience and now he is having nightmares and is really irritable.”
- “My child was sexually abused.”
- “My child was exposed to a registered sexual offender and has started acting different lately.”
- “My child is really hyper and has trouble learning.”
What makes a good TF-CBT case?

**Traumatic experience**

- “My child was sexually abused.”
- “My child witnessed domestic violence”
- “My child had a painful medical procedure.”
- “My child had a fight with another kid at school.”
- “Our dog died.”
- “I think my child was sexually abused.”
What makes a good TF-CBT case?
Memory of the traumatic event

- “this event occurred yesterday.”
- “this event occurred last month.”
- “This event occurred when my child was 2 years old.”
- “My child does not remember this event but has heard others talk about it frequently.”
- “This event occurred 10 years ago, my child does not remember, but we are going to tell my child now.”
What makes a good TF-CBT case?

Symptoms related to the traumatic event

- “My child has always been irritable and clingy and I need it to stop!”
- “My child does not have any symptoms but I want to do TF-CBT so he doesn’t develop any.”
- “My child was just released from the hospital for suicidal ideation following a history of depression.”
- “Since the event, my child has become more clingy and irritable.”