TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY FOR PRESCHOOLERS

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SPECIAL THANKS TO THE DEVELOPERS OF
TRAUMA-FOCUSED
COGNITIVE BEHAVIORAL THERAPY

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ALLEGHANY GENERAL HOSPITAL
THE RESEARCH SUPPORTING TF-CBT WITH PRESCHOOLERS

■ PRESCHOOL CBT MODEL DESCRIBED FOR USE WITH 3-5 YEAR OLDS

■ INVOLVES PARALLEL INDIVIDUAL SESSIONS FOR PARENTS AND CHILDREN
TASKS IN COHEN AND MANNARINO’S ORIGINAL PRESCHOOL MODEL

**PARENTS-**
- Behavior management to decrease fearfulness, sleep difficulties, avoidant behaviors, regressive behaviors and sexual behavior problems
- Increasing parental support of child

**CHILDREN-**
- Prevention of future abuse through assertiveness training with dolls or puppets
- Identification of appropriate and inappropriate touching
- Correcting cognitive distortions
- Engaging in trauma narrative

In comparison to non-directive supportive play therapy in an RCT with 67 children and their parents, IMPROVED

- Internalizing symptoms
- Externalizing symptoms
- Sexual Behavior problems

In comparison to non-directive supportive play therapy in an RCT with 43 children and their parents, **SUSTAINED IMPROVEMENTS ONE YEAR LATER**

- Internalizing symptoms
- Externalizing symptoms
- Sexual Behavior problems

In comparison to supportive group counseling in an RCT with 44 2-8 year olds and their mothers, Results showed GREATER improvements in:
coping skills and knowledge for the children
intrusive thoughts and negative emotional reactions in the mothers

Both groups demonstrated improvements in maternal coping style, maternal PTS symptoms, maternal intrusive and avoidant thoughts, child PTSD, child internalizing and externalizing symptoms, child sexual behaviors, and child ability to recognize and respond to abusive situations.

**Findings:**

- Young children can cooperate meaningfully in structured, trauma-related exposure exercises.
- Young children can utilize relaxation exercises effectively.
- Highly anxious parents can be taught strategies to insure they do not interfere in their child’s recovery.

Sample: 96 4-7 year olds

Conclusion: Young children can differentiate thoughts, feelings, and behaviors much more easily when provided with props such as puppets and mailboxes.
ROUTINE ASSESSMENT OF TRAUMA

- ALWAYS SUSPECT THAT THE CHILD HAS WITNESSED OR EXPERIENCED SOMETHING THAT COULD BE TRAUMATIC

- TRAUMA SCREENING SHOULD BE PART OF EVERY EVALUATION

- WATCH THEIR PLAY WITH DOLLS AND ANIMALS, NOTICE THEMES
ASSESSMENT TOOLS

• PARENT REPORTS ON CHILD
  • DEVELOPMENTAL SCREENER
    • PARENTS’ EVALUATION OF DEVELOPMENTAL STATUS (0-8 YEARS GLASCOE, 2006)
  • TRAUMATIC EVENTS ASSESSMENT
    • TRAUMATIC EVENTS SCREENING INVENTORY (0-7 YEARS, IPPEN ET. AL., 2004)
  • TRAUMA AND GENERAL SYMPTOMS
    • TRAUMA SYMPTOM CHECKLIST FOR YOUNG CHILDREN (3-12 YEARS; BRIERE, 2005)
  • PTSD DIAGNOSIS
    • DIAGNOSTIC INFANT-PRESCHOOL STRUCTURED INTERVIEW (0-5 YEARS; SCHEERINGA, 2007)
    • YOUNG CHILD PTSD CHECKLIST (0-5 YEARS; SCHEERINGA, 2014)

• PARENT REPORTS ON THEIR OWN EXPERIENCES
  • MATERNAL TRAUMA
    • LIFE STRESSOR CHECKLIST (18 AND OVER; WOLFE & KIMERLING, 1997)
REMEMBER: CHILDREN WHO EXPERIENCE TRAUMA MAY NOT ACTUALLY BE TRAUMATIZED
NORMAL DEVELOPMENT VS. TRAUMA SYMPTOMS

- CONSIDER
  - FREQUENCY, SEVERITY, AND DURATION
  - PRE-TRAUMA FUNCTIONING
  - ACUTE VS. CHRONIC RESPONSE
PTSD TREATMENT PREDICTORS

- VICTIMIZATION HISTORY
- TRAUMA SEVERITY & TYPE
- MALADAPTIVE COPING STYLES
- LESS-ARTICULATED NARRATIVES
- ANGER
- DISSOCIATION/NUMBING
- EXTERNAL LOC
- ***PARENTAL SUPPORT***

FEENY, FOA, MARCH, AMAYA-JACKSON’00
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THREE PHASES TO TREATMENT

- SAFETY AND STABILIZATION
- FORMAL GRADUAL EXPOSURE / WORKING THROUGH
- MOVING ON

*ALL OF TREATMENT IS GE: CHILD AND CAREGIVER TALKING ABOUT TRAUMA FROM 1ST SESSION*
TFCBT WITH PRESCHOOLERS

• PRESENTING TFCBT IN A DEVELOPMENTALLY APPROPRIATE WAY

Make a tight schedule and keep it moving!

Much more caregiver involvement!

Celebrate each success!

Congratulations Name!
You are now an expert in RELAXATION!
PRACTICE TF-CBT

- P SYCHOEDUCATION AND PARENTING STRATEGIES
- R ELAXATION
- A EFFECT EXPRESSION & REGULATION
- C COGNITIVE COPING
- T RAUMA NARRATIVE AND PROCESSING
- I N VIVO EXPOSURE
- C ONJOINT PARENT CHILD SESSIONS
- E NHANCING PERSONAL SAFETY AND FUTURE GROWTH

--Cohen, Mannerino, Deblinger
PSYCHOEDUCATION TASKS

- Psychoeducation about trauma symptoms, TF-CBT, and specific trauma
  - Orient to model
  - Normalize
  - Provide hope
  - Instill confidence
  - Assess knowledge
  - Reinforce accurate cognitions about abuse and begin to correct common misconceptions
  - Provide information on how other children who have experienced this type of trauma think, feel, act, what they worry about; who else experiences this type of trauma, who perpetrates this trauma and why

- Provide gradual exposure
PSYCHOEDUCATION ABOUT TF-CBT
PSYCHOEDUCATION ABOUT TRAUMA SYMPTOMS

HOW DO KIDS ACT AFTER THEY’VE BEEN…?
Psychoeducation about Trauma Symptoms

“How do kids feel when they…”

Avoidance OR Negative alterations in Cognitions

Intrusion
PSYCHOEDUCATION ABOUT TRAUMA SYMPTOMS
HOW DO CHILDREN FEEL WHEN THEY’VE BEEN…?

PSYCHOEDUCATION ABOUT TRAUMA SYMPTOMS

Use Scissors and glue!!
How many kids get sexually abused?
PSYCHOEDUCATION ABOUT TRAUMA

• WHOSE FAULT IS IT IF A KID …?
Congratulations __________!
You are now an expert in sexual abuse!

[Image of an owl standing in front of a blackboard with the letters ABCD and the numbers 12345]
PRACTICE TF-CBT

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--Cohen, Mannerino, Deblinger
PARENTING STRATEGIES

- PARENTING:
  - BEHAVIOR MODIFICATION TO DECREASE BEHAVIOR PROBLEMS AND TO SUPPORT THERAPY COMPLIANCE
    - SPECIFIC PRAISE
    - SELECTIVE ATTENTION
    - EFFECTIVE COMMANDS
    - MONITORING
  - SUPPORT TO HELP CAREGIVER FEEL MORE COMPETENT AND PROVIDE MORE EMOTIONAL SUPPORT TO CHILD
PARENTING BEHAVIORS THAT BUFFER IMPACT OF TRAUMA

- SCAFFOLDING/PRAISING
- WARMTH
- EMOTION-COACHING

KATZ & GOTTMAN (1997)
RESEARCH ON CAREGIVER INVOLVEMENT IN TREATMENT

• INCLUDE PARENTS—LESS BEHAVIORAL AND DEPRESSIVE SYMPTOMS IN THE CHILD\(^1\)

• PARENTS’ EMOTIONAL REACTION TO TRAUMA STRONGEST PREDICTOR OF TREATMENT OUTCOME\(^2\)

• AT 1-YEAR FOLLOW-UP, PARENTAL SUPPORT SIGNIFICANTLY RELATED TO DECREASED SYMPTOMS IN THE CHILD\(^3\)

• ALTHOUGH PTSD IMPROVES WITH CHILD-ONLY WORK, CAREGIVER INVOLVEMENT IS KEY FOR IMPROVING BEHAVIOR PROBLEMS (SEXUALIZED BEHAVIOR, NONCOMPLIANCE)

\(^1\) DEBLINGER ET AL., 1996; \(^2\) COHEN & MANNARINO, 1996; \(^3\) COHEN & MANNARINO, 1997
INDIVIDUAL CAREGIVER SESSIONS

ASSESSMENT (NEED THEIR REPORT ALSO—REGARDLESS OF HOW INVOLVED IN TREATMENT)

TEACH THEM THE SAME SKILLS AS THE CHILD…

• EMOTIONAL EXPRESSION & REGULATION SKILLS TRAINING
• COPING SKILLS
• CHILD SEXUAL ABUSE PSYCHOEDUCATION (LOW LEVEL GE)
• GRADUAL EXPOSURE (READING THEM THE CHILD’S WORK & THEY LEARN TO TOLERATE THEIR OWN FEELINGS AND THOUGHTS RELATED TO THE ABUSE)
• CHALLENGING INACCURATE OR UNHELPFUL COGNITIONS
• SEX EDUCATION AND PERSONAL SAFETY

AND…..
INDIVIDUAL CAREGIVER SESSIONS

• PRESENT SOCIAL LEARNING MODEL: CONTEXT OF BEHAVIOR (PAST AND PRESENT)
  • DEMYSTIFY DEVELOPMENT OF ABUSE-RELATED BEHAVIOR (ABCS)
• BEHAVIOR MANAGEMENT SKILLS
  • REFOCUS ON CHILD’S POSITIVE BEHAVIOR
  • EFFECTIVE CONSEQUENCES
  • EFFECTIVE SKILLS FOR RESPONDING TO ABUSE-RELATED BEHAVIOR PROBLEMS (E.G., SEXUALIZED BEHAVIOR)
PARENT CHILD RELATIONSHIP

INCLUDING PARENTS IN TEACHING COPING SKILLS:

- Children learn affective and behavioral regulation through their relationship with their primary caregiver.
- Younger children are actually regulated by their parents.
- Knowing when to sit on your parents' lap to be rocked is a coping skill.
PRACTICE TF-CBT

- Psychoeducation and Parenting Strategies
- Relaxation
- Effect Expression & Regulation
- Cognitive Coping
- Trauma Narrative and Processing
- In Vivo Exposure
- Conjoint Parent Child Sessions
- Enhancing Personal Safety and Future Growth

—Cohen, Mannerino, Deblinger
RELAXATION

- SYMPTOM REDUCTION
  - FIRST: OPERATIONALIZE (B)
  - SECOND: FUNCTIONAL BEHAVIORAL ANALYSIS (A AND C)
  - THEN:
    - PLANNED AVOIDANCE/THOUGHT INTERRUPTION
    - GROUNDING
    - PROGRESSIVE RELAXATION
    - BREATHING
    - POSITIVE IMAGERY
    - ENHANCING SENSE OF SAFETY
    - ENHANCING PROBLEM SOLVING AND SOCIAL SKILLS
    - MINDFULNESS

- DISTRESS TOLERANCE
RELAXATION SKILLS: MAKE A TOOLBOX
RELAXATION SKILLS FOR PRESCHOOLERS

■ APPROPRIATELY SEEKING OUT PARENT FOR COMFORT

■ SENSORY INTEGRATION:
  ■ RUNNING
  ■ ROCKING
  ■ SWINGING
  ■ JUMPING
  ■ LIFTING

■ BREATHING

■ PROGRESSIVE MUSCLE RELAXATION

■ STORIES

■ MUSIC
RELAXATION SKILLS: HOMEWORK EXAMPLE FOR PARENTS

FIRST…
• PUT A FRIENDLY HAND ON CHILD’S SHOULDER.
• SAY “LET’S DO A COPING SKILL. PICK ONE.”
• PRAISE!
• SAY “YOU SHOW ME HOW TO DO IT.”
• PRAISE!
• CORRECT, IF DONE WRONG.

REPEAT AT LEAST ONCE…
• SAY “LET’S DO ANOTHER ONE. PICK ONE.”
• REPEAT 3 – 6.

**TIMING IS IMPORTANT!**

WATCH FOR SMALL WARNING SIGNS THAT YOUR CHILD MAY BE GETTING UPSET. IF YOU WAIT TO DO A COPING SKILL AFTER THEY HAVE OVERREACTED YOU MAY REWARD A MISBEHAVIOR.

LIST OF COPING SKILLS
1. ___________________________ 2. ___________________________
3. ___________________________ 4. ___________________________
Congratulations

____________________!
You are now an expert in relaxation!

[Image of polar bears]
PRACTICE TF-CBT

- SYCHOEDUCATION AND PARENTING STRATEGIES
- ELAXATION
- AFFECT EXPRESSION & REGULATION
- OGNITIVE COPING
- RAUMA NARRATIVE AND PROCESSING
- N VIVO EXPOSURE
- ONJOINT PARENT CHILD SESSIONS
- NHANCING PERSONAL SAFETY AND FUTURE GROWTH

--Cohen, Mannerino, Deblinger
AFFECT EXPRESSION & MODULATION

- IDENTIFY TRIGGERS
- INCREASE EMOTIONAL SAFETY
- EXPAND FEELINGS VOCABULARY
  - RECOGNIZE EMOTIONS IN SELF AND OTHERS
  - CONNECT FEELINGS TO EXPERIENCES
- GAUGE FEELINGS INTENSITY
- IDENTIFY PHYSIOLOGICAL RESPONSE TO EMOTIONS
AFFECT REGULATION/FEELINGS IDENTIFICATION

Use Scissors and glue!!

Stop light—color it in
1. What happened today?

2. What did you feel?
   - sad
   - happy
   - scared
   - mad

3. How big was the feeling?
   - __
   - __
   - __

AFFECT REGULATION:
HOMEWORK SHEET
FOR PARENTS
AFFECT REGULATION: PARENTS

• JOHN GOTTMAN’S EMOTION COACHING

1. BECOME AWARE OF THE CHILD’S EMOTIONS
2. RECOGNIZE THE EMOTION AS AN OPPORTUNITY FOR INTIMACY AND TEACHING
3. LISTEN EMPATHETICALLY, VALIDATING THE CHILD’S FEELINGS
4. HELP THE CHILD TO FIND WORDS TO LABEL THE EMOTION HE IS FEELING
5. SET LIMITS WHILE EXPLORING STRATEGIES TO SOLVE THE PROBLEMS AT HAND
Congratulations ________________!
You are now an expert in feelings!
PRACTICE TF-CBT

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COGNITIVE COPING

- THE COGNITIVE TRIANGLE
- IDENTIFY INACCURATE OR UNHELPFUL THOUGHT PATTERNS AND HOW MUCH YOU BELIEVE THEM (PIE CHART)
  - ALL OR NOTHING THINKING
  - OVERGENERALIZATION
  - MENTAL FILTER
  - DISCOUNTING POSITIVE
  - JUMPING TO CONCLUSIONS
  - MAGNIFICATION OR MINIMALIZATION
  - EMOTIONAL REASONING
  - SHOULD STATEMENTS
  - LABELING
  - BLAME
COGNITIVE COPING: IDENTIFYING THOUGHTS

“What is your brain telling you?”
DIFFERENTIATING THOUGHTS AND FEELINGS

- SORT THEM

- MAKE IT FUN
Warm Fuzzy Thoughts

Cold Prickly Thoughts
PARENT COGNITIVE COPING HOMEWORK

- During the day, practice asking the child what their brain is telling them.
- When reading stories, ask what characters are thinking and feeling.
- When child is expressing negative or positive thoughts, identify them as warm fuzzy and cold prickly thoughts.
Congratulations
________________!
You are now an expert in warm fuzzy thoughts!
PRACTICE TF-CBT

- Psychoeducation and Parenting Strategies
- Relaxation
- Affect Expression & Regulation
- Cognitive Coping
- Trauma Narration and Processing
- In Vivo Exposure
- CONJUNCT PARENT CHILD SESSIONS
- Enhancing Personal Safety and Future Growth

—Cohen, Mannerino, Deblinger
TRAUMA NARRATION AND PROCESSING

• Unpair thoughts, reminders or discussions from overwhelming negative emotions
• Decrease physical and psychological hyperarousal upon exposure to reminders, thus decreasing need for avoidance and PTSD symptoms
• Meaning making/ contextualizing traumatic events (what has child learned/ how is child different in good ways?)
• Include corrective story at end
• Organization of memory and recall
• Increase sense of mastery
• Enhance communication between parent and child

Amaya-Jackson & March, ’95
IMPORTANT POINTS FOR TRAUMA NARRATIVES WITH PRESCHOOLERS
ARE YOUNG CHILDREN “SUGGESTIBLE”? 

PRESCHOOL CHILDREN GENERALLY:

- HAVE DIFFICULTY WITH “SOURCE ATTRIBUTION”, WHERE THEY OBTAINED KNOWLEDGE
- DEFER TO ADULT INTERPRETATIONS AND NEGATIVE STEREOTYPES, WHETHER INTENTIONAL OR NOT
- HAVE DIFFICULTY PROVIDING SPECIFIC INFORMATION WITHOUT CUES FROM ADULTS, AND CUES CAN BE MISLEADING
- CAN TELL YOU THINGS THAT HAVE HAPPENED TO THEIR BODIES, AND WHO DID THINGS TO THEIR BODIES.

(Ceci and Bruck, 1995)
WHEN TALKING WITH PRESCHOOLERS ABOUT SEXUAL ABUSE:

• Asking “DID SOMEONE TOUCH YOUR PEE PEE?” might get you a positive response, but not necessarily an accurate one.

• Asking WHEN or HOW MANY TIMES will get you an answer, it just won’t likely be accurate.

• Never attach a person with an action before the child does (“DOES DADDY TOUCH YOUR PEE PEE?”)

• Don’t assume the act “HURTS” or feels “BAD” or “YUCKY”
HOW TO OBTAIN INFORMATION

SCAFFOLDING - BREAKING THE QUESTIONS DOWN FROM OPEN-ENDED TO DIRECTED.

START - “TELL ME ABOUT YOUR DAY AT SCHOOL?”

SCAFFOLD - “DID YOU PLAY OUTSIDE?” “WHAT GAMES DID YOU PLAY?” “WHAT DID YOU AND SAM DO TOGETHER?”

YOUNG CHILDREN NEED THIS TYPE OF DIRECTION, BUT DO NOT INTRODUCE MISLEADING CUES OR ASSUMPTIONS ABOUT WHAT OCCURRED.
DEVELOPMENTALLY APPROPRIATE TRAUMA NARRATIVE

- USE PROPER NAME AND PLACE, NOT PRONOUNS
  “WHAT DID JENNY SAY?” VS. “WHAT DID SHE SAY?”

- BE PRECISE - TAKE OUT “THAT” AND “IT” AND “THERE”
  “TELL ME ABOUT THAT THING THAT HAPPENED THERE”

- REMOVE CLINICAL/ADULT LANGUAGE
  “TELL ME ABOUT THE INCIDENT WHICH OCCURRED PRIOR TO....” VS. “WHAT HAPPENED NEXT?”

adapted from A.G. Walker San Diego Presentation, 2002
Congratulations

_____________________
You have conquered your trauma memory bully!!!!
PRACTICE TF-CBT

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- E NHANCING PERSONAL SAFETY AND FUTURE GROWTH

—Cohen, Mannerino, Deblinger
IN VIVO EXPOSURE

- ADDRESS AVOIDANCE OF INNOCUOUS REMINDERS
  - ASSESS FUNCTION OF AVOIDANCE AND WHEN IT OCCURS
  - GET SUPPORT OF PARENT IN ADVANCE
  - CREATE PLAN WITH SUPPORT OF PARENT AND CHILD
  - PREDICT DIFFICULTY
PRACTICE TF-CBT

- Psychoeducation and Parenting Strategies
- Relaxation
- Effect Expression & Regulation
- Cognitive Coping
- Trauma Narrative and Processing
- In Vivo Exposure
- Joint Parent-Child Sessions
- Enhancing Personal Safety and Future Growth

–Cohen, Mannerino, Deblinger
JOINT CAREGIVER-CHILD SESSIONS

• PSYCHOEDUCATION ABOUT TRAUMA
• SEX EDUCATION
• PERSONAL SAFETY
• PRESENTATION OF GE PRODUCT

*CHILD’S ROLE—SHARE KNOWLEDGE, COMMUNICATE WITH PARENT, ASK QUESTIONS

*CAREGIVER’S ROLE—PRAISE CHILD’S ACHIEVEMENTS (REDUCES SHAME) & CLARIFY MISUNDERSTANDINGS, CORRECT COGNITIVE DISTORTIONS
JOINT CAREGIVER-CHILD SESSIONS

• LOTS OF PREP WORK INVOLVED
• PREP CAREGIVER AND CHILD INDIVIDUALLY BEFORE BRINGING THEM TOGETHER
• MAJOR ISSUES/TOPICS ALREADY ‘PROCESSED’
• PREPPING AROUND WHAT WILL TRANSPIRE DURING JOINT SESSION AND THEIR ROLE

CAN’T ALWAYS DO JOINTS…
• OVERTLY DISBELIEVING CAREGIVER/NO CAREGIVER
PRACTICE TF-CBT

- Psychoeducation and Parenting Strategies
- Relaxation
- Affective Expression and Regulation
- Cognitive Coping/Processing
- Trauma Narrative
- In Vivo Exposure
- Concurrent Parent Child Sessions
- Enhancing Personal Safety and Future Growth
Enhancing Personal Safety

- Increase feelings of self-efficacy and preparedness for past and future
- Reduce risk of re-traumatization
- Uh-oh feeling
- Ok and not ok touches
- Boundaries
- Assertiveness (No-Go-Tell)
- Communication
WHO CAN YOU TELL IF …? 
WHO COULD SEXUALLY ABUSE KIDS? (ANYBODY CAN) 
WHO IS ALLOWED TO HELP YOU IF YOU HAVE A BOO BOO ON YOUR PRIVATE PARTS?

PSYCHOEDUCATION ABOUT TRAUMA AND SAFETY
Congratulations
____________________!
You are now an expert in safety!
PRACTICE TF-CBT

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- R RELAXATION
- A AFFECTIVE EXPRESSION AND REGULATION
- C COGNITIVE COPING/PROCESSING
- T TERROR NARRATIVE
- I IN VIVO EXPOSURE
- C CONJOINT PARENT CHILD SESSIONS
- E ENHANCING PERSONAL SAFETY AND FUTURE GROWTH
FUTURE GROWTH

- GETTING BACK ON A HEALTHY DEVELOPMENTAL TRAJECTORY
- DIFFERENTIATING NORMAL AND TRAUMA-RELATED FEELINGS AND BEHAVIORS
FUTURE GROWTH

• PROVIDE CHILD WITH AGE APPROPRIATE INFO ABOUT HEALTHY SEXUALITY

• INCREASE COMFORT AROUND TOPIC FOR BOTH PARENT AND CHILD TO ENSURE OPEN COMMUNICATION AND DECREASE SHAME.

• CORRECT MISCONCEPTIONS

• HELP CHILDREN DEVELOP A POSITIVE/HEALTHY VIEW OF SEXUALITY – DIFFERENTIATE SEX FROM SEXUAL ABUSE
Congratulations
____________!
You are now an expert in healthy relationships!
TERMINATING THERAPY

- REVIEW PROGRESS
- FADE OUT AND/OR PLAN BOOSTER SESSIONS
- DISCUSS AND PLAN FOR SETBACKS
- PRAISE, PRAISE, PRAISE!
- GRADUATION PARTY: SNACKS AND TREATS
- CERTIFICATES

ADAPTED FROM DEBLINGER (2003)
THANKS FOR HAVING ME!

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