



Complex Trauma

REVIEW, TREATMENT, AND ADVOCACY

What is Trauma?

- ▶ Traumatic Events are intense, frightening, dangerous, or violent events that either threaten or cause harm to a child's physical or emotional well being and overwhelm their ability to cope
 - ▶ Single event or series of events Includes direct experiencing witnessing it in person, or hearing about it in detail.

SAMHSA & NCTSN Definition of Trauma

What is Complex Trauma?

- ▶ Multiple Traumatic Events
 - ▶ Extended time period (chronic)
 - ▶ Across settings
 - ▶ Involving multiple perpetrators
 - ▶ Interpersonal trauma
- ▶ Trauma that Impairs Functioning
 - ▶ One or More Areas
 - ▶ Short and Long Term

What is Complex Trauma?

- ▶ Often involving caregivers
 - ▶ Implications in Development of Secure Attachment Style
- ▶ Frequently beginning at a young age
 - ▶ Implications on Growth and Development
 - ▶ Believing the world is not safe

What is Complex Trauma?

- ▶ Different types of trauma

- ▶ Neglect
- ▶ Abuse
- ▶ In Utero
- ▶ Attachment Disruptions
- ▶ Death
- ▶ Injury/Medical Trauma

- ▶ Accident, Natural Disaster, War
- ▶ Witness Trauma
 - ▶ Domestic Violence
- ▶ Human Trafficking
- ▶ Refuge /Displacement

Complexity of Complex Trauma

▶ Biological Family

- ▶ Generational Abuse
- ▶ Cognitive Distortions
- ▶ Poverty
- ▶ Culture

▶ Parental

- ▶ Drug Use
- ▶ Mental Health
- ▶ Physical Health
- ▶ Developmental Concerns
- ▶ Cognitive Deficits

Toxicity of Complex Trauma (Poison for the mind and body)

- ▶ Delayed Development
 - ▶ Resources rerouted to survival
- ▶ Physical Health
- ▶ Behavioral Dysregulation
- ▶ Problematic Sexual Behavior
 - ▶ Label and Treatment
- ▶ Affective Dysregulation
 - ▶ Disassociation
- ▶ Cognitive Delays or Disruptions
 - ▶ Maslow's hierarchy
- ▶ Insecure Attachment
- ▶ Decreased Self-Esteem
 - ▶ Poor Self-Concept
 - ▶ Negative Outlook on Future

Toxicity of Complex Trauma (Poison for the mind and body)

- ▶ Delayed Development
 - ▶ Resources rerouted to survival
 - ▶ Inability to self-soothe
 - ▶ Regression in development
 - ▶ Potty training
 - ▶ Once in safe environment can grow
 - ▶ RD example (over 6 feet)
 - ▶ SWT example mimics PDD
- ▶ Academic Problems
 - ▶ Deficits abstract reasoning, attention, and memory

Toxicity of Complex Trauma (Poison for the mind and body)

- ▶ Physical Health
 - ▶ Long term immunity issues resulting in medical difficulties
 - ▶ Somatization
 - ▶ Sensory Processing Disorders
 - ▶ HK and DW examples
 - ▶ Coordination and Balance
 - ▶ Cortisol Levels
 - ▶ Fetal Alcohol
 - ▶ BL example

Toxicity of Complex Trauma (Poison for the mind and body)

- ▶ Behavioral Dysregulation
 - ▶ Impulse Control
 - ▶ Difficulty controlling self
 - ▶ Self-Harm
 - ▶ Self-Destruction
 - ▶ Aggression
 - ▶ Bullying
 - ▶ Avoidance
 - ▶ Substance abuse
 - ▶ Suicidality
 - ▶ Traumatic Bonding (associating with aggressor)

ABC's of Behavior (Functional Behavioral Analysis)

- ▶ Antecedent (what happened before)
 - ▶ What can you change
- ▶ Behavior
 - ▶ What is the behaviors function
 - ▶ What is triggering the behavior
- ▶ Consequences (what was the response)
 - ▶ You don't always have to consequence the behavior
 - ▶ Behavioral purpose may have kept the child safe
 - ▶ Important not to remove all behaviors unless going into safe environment
- ▶ Behaviors resulting from trauma or worsening after trauma respond better to the TF-CBT process than preexisting ones (problematic sexual behaviors)
- ▶ GH example

Toxicity of Complex Trauma (Poison for the mind and body)

- ▶ Problematic Sexual Behavior
 - ▶ Caution with labeling this behavior
 - ▶ Efficacy in treatment depends on the source (ND example)
 - ▶ Sex offender treatment is proven less effective in younger kids who act out due to abuse
 - ▶ TFCBT has shown reduced recidivism long-term
 - ▶ What is motivating the behavior, what is sustaining it, what is triggering
 - ▶ Coping mechanism to reduce stress
 - ▶ Safety Plan, Understanding, and Communication is Key
 - ▶ Careful not to shame
 - ▶ Concerning
 - ▶ Aggressive, large age differential, little response to treatment and discipline

Toxicity of Complex Trauma (Poison for the mind and body)

- ▶ Affective Dysregulation
 - ▶ Difficulty with emotional self-regulation
 - ▶ Difficulty identify and expressing emotions
 - ▶ Disassociation
 - ▶ Depersonalization, Detachment, Derealization
- ▶ Cognitive Delays or Disruptions
 - ▶ Maslow's hierarchy
 - ▶ Decreased processing abilities
 - ▶ Difficulty in assessing situations, predicting consequences, and maladaptive problem solving skills
 - ▶ Irrational beliefs
 - ▶ Distrust in others
 - ▶ Distorted self image

Toxicity of Complex Trauma (Poison for the mind and body)

- ▶ Decreased Self-Esteem
 - ▶ Poor Self-Concept
 - ▶ Negative Outlook on Future
 - ▶ Social Competencies
 - ▶ Difficulty Communicating Needs and Wishes

Toxicity of Complex Trauma (Poison for the mind and body)

- ▶ Insecure Attachment
 - ▶ World Appears Scary
 - ▶ Indiscriminate Attachments or Inability to Attach
 - ▶ Poor Boundaries
 - ▶ Trust issues
 - ▶ Difficulty with empathy, reading/responding to other's emotions, and relating to others

Fostering Attachment

- ▶ Ensuring ability to say goodbye when changing placements
- ▶ Pack up own things
- ▶ Ensuring ability to bond with foster/adopt families prior to placement
 - ▶ Family therapy
 - ▶ VIP example
 - ▶ EM example
 - ▶ Provide all the facts (MY example)
- ▶ Be consistent, reliable, and don't break promises



Trauma Focused
Cognitive
Behavioral
Therapy
(TF-CBT)

Why TF-CBT?

- ▶ Enhances Safety
- ▶ Research Based (most heavily)
 - ▶ Treatment strategies
 - ▶ Process
- ▶ Multiple studies proving efficacy
 - ▶ Complex Trauma
 - ▶ Foster youth
 - ▶ Various cultures, settings, and situations
 - ▶ Utilizes individual and family therapy
- ▶ Healthy Coping
- ▶ Improved Self-Esteem (feeling empowered)
- ▶ Addresses
 - ▶ Trauma
 - ▶ PTSD (defined) and Trauma Related Symptoms
 - ▶ Dysregulation
 - ▶ Attachment

WWW of TF-CBT

▶ Who

- ▶ Youth Mentally 3- 18
 - ▶ Following one or more traumatic events
 - ▶ Exhibiting trauma related symptoms (PTSD, behavioral problems, anxiety disorders, mood disorders, and/or dysregulation of self)

▶ Where

- ▶ Multiple Settings: Inpatient, school, RTC, home, and/or office

▶ Why

- ▶ To address trauma
- ▶ Decrease negative behaviors and maladaptive cognitions
- ▶ Increase coping skills and ability to self-regulate
- ▶ Improve social skills and attachments with healthy caregivers

Therapeutic Relationship

- ▶ Single most important factor in counseling
- ▶ Therapeutic alliance is important to outcome and efficacy of TFCBT
 - ▶ Liking their therapist
 - ▶ Trust
 - ▶ Non-judgmental
 - ▶ Relating to therapist
 - ▶ Consistency and predictability
 - ▶ Empathetic
 - ▶ Knowledgeable
- ▶ Termination
 - ▶ Importance of healthy termination
 - ▶ Discussed throughout
 - ▶ Attachment and foster future health

Engagement (Therapist and Ad-Litem)

- ▶ Body language (open and positive)
- ▶ Child feeling heard
 - ▶ Active listening
 - ▶ Reflecting
 - ▶ Clarifying
- ▶ Empathetic, Non-judgmental, Normalize (symptoms, behaviors, etc)
- ▶ Instill optimism about change (therapy and a better life)
- ▶ Support reasoning with Rationale and specifics
- ▶ Be Honest and Respect wishes and Feedback when child Advocate
 - ▶ Doesn't not mean going to get way
 - ▶ Trust
 - ▶ Consistency
 - ▶ Predictability
 - ▶ Follow Through

Resiliency

▶ Fostering Resilience is Key

- ▶ Recovering from traumatic experience
- ▶ Bouncing back from hardships
- ▶ Succeeding in the future after initial disadvantage
- ▶ Adapting in a healthy way

CANS assessment addresses

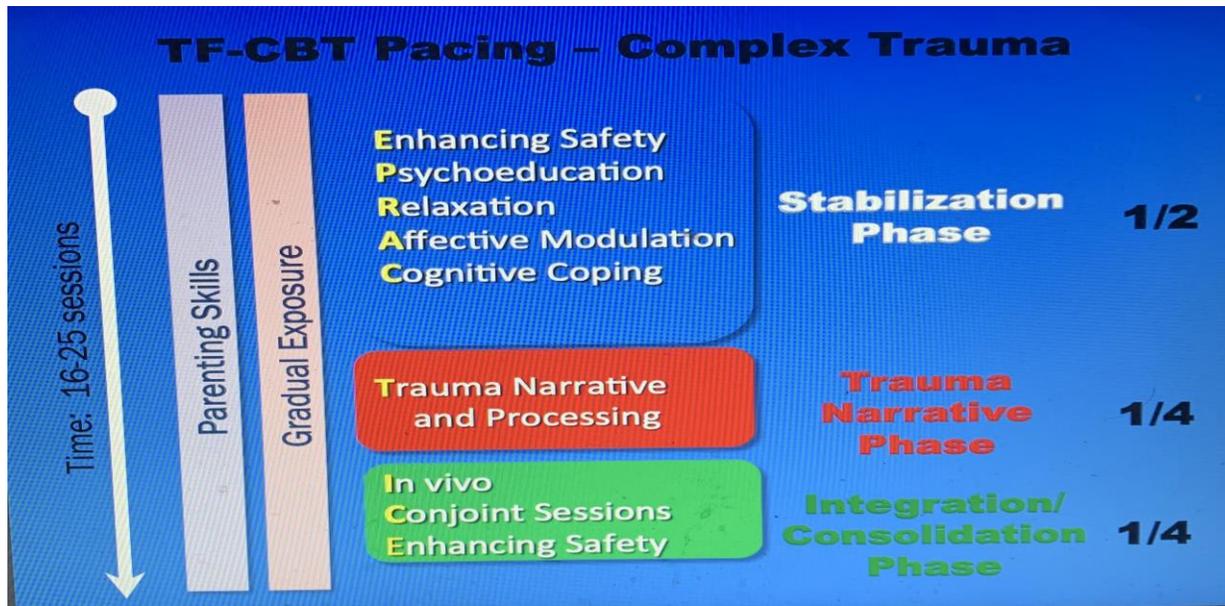
- ▶ Secure attachments
 - ▶ Positive healthy connections
 - ▶ Ability to make friends and care for others
- ▶ Positive sense of self (locus of control)
 - ▶ Social skills
- ▶ Ability to self-regulate
- ▶ Temperament
- ▶ Effective Coping skills, talents, spirituality
- ▶ Supportive Caregivers

Challenges to Treatment

- ▶ Parental Attitude
 - ▶ Refusal to engage
 - ▶ Refusal to accept
 - ▶ Cognitive distortions attributed to child (if they wouldn't have told or worn that outfit)
- ▶ AF-CBT if violence, aggression, or safety an issue in the home or parenting skills need to be the focus and then transition to TF-CBT
- ▶ Whether or not to include perpetrating parent in treatment
 - ▶ Generally not appropriate or encouraged
 - ▶ Exceptions:
 - ▶ Acknowledged and taken responsibility
 - ▶ In treatment and then returned home (assess the situation)
 - ▶ Disclosure in the middle of treatment
 - ▶ Have perpetrating parent involved in safety plan so that they can encourage the child to report
 - ▶ Ensure if TN shared that PP doesn't minimize or cause harm

TF-CBT Components

- ▶ Engagement and Assessment
- ▶ PRACTICE
 - ▶ Psychoeducation and Parenting Skills
 - ▶ Relaxation
 - ▶ Affective Modulation
 - ▶ Cognitive Coping and Processing
 - ▶ Trauma Narrative
 - ▶ In Vivo Mastery of Trauma Reminders
 - ▶ Conjoint Child-Parent Sessions
 - ▶ Enhancing Future Safety and Development



Child and Parent Components

Individual sessions for both

Parent sessions - generally parallel child sessions

Same therapist for both child and parent

Child and parent receive about the same amount of time at each session

Treatment length: 8-25 sessions (weekly 90 minutes ideal or more shorter session i.e.30)

Symptoms shown to improve even without caregiver/parental involvement

Systems approach can be used if youth does not have traditional caregiver

STRUCTURE OF INDIVIDUAL SESSIONS AND OF THE ENTIRE PROCESS IS VITAL TO TREATMENT EFFICACY

Phase 1:

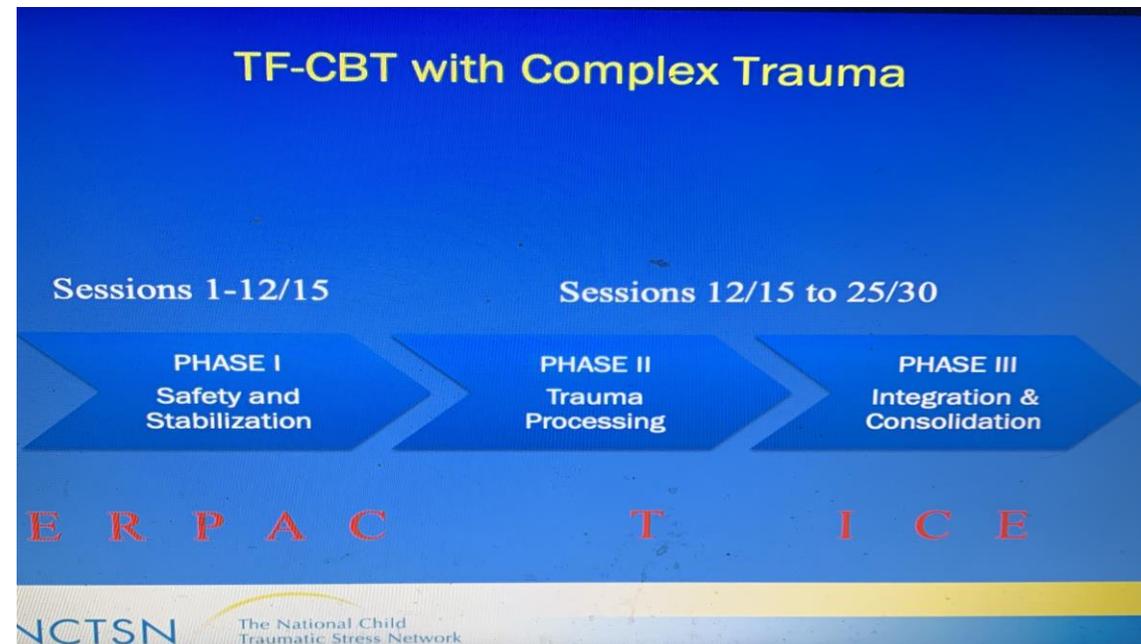
Focus is on the present: stabilize current functioning to the point that the youth can work on the past

Phase 2:

Focus is on the past: capitalize on increased stability to help youth process past trauma

Phase 3:

Focus is on the future: use increased stability and understanding of their past to prepare for the future



TF-CBT

- ▶ Engagement and Assessment
 - ▶ Safety First
 - ▶ Establish the Relationship
 - ▶ Assessment
 - ▶ CATS
 - ▶ Traumatic Experiences Checklist
 - ▶ Address all 5 sections needed to diagnosis based on DSM 5
 - ▶ 3-6 only Caregiver
 - ▶ 7 to 17 both Caregiver and youth fill out
 - ▶ CANS Example (if you don't ask they won't tell)

Child and Adolescent Trauma Screen (CATS) - Caregiver Report (Ages 3-6)

Child's Name: _____ Date: _____

Caregiver Name: _____

Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark No if it didn't happen to the child.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Serious accident or injury like a car/bike crash, dog bite, sports injury. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Robbed by threat, force or weapon. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Slapped, punched, or beat up in the family. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Slapped, punched, or beat up by someone not in the family. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Seeing someone in the family get slapped, punched or beat up. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Seeing someone in the community get slapped, punched or beat up. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Someone older touching his/her private parts when they shouldn't. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Someone forcing or pressuring sex, or when s / h e couldn't say no. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Someone close to the child dying suddenly or violently. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Attacked, stabbed, shot at or hurt badly. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Seeing someone attacked, stabbed, shot at, hurt badly or killed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Stressful or scary medical procedure. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Being around war. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Other stressful or scary event? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe: _____

Which one is bothering the child most now? _____

If you marked "YES" to any stressful or scary events for the child, then turn the page and answer the next questions.

Mark 0, 1, 2 or 3 for how often the following things have bothered the child in the last two weeks:

0 Never / 1 Once in a while / 2 Half the time / 3 Almost always

- | | | | | |
|---|---|---|---|---|
| 1. Upsetting thoughts or images about a stressful event. Or re-enacting a stressful event in play. | 0 | 1 | 2 | 3 |
| 2. Bad dreams related to a stressful event. | 0 | 1 | 2 | 3 |
| 3. Acting, playing or feeling as if a stressful event is happening right now. | 0 | 1 | 2 | 3 |
| 4. Feeling very emotionally upset when reminded of a stressful event. | 0 | 1 | 2 | 3 |
| 5. Strong physical reactions when reminded of a stressful event (sweating, heart beating fast). | 0 | 1 | 2 | 3 |
| 6. Trying not to remember, talk about or have feelings about a stressful event. | 0 | 1 | 2 | 3 |
| 7. Avoiding activities, people, places or things that are reminders of a stressful event. | 0 | 1 | 2 | 3 |
| 8. Increase in negative emotional states (afraid, angry, guilty, ashamed, confusion). | 0 | 1 | 2 | 3 |
| 9. Losing interest in activities s/he enjoyed before a stressful event. Including not playing as much. | 0 | 1 | 2 | 3 |
| 10. Acting socially withdrawn. | 0 | 1 | 2 | 3 |
| 11. Reduction in showing positive feelings (being happy, having loving feelings). | 0 | 1 | 2 | 3 |
| 12. Being irritable. Or having angry outbursts without a good reason and taking it out on other people or things. | 0 | 1 | 2 | 3 |
| 13. Being overly alert or on guard. | 0 | 1 | 2 | 3 |
| 14. Being jumpy or easily startled. | 0 | 1 | 2 | 3 |
| 15. Problems with concentration. | 0 | 1 | 2 | 3 |
| 16. Trouble falling or staying asleep. | 0 | 1 | 2 | 3 |

Please mark "YES" or "NO" if the problems you marked interfered with:

- | | | | | | |
|------------------------------|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| 1. Getting along with others | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Family relationships | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Hobbies/Fun | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. General happiness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. School or work | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Post-Traumatic Stress Disorder DSM-5

"B" Intrusion Symptoms

- Recurrent/ Involuntary/ intrusive thoughts/ images
- Dissociative reactions/ Flashbacks
- Recurrent distressing dreams (in kids don't need trauma content)
- Trauma re-enactment play (kids)
- Distress to cues (internal external)

1 of these

"C" Avoidance

- Avoid memories, thoughts/feelings of event (internal reminders)
- Avoid (or try to) people/places objects/situations (external reminders)

1 of these

"D" Negative Cognitions or Mood

- Inability to remember aspects of trauma
- Persistent / exaggerated neg. beliefs of self, etc.
- Distorted thoughts re: cause or outcomes
- Persistent negative emotional state
- Diminished activities interests
- Detached/estranged
- Can't experience Positive emotions

2 or more of these

"E" Arousal & Reactivity

- Irritable or angry outbursts
- Reckless / Self-destructive
- Hypervigilance
- Exaggerated Startle Response
- Problems concentrating
- Sleep disturbance

2 or more of these

Caregiver's Name: _____

Provider's Name: _____

Assessment Date: _____

CATS 3- 6 Years Score 0-11 Normal. Not clinically elevated.	CATS 3-6 Years Score 12-15 Moderate trauma-related distress.	CATS 3-6 Years Score 15+ Probable PTSD.
CATS 7-17 Years Score 0-14 Normal. Not clinically elevated.	CATS 7-17 Years Score 15-20 Moderate trauma-related distress.	CATS 7-17 Years Score 21+ Probable PTSD.

CAREGIVER Report

Trauma Exposure: _____

Total PTSD Severity Score: _____ Add ALL items, 1-20

Criteria	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?	
Re-experiencing Items 1-5		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avoidance Items 6-7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Negative Mood/ Cognitions Items 8-14		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arousal Items 15-20		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No Questions		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Age 6 & Under - Only need 1 symptom of avoidance OR negative mood/cognitions

CHILD Report

Trauma Exposure: _____

Total PTSD Severity Score: _____ Add ALL items, 1-20

Criteria	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?	
Re-experiencing Items 1-5		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avoidance Items 6-7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Negative Mood/ Cognitions Items 8-14		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arousal Items 15-20		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No Questions		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TF-CBT

▶ Psychoeducation

- ▶ Throughout process (education is empowering)
- ▶ Defining complex trauma, stress responses, and impact
 - ▶ Normalize the behavior and help the youth understand that their behavior is due to the chronic trauma that they have endured
 - ▶ Explain that past behavior survival skills that kept you alive are now maladaptive
 - ▶ Be sure to give positive feedback regarding how they handled things
 - ▶ i.e. kept you alive (GH example)]
 - ▶ Explaining common physiological responses
 - ▶ Fight, flight, and freeze
 - ▶ Explore trauma triggers and reminders

TF-CBT

- ▶ Parenting Skills (parent or stable supportive adult)
 - ▶ Education
 - ▶ Process on traumas
 - ▶ Healthy functional relationship (understanding, support, trust, dynamics, attachment)
 - ▶ Healthy Discipline
 - ▶ Regulation of self, coping skills, and correcting cognitive distortions

TF-CBT

▶ Relaxation

▶ Coping skills

- ▶ Depending on situation may need to be primary focus even before psychoeducation
- ▶ Both mind and body relaxation skills need to be taught and practiced
 - ▶ Utilized throughout process especially during trauma narrative
 - ▶ Effectively identify and use self soothing (coloring, video games, exercise) and distraction techniques (Stop on roof of tongue)

▶ Use with trauma reminders

- ▶ Helps add to buy in
- ▶ Immediate relief
- ▶ Practice weekly with caregivers if possible

TF-CBT

- ▶ Affective Modulation
 - ▶ Defining and understanding feelings
 - ▶ Physiological responses
 - ▶ Triggers
 - ▶ Accurate identification of emotion, intensity, and how to express the feeling appropriately
 - ▶ Some cultures it is ok to be mad but not ok to be sad
 - ▶ Explanation of how all feelings are ok it is the expression of the feeling that

TF-CBT

▶ Cognitive Coping and Processing

▶ Event \longrightarrow Thought \rightarrow Feeling \rightarrow Behavior (cognitive triangle)

▶ Cant control the event

▶ Focusing on changing the thought has a big impact on regulating feelings and encouragement of adaptive behaviors.

▶ Increase awareness of cognitions and positive self-talk

The Cognitive Triangle



One Time Through

TF-CBT

▶ Trauma Narrative

- ▶ Prior to starting ensure that there is sufficient environmental stability, no major changes, will remain in session to complete narrative, and ability to self-regulate to tolerate exposure to trauma memories
- ▶ Deal with any major stressors
- ▶ Prepare caregivers for possibility of increase in stress (trauma exposure impact on emotions and behaviors, coping and support important)

TF-CBT

- ▶ Trauma Narrative
 - ▶ Trauma Narrative Medium
 - ▶ Power Point, Book, Song, and Art
 - ▶ Trauma Narrative Outline
 - ▶ Chapters
- ▶ Tell story with multiple passes (facts, emotions, and thoughts described before, during, and after the trauma)
 - ▶ Realistic telling (no need to be hero)
 - ▶ Review each week with caregiver so when child presents you ensure positive response

Trauma Processing

The National Child Traumatic Stress Network States that:

- ▶ Trauma processing is “complete” when youth can distinguish trauma reminders from current danger, can experience reminders without significant distress, AND have a healthy sense of meaning about their experiences.
 - ▶ Realistic understanding of why they were exposed to so much trauma
 - ▶ See trauma as only part of their life
 - ▶ Trauma as experiences from which they can learn, grow and/or become stronger
 - ▶ Have hope that the future can be different from the past

TF-CBT

- ▶ Cognitive processing following narrative
 - ▶ Address maladaptive cognitions
 - ▶ Safety (CP and 911)
 - ▶ Correcting unhealthy beliefs, guilt, and self-blame
 - ▶ Psychoeducation can help
- ▶ In Vivo Mastery of Trauma Reminders
 - ▶ Trigger identification and exposure
 - ▶ Youth should be able to identify triggers, face some of them (if safe), and discuss trauma without dysregulation or resorting to maladaptive coping and problematic behavior

Triggers

- ▶ What are triggers
 - ▶ Only the victim and perpetrator really know
 - ▶ Internal, External, Hidden Triggers
 - ▶ Examples
 - ▶ Memory, Event, Item, Phrase, Scents, Person
- ▶ Triggers Cause
 - ▶ Regression in Development
 - ▶ Poor educational and vocational success
 - ▶ Difficulty with regulating self

TF-CBT

- ▶ Conjoint Child-Parent Sessions
 - ▶ Facilitates healthy communication
 - ▶ Work towards common goals and planning (united)
 - ▶ A healthy family helps the youth become successful and unhealthy family can increase risk of complete regression
 - ▶ JC example
 - ▶ Therapist can model appropriate responses and facilitate healthy comforting and response to heal and build bonds

TF-CBT

- ▶ Correcting Cognitive Distortions
 - ▶ Address stressors and triggers that might impact future development and progress
 - ▶ Making meaning and giving back to continue to progress from trauma
- ▶ Enhancing Future Safety and Development
 - ▶ To be done in the beginning and end with complex
 - ▶ Specific trauma safety plans, prevention, knowledge and skills
 - ▶ Healthy relationships, who is safe (CP example)
 - ▶ Focus on a successful future and possible resources
 - ▶ Issues related primarily to Foster Youth
 - ▶ Finances, Credit, School , Support post care, Life Skills

Tips

Giving a Foster Child a Voice

- ▶ Helping the Child feel safe: Create a Safety Plan for multiple situations, settings, and issues
- ▶ Finding a TF-CBT certified therapist if they are experiencing symptoms due to trauma
 - ▶ Check qualifications
 - ▶ Accurate diagnosis
 - ▶ WD (PTSD not BPI)
 - ▶ Website for those actually certified in TFCBT
- ▶ Increase support for youth and caregiver
- ▶ Foster development of healthy and useable coping skills
- ▶ Encourage Assertiveness
- ▶ Encourage Advocacy for Self and What is in the Child's Best Interest
 - ▶ Assertiveness training and practice
 - ▶ For many they are entering into life changing situations
 - ▶ At risk for revictimization

Sources and Resources

- ▶ Institute of Behavioral Health TF-CBT Training and Resources
- ▶ The National Child Traumatic Stress Network
- ▶ TF-CBT Consultation and training material and website
- ▶ National Center on the Sexual Behavior of Youth
- ▶ Books, movies, and songs that discuss traumatic experiences