

Psychotherapies for PTSD in Youth

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SCHOOL OF MEDICINE

>25 Years of Research*:

Effective Treatments have Been
Developed, Tested, & Implemented

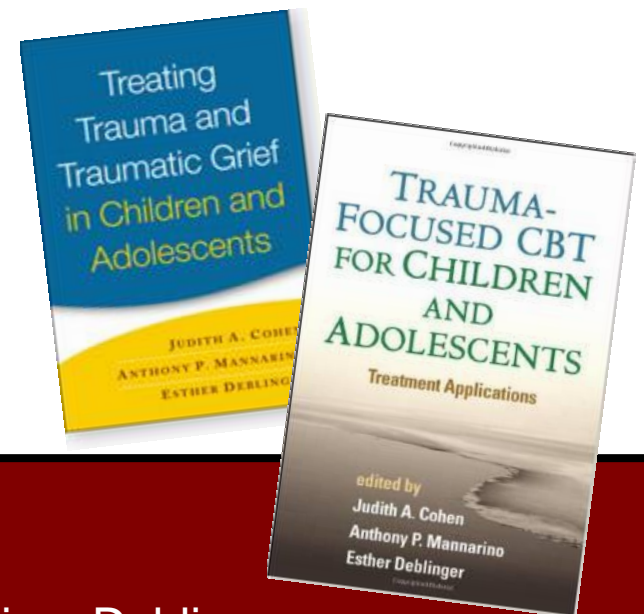
- Alternatives for Families - Cognitive Behavioral Therapy – AF-CBT
- Child-Parent Psychotherapy – CPP
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Cognitive Processing Therapy
- Eye Movement Desensitization and Reprocessing (EMDR)
- Multisystemic Therapy Child Abuse & Neglect (MST-CAN)
- Parent Child Interaction Therapy – PCIT
- Project SafeCare
- Seeking Safety
- The Incredible Years (TIY) series
- Trauma-Focused Cognitive-Behavioral Therapy – TF-CBT
- Triple P – Positive Parenting Program

*not exhaustive



Trauma Focused Cognitive-Behavioral Therapy

- Evidence-based
- Empirically supported (20+ RCTs)
- Conjoint child and parent psychotherapy model
- For children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events.
- Used with a range of traumatic events
- Effective with children age 3 to 18 years
- Components-based treatment protocol
- Time limited, structured approach
- Usually completed within 8-16 sessions



Components of TF-CBT PRACTICE

**Psychoeducation and
Parenting skills**

Relaxation

Affective modulation

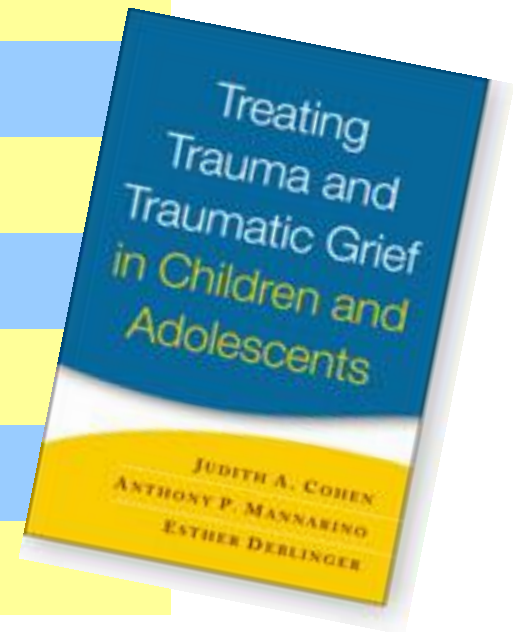
Cognitive coping and processing

Trauma narrative

In vivo mastery of trauma reminders

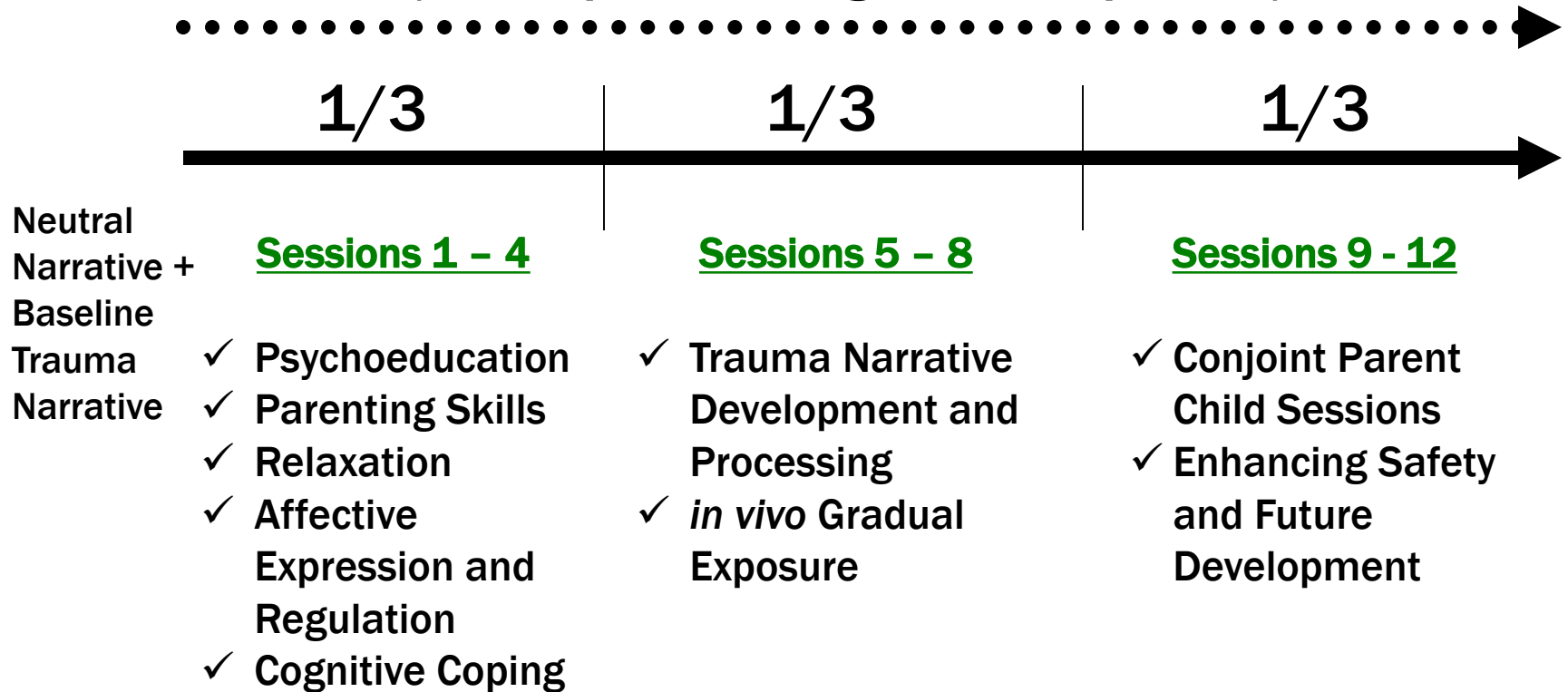
Conjoint child-parent sessions

Enhancing future safety and development



TF-CBT SESSIONS FLOW

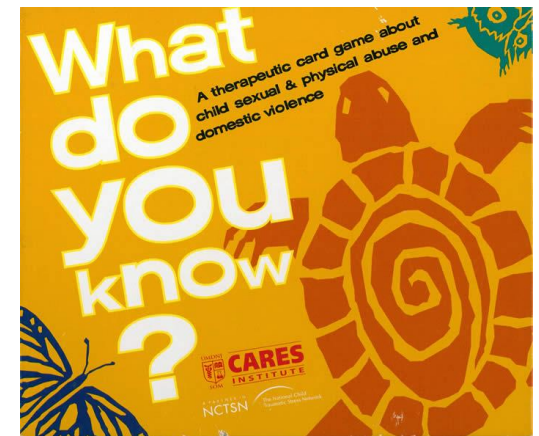
(Entire process is gradual exposure)



Psychoeducation

Goals:

- Educate about trauma, symptoms and trauma reminders
- Normalize severe stress reactions
- Provide information about psychological and physiological reactions to stress
- Instill hope for recovery
- Educate about the benefits and need for treatment



Parenting

Goals:

- Teach caregivers how to manage challenging behaviors
- Help caregivers decrease any unhealthy or ineffective discipline techniques
- Help to establish reasonable developmental expectations
- Teach use of praise, active ignoring, time-out, contingency management plans, and other effective techniques



Relaxation

Goals:

- Recognize & reduce physiological manifestations of stress and PTSD
- Explain body responses to stress
 - Shallow breath, muscle tension, headaches, panic
- Examples:
 - Diaphragmatic breathing
 - “belly breathing,” deep and slow
 - Progressive muscle relaxation
 - Mindfulness exercises



Affective Expression and Modulation

Goals:

- Identify, label, and accept feelings
- Elicit trauma-related emotional reactions
- Identify bodily sensations/physiological sensations associated with different emotions
- Help child experience and tolerate negative affect
- Express feelings – *show and tell*
- Teach/practice appropriate expressions outlets
- Identify feelings in others – *look, listen and ask*



Cognitive Coping

Goals:

- Help child to understand connections between thoughts, feelings & behaviors
- Identifying, sharing, and tracking internal thoughts
- Using cognitive strategies to cope with distressing thoughts
 - Positive self-statements, Planned distraction, Mindfulness
- Restructure/replace maladaptive thoughts



Trauma Narrative Rationale

- Reasons to directly discuss traumatic events:
 - Switch from avoid to approach
 - Gain mastery and control over trauma reminders
 - Resolve avoidance symptoms
 - Correction of distorted cognitions
 - Model adaptive coping
 - Identify and prepare for trauma/loss reminders
 - Contextualize traumatic experiences into life
 - Opportunity to share with a trusted adult



Example Trauma Narrative

- The first time he ever did it, he threatened me not to tell. I felt afraid (8) and guilty (6), so I didn't tell. I was thinking, "what is he going to do?" "am I going to get in trouble?" "is this my fault?" // I know now that it was not my fault. It was his choice to hurt me. I didn't do anything wrong and even when kids break rules, it's not OK for parents to hurt them. When I think about how it's not my fault, I feel happy (4), relieved (4).



In vivo gradual exposure

Goal:

- To reduce specific cues or reminders that trigger trauma-related fears in the ‘real world’ environment
- Use only if the cue or reminder is not now dangerous.
- Mastery of the trauma reminder increases self-efficacy
- Helps overcome avoidance and allows child to resume normal activities, development



Conjoint Parent-Child Sessions

- GOALS:
 - Child shares narrative with caregiver
 - Provide opportunity for healthy communication about the trauma



Enhancing Safety Skills

- GOALS:

- Enhance future (and current) safety



- Information shared:

- OK vs. Not OK Touches
- What to do
- Who to tell

- Modes:

- Handouts
- Books
- Role plays
- Family meeting



TF-CBT *Web*

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TF-CBT *Web*^{2.0} | *A course for Trauma-Focused Cognitive Behavioral Therapy*

Foundations of TF-CBT

Psychoeducation

Parenting Skills

Relaxation

Affect Identification & Regulation

Cognitive Coping

Trauma Narration and Processing I

Trauma Narration and Processing II

In Vivo Mastery

Conjoint Parent-Child Sessions

Enhancing Safety & Future Development



TF-CBT

Therapist Certification Program

1. Master's degree or above in a mental health discipline;
2. Professional licensure in home state;
3. Completion of [TF-CBTWeb](#);
4. Participation in a live TF-CBT training (two days) conducted by a treatment developer or an approved national trainer (graduate of our TF-CBT Train-the-Trainer Program); or Live training in the context of an approved national, regional, or state TF-CBT Learning Collaborative of at least six months duration in which one of the treatment developers or a graduate of our TF-CBT Train-the-Trainer (TTT) Program has been a lead faculty member;
5. Participation in follow-up consultation or supervision on a twice a month basis for at least six months or a once a month basis for at least twelve months. The candidate must participate in at least nine out of the twelve consultation or supervisory sessions. This consultation must be provided by one of the treatment developers or a graduate from our TTT program. Supervision may be provided by one of the treatment developers, a graduate of our TTT program, or a graduate of our TF-CBT Train-the-Supervisor (TTS) Program (In the latter instance, the supervisor must be employed at the same organization as the certification candidate);
or
Active participation in at least 3/4 of the required cluster/consultation calls in the context of an approved TF-CBT Learning Collaborative;
6. Completion of three separate TF-CBT treatment cases with three children or adolescents with at least two of the cases including the active participation of caretakers or another designated third party (e.g., direct care staff member in a residential treatment facility)
7. Use of at least one standardized instrument to assess TF-CBT treatment progress with each of the above cases;
8. Taking and passing TF-CBT Therapist Certification Program Knowledge-Based Test.



Q&A

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