

Oklahoma  
**TF-CBT** for TF-CBT  
Supervision

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What are your questions about TF-CBT supervision?



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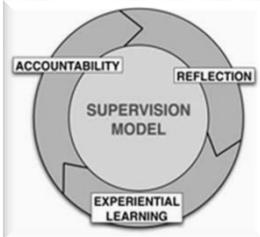
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Recipe for Successful TF-CBT Supervision



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## Successful TF-CBT Supervision

- Know the model and components very well
- Actively monitor supervisee fidelity to the TF-CBT model

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## Successful TF-CBT Supervision

- Help supervisees learn to balance TF-CBT fidelity and flexibility
- Remain up-to-date and share new and exciting TF-CBT research findings

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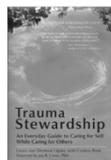
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## Successful TF-CBT Supervision



- Give direct, honest and supportive feedback on supervisee TF-CBT implementation.
- Watch supervisees for signs of secondary traumatic stress.

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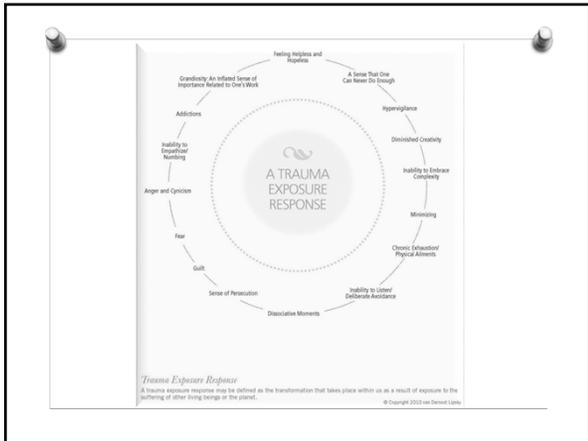
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## Successful TF-CBT Supervision

- Conduct effective supervision sessions:
  - Model steps in TF-CBT by:
    - ✓ Setting an agenda
    - ✓ Giving supervisees time to share
    - ✓ Providing opportunities for education and practice

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## Support Model Learning

Provide time for:

- Web trainings
  - TF-CBT Web, CTG Web, TF-CBT Consult
- Consult calls
  - Minimum 12 calls in 6 months - 1 yr
  - Case documentation for consult calls
  - Advanced TF-CBT training (4-6 months after intro & then annual, if available)

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## Support Model *Learning*

Provide time for:

- Session preparation
  - Average 20-30 min weekly per case for first few cases.
  - Advanced therapists need prep time, too.
  
- TF-CBT case staffings in your on-site supervision

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## Support Model *Use*

- Assign potential TF-CBT cases to therapist's caseload in time with the Intro TF-CBT training.
- Therapists should have new cases ready to start for consultation.

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## Support Model *Use*

- Review potential TF-CBT cases with therapist.
  - Conduct early trauma screen and, if positive, conduct PTSD assessment at beginning of case.
  - If child has trauma history + PTSD symptoms, TF-CBT is likely the best approach.
  - If therapist is hesitant to start TF-CBT, "Tell me why we shouldn't use TF-CBT with this case."
  - Work with therapist to plan out first sessions.

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**Support Model Adherence**

- At beginning of case, discuss plan for caregiver involvement. Help therapist be creative in reaching out to hesitant or missing caregivers.
- Do a weekly check-in on TF-CBT case progress

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**Support Model Adherence**

- Use the PRACTICE Checklist or other fidelity monitoring form & review during each supervision session.
- When progress through the PRACTICE components stalls, explore potential reasons and problem-solve in supervision.

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**Support Model Adherence**

Remember - the tendency is for therapists to drift away from any evidence-based practice over time.

Acknowledge this and create a plan with the therapist for model fidelity.

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## Common Challenges in TF-CBT Supervision

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### #1: Loses sight of the TF-CBT Model Big Picture

Therapists may get bogged down in issues like:

- Parent's complaints of child misbehavior
- School difficulties
- Relationship difficulties

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### Remedy: Frame problems in the context of PTSD

Q's for therapist:

- How is (problem) related to trauma & PTSD?
- What skills has the client learned (or needs to learn) to address (problem)?
- Is (problem) something that is better addressed later in TF-CBT or upon completion of TF-CBT?

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## #2: Joining the chaos of traumatized families

- ❖ COWS continually deter session plans



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## Remedy: Structure & Planning

Q's for therapist:

- ❖ How is session structured? How is time spent?
- ❖ What components of the model does the family need to use to 'corral the cows'?
- ❖ What are ways to model good boundaries & use of coping skills in session?

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## #3: Uncertainty in readiness to progress to next component or even end treatment

- ❖ May stay "stuck" in early phases of TF-CBT
- ❖ May have difficulty recognizing "good enough" improvement

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**Remedy: Evaluate progress on treatment goals.**

Q's for therapist:

1. Is client managing \_\_\_\_\_ enough to proceed to next component? What skill level does client need to move?
2. Compare initial functioning to now. Any change in client's PTSD symptoms? Can client manage symptoms?
3. What is holding therapist back from moving into TN?
4. When will you and the family know treatment is done?

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**#4: Unfocused sessions & few engaging activities**

- ❖ Therapist may have limited session prep time.
- ❖ Therapist discomfort may be hampering technique:
  - Examples of potential areas of discomfort:
    - ❖ CBT modality
    - ❖ Structuring and directing sessions,
    - ❖ Talking about trauma
    - ❖ Working with parents
    - ❖ Working with children of certain age groups,
    - ❖ Personal history of trauma

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**Remedy: Create a safe place for therapist to explore and share their challenges in this area.**

- ❖ Discuss learning styles of family members.
- ❖ Brainstorm ideas for incorporating structure and fun activities into sessions.

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## PRACTICE Component Supervision Ideas

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### TF-CBT Supervision Includes:

- o Reviews of PRACTICE component goals and tasks
- o Active planning for subsequent sessions
- o Reviews of relevant therapy resources & tools
- o Discussion of caregiver involvement
- o Role plays and demonstrations to support new skill development
- o Therapist self-care check-ins

Reminder:  
Take  
Care of  
Myself

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PLANNING  
IS NOT  
OPTIONAL

### Always check in on:

- o Session planning and activities/materials preparation
- o Adherence to PPRACTICE structure
- o Incorporation of caregivers into each session
- o Inclusion of gradual exposure elements into each session
- o Use of interactive activities that give youth opportunities for practice and teaching
- o Assignment and review of homework
- o Inclusion of fun and youth's interests into sessions

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## ASSESSMENT AND ENGAGEMENT

- Assist therapist in determining youth who may benefit from TF-CBT.
- Review screening & assessment results.
- Discuss the relevant assessment feedback to share with child/caregiver.
- Establish plan for symptom tracking and regularly review outcomes in supervision.
- Discuss options for engaging reluctant or inconsistent caregivers.

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## PSYCHOEDUCATION

- Discuss psychoeducational topics needed for youth and caregiver(s)
- Brainstorm child, caregiver & conjoint psychoed activities
- Plan for fun/novelty to ease distress/avoidance.

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## PARENTING

- Discuss plan for engaging/supporting caregivers.
- Regularly review therapist's plan for caregiver involvement in treatment.
- Potential role plays:
  - ✓ Engagement
  - ✓ Teach behavior management skills
    - ✓ (e.g., active listening, labeled praise, behavior charts, time out, logical/natural consequences, etc.)
  - ✓ Good Boss/Bad Boss

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## PARENTING

- Special topics
  - ✓ Impact of therapist age, gender, parental status on working with parents
  - ✓ Engaging the angry parent
  - ✓ Working with traumatized parents
  - ✓ Functional Behavioral Analysis – Trauma driven or parent reinforced behaviors?

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## RELAXATION

- Role plays
  - ✓ Teach stress response (fight, flight, freeze) to children of different ages
  - ✓ Teach specific relaxation skills (deep breathing, muscle relaxation, visualization, etc.)
- Special topics
  - ✓ Working with the child/caregiver who thinks relaxation is stupid or doesn't work
  - ✓ What to do when parents won't practice with their children

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## AFFECT REGULATION

- Special topics
  - ✓ Working with the emotionally disconnected child
  - ✓ Working with the emotionally labile child
  - ✓ What to do when parents are poor role models for emotion regulation?
  - ✓ What to do when parents won't support their child's emotional development

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## COGNITIVE COPING

### ➤ Role plays

- ✓ Teaching and reviewing problem-solving skills (turtle steps, STOP technique, etc.)
- ✓ Teaching and reviewing the cognitive triangle
- ✓ Helping children change non-trauma related cognitions with the triangle
- ✓ Basic Socratic questioning skills practice

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## COGNITIVE COPING

### ➤ Special topics

- ✓ Teaching the cognitive triangle to:
  - ✓ Oppositional youth
  - ✓ Young children
  - ✓ Caregivers
- ✓ Teaching caregivers to coach their child in the use of cognitive coping skills

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## TRAUMA NARRATIVE

### ➤ Role plays

- ✓ Introducing the Trauma Narrative to different ages & to parents
- ✓ Using different metaphors/analogies/examples to explain gradual exposure
- ✓ Developing the Trauma Narrative (building narratives in multiple drafts)
- ✓ Managing child/caregiver avoidance (handling the "I don't know/remembers")

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## TRAUMA NARRATIVE

- Special topics
  - ✓ How to create strong introductions that set the stage for exposure work
  - ✓ Developing a plan for repeated gradual exposure (developing the trauma narrative)
  - ✓ Documentation, chart management & confidentiality issues with trauma narrative work
  - ✓ Gradual exposure with caregivers
  - ✓ Ideas for rolling with resistance

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## IN VIVO DESENSITIZATION

- Component Review
  - ✓ Review “Facing Down the Fears - I 35W Bridge Collapse” TF-CBT in vivo video online
  - ✓ Practicing exposure hierarchy development
- Discussion topics
  - ✓ When to use this technique
  - ✓ How to involve caregivers in in vivo work

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## COGNITIVE PROCESSING

- Role plays
  - ✓ Using Socratic questioning with problematic trauma-related cognitions
  - ✓ Best friend examples
  - ✓ Using the cognitive triangle to shift problematic trauma-related beliefs
  - ✓ Using these skills with youth and with caregivers

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## COGNITIVE PROCESSING

### ➤ Special topics

- ✓ How much movement should we expect when processing problematic trauma-related cognitions?
- ✓ How to balance psychoeducation with processing. When to give information during processing.
- ✓ What to do when sticky cognitions won't seem to budge.

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## CONJOINT PARENT-CHILD SESSIONS

### ➤ Special topics

- ✓ Ways to integrate conjoint parent-child work into each session.
- ✓ When not to do conjoint work.
- ✓ Preparing children and caregivers for conjoint trauma narrative review.

### ➤ Role plays

- ✓ What to do when the discussion starts to get heated.
- ✓ Managing the overwhelmed parent during the conjoint session.

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## ENHANCING SAFETY AND SOCIAL SKILLS

### ➤ Special topics

- ✓ When to teach about private parts and sexual behavior rules
- ✓ Calming the “freaked out” parent
- ✓ How to handle parents who don't want to talk about sexual issues
- ✓ Working with families impacted by domestic violence

### ➤ Role plays

- ✓ Practicing No-Go-Tell
- ✓ Teaching Dr' s names for private parts
- ✓ Teaching the Sexual Behavior Rules

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## TREATMENT COMPLETION

### ➤Special topics

- ✓ What is good-enough progress for treatment completion?
- ✓ When and how to transition from TF-CBT to a different phase of treatment, if needed?
- ✓ How to model a healthy good-bye for the youth and family?
- ✓ What parting messages does the therapist want to leave with the youth and caregivers?
- ✓ Preparing the family for managing future stressors

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## Questions?



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