

SCHOOL-BASED TF-CBT RESOURCES AND IDEAS SHARE

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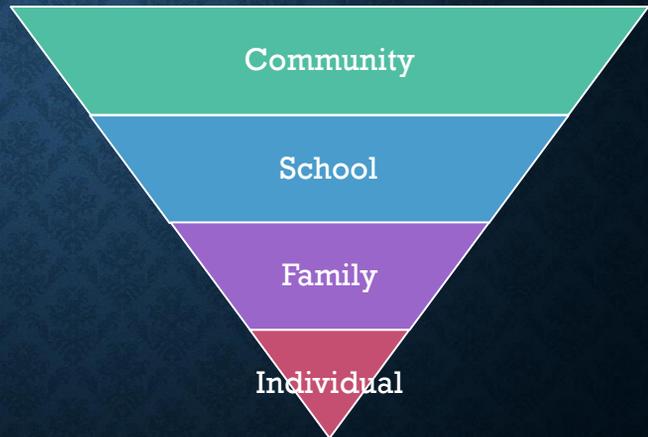
Center on Child Abuse and Neglect

LEARNING OBJECTIVES

- Participants will be able to:
 - Synthesize the characteristics of a school setting needed for TF-CBT to be implemented effectively
 - Identify potential barriers (and alternatively, benefits) to providing TF-CBT in the schools
 - Adapt the components of TF-CBT for enhanced application in a school setting

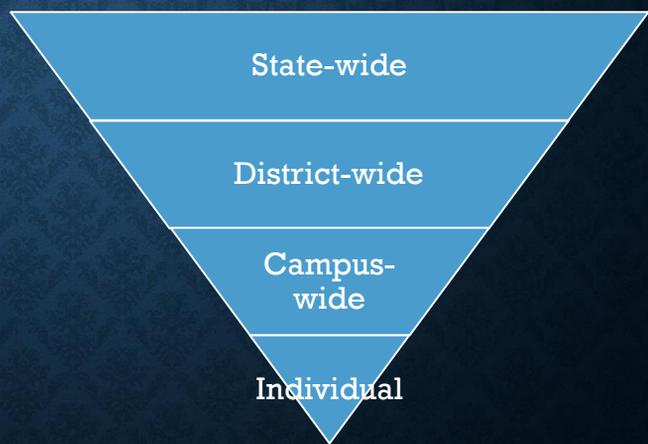
BEFORE BEGINNING TF-CBT

- What factors at each of these levels might affect engagement in TF-CBT when you implement it outside of the school setting?
- We still have to consider these factors when implementing TF-CBT in the schools...with a few additional considerations



ADDITIONAL CONSIDERATIONS

- What factors at the campus-wide level affect engagement in TF-CBT when implementing it in the schools?



BENEFITS OF DOING TF-CBT IN THE SCHOOLS

“Schools offer a naturalistic environment to closely monitor children’s functioning and treatment response and facilitate easy and frequent observation by school staff (counselors, teachers) in a variety of situations.”
Fitzgerald & Cohen, 2012

- Richer behavioral observations
- Opportunity for in-vivo practice of skills
- Opportunity for collaboration with teachers
- Easy access to children’s academic information, including classroom behavior and interactions with peers and teachers



BARRIERS TO DOING TF-CBT IN SCHOOLS

- Regular access to caregivers
- Space concerns
- Disruption of services and scheduling problems
- Gaps in treatment due to holidays, testing or other school events
- Perceptual barriers
 - Fear of sending child back to class after session
 - Lack of efficacy without caregiver involvement

IMPLEMENTING TF-CBT

- Psychoeducation
- Parenting skills
- Relaxation
- Affect modulation
- Cognitive coping
- Trauma narration and processing
- *In vivo* mastery of trauma reminders
- Conjoint child-parent sessions
- Enhancing future safety and development

PSYCHOEDUCATION

- Traditional TF-CBT
- Begin exposure
- Normalize child's experiences
- Instill hope for treatment and future
- Reduce blame and shame
- Reduce isolation
- Increase openness in family
- TF-CBT in the schools
- Helping teachers understand the child's behavior within the context of trauma
- Educating teachers on how to talk about trauma with child

PSYCHOEDUCATION

TF-CBT in the schools

- Helping teachers understand the child's behavior within the context of trauma
 - Impact on learning and academic performance
 - Self-regulating attention
 - Decreased emotional and executive control
 - Struggle in receptive and expressive language
 - Perspective taking
 - Cause and effect relationships
 - Engaging in curriculum

(Sanger et al., 2000; Shonk & Cicchetti, 2001; Grevstad, 2007)

PSYCHOEDUCATION

TF-CBT in the schools

- Helping teachers understand the child's behavior within the context of trauma
 - Traumatized children are:
 - 2.5X more likely to fail a grade in school
 - Score lower on standardized achievement test scores
 - Receive suspensions and expulsions more frequently
 - More frequently placed in special education

(Sanger et al., 2000; Shonk & Cicchetti, 2001; Grevstad, 2007)

PSYCHOEDUCATION

- TF-CBT in the schools
- Helping teachers understand the child's behavior within the context of trauma
 - Impact on classroom behavior
 - Disruptive behavior (Fight/Flight/Freeze response)
 - Withdrawal (Cognitive distortions and fear)
 - Difficulty forming relationships with others, including peers and teachers
 - Perfectionism

(Sanger et al., 2000; Shonk & Cicchetti, 2001; Grevstad, 2007)

CASE EXAMPLE

Charlie is a 6 y/o African American male who's in kindergarten. Charlie loves to be silly and make his friends laugh. He has high energy, a big vocabulary, and typically has very good manners. He loves to play tag, and will share his snack with his friends some days. Charlie currently lives with his grandmother after being removed from his home by DHS for witnessing domestic violence. Charlie is restless in the activities right before nap time, and he becomes hyperactive and defiant while his peers are trying to sleep. Charlie even becomes physically aggressive towards the teachers when approached and reprimanded during this time. Charlie's teacher is sick of his defiance and removes the privilege of recess on days he acts out (which is most days).

CASE EXAMPLE (CONT.)

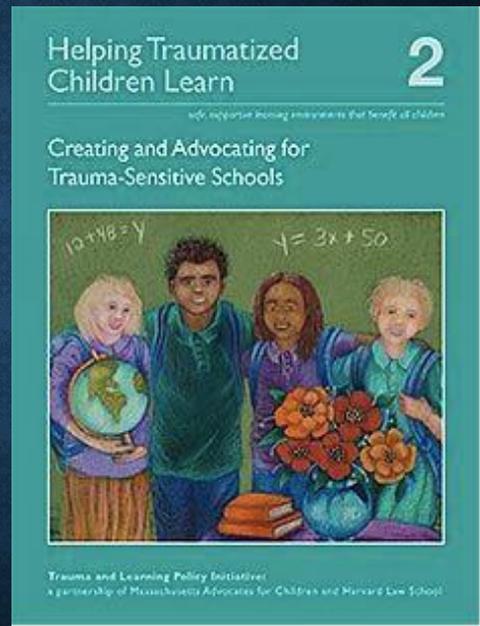
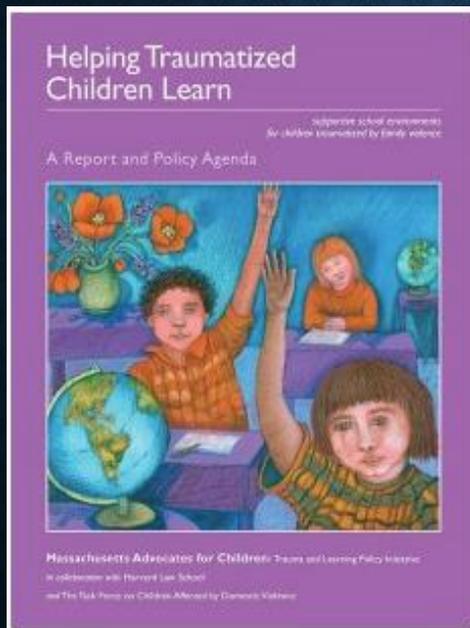
As Charlie's trauma therapist, you know that most of Charlie's parents' fighting happened while he was asleep, and he prefers to sleep with the lights on. Charlie also takes melatonin before bed to help calm him down at his grandmothers house because she notices his energy levels skyrocket prior to bedtime. She originally believed Charlie was avoiding bedtime to stay up and play video games and is simply defiant. Recently, grandmother and provider identified Charlie's avoidance of bedtime as avoidance of trauma triggers and when asked, Charlie reported that he experiences frequent nightmares when asleep.

PSYCHOEDUCATION

- TF-CBT in the schools
- Educating teachers on how to talk about trauma with child
 - *“Although the teacher is not the school counselor, often he or she is the first person to listen to student problems, respond, and suggest ways of intervention and resolution.”*

Eirini Gouleta, Improving Teaching and Learning: A Counseling Curriculum Model for Teachers

(Sanger et al., 2000; Shonk & Cicchetti, 2001; Grevstad, 2007)



<https://traumasensitiveschools.org>

TRAUMA INFORMED SCHOOLS

Massachusetts Advocates of Children

<http://www.massadvocates.org/order-book.php>

Washington State The Heart of Learning and Teaching

<http://www.k12.wa.us/CompassionateSchools/HeartofLearning.aspx>

Creating Sanctuary in Schools by Sandra Bloom

http://www.sanctuaryweb.com/PDFs_new/Bloom%20Sanctuary%20in%20the%20Classroom.pdf

Child Trauma Toolkit for Educators

http://rems.ed.gov/docs/NCTSN_ChildTraumaToolkitForEducators.pdf

Calmer Classrooms: A Guide to Working with Traumatized Children

http://www.cryp.vic.gov.au/childsafetycommissioner/downloads/calmer_classrooms.pdf

Making SPACE for Learning: Trauma-Informed Practice in Schools

<http://www.childhood.org.au/~media/Files/Fundraising%20files/Fundraising%20resource%20files/Making%20space%20for%20learning%20ACF.ashx>

(Wisconsin Department of Public Instruction)

TEACHING PARENTING ^ SKILLS

• Traditional TF-CBT

- Empower parents as child's strongest source of healing
- Enhance caregiver commitment to treatment
- Bolster parenting skills to stabilize family
- Help parents regain a sense of control

• TF-CBT in the schools

- Enhance teacher/school personnel investment in treatment
- Bolster teachers' behavior management skills to stabilize in-school behavior
- Increase teachers' confidence in ability to respond to and cater to behavior concerns

TEACHING PARENTING ^ SKILLS

• Traditional TF-CBT

- Functional analyses
- Praise
- Selective attention
- Time-out
- Contingency reinforcement programs

• TF-CBT in the schools

- Clarify treatment expectations with caregiver, given the school setting
- School-to-home and home-to-school behavior report card
- Teacher consultation
 - Identify top priority behaviors!
- In-class coaching of teachers

IDENTIFY TOP PRIORITY BEHAVIORS

- Describe the behavior of concern
 - How often does it occur?
 - How long does it last?
 - How intense is it?
 - Where, when, and with whom is the behavior most likely to occur?
 - What conditions set off the behavior?
 - How can you tell it is about to start?
 - What usually happens after the behavior?
 - Why do you think the student behaves this way?

Virginia Department of Education

RELAXATION, AFFECT MODULATION, AND COGNITIVE COPING

- **Traditional TF-CBT**
 - Teach about the body's responses to stress
 - Teach skills to reduce physiological arousal and alarms for danger
 - Identify feelings in self and others
 - Label, accept, and appropriately express these feelings
 - Connection between thoughts, feelings, and behavior
 - Help children and parents develop the cognitive flexibility to view events in more accurate and helpful ways
- **TF-CBT in the schools**
 - Linking psychoeducation about trauma with this phase of intervention with teachers
 - Partnering with teachers to enhance application of skills in school-setting

RELAXATION, AFFECT MODULATION, AND COGNITIVE COPING

- Traditional TF-CBT
 - Diaphragmatic breathing
 - Guided imagery
 - Progressive muscle relaxation
 - Feelings identification
 - Thought interruption and positive imagery
 - Positive self-talk
 - Problem –solving
 - Social skills
 - Cognitive triangle
 - Accurate/inaccurate and helpful/unhelpful thoughts
- TF-CBT in the schools
 - Functional behavior assessment
 - Coping plan for handling heavy feelings in class
 - In-class coaching of teachers
 - In-school examples of triggers with teacher input
 - In-class practice of skills

TRAUMA NARRATION AND PROCESSING

- Traditional TF-CBT
 - Gain mastery 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
- TF-CBT in the schools
 - Foreshadowing potential increase of symptoms with school
 - Be mindful of when in the child's day the TN session is taking place (e.g., before recess or before their hardest class)
 - Ensuring time for relaxation and grounding

CONJOINT CHILD-PARENT SESSIONS

- Traditional TF-CBT
 - Facilitation of open communication
 - Continuation of gradual exposure
 - Correct cognitive distortions
 - Prepare for challenging and trauma reminders
- TF-CBT in the schools
 - Finding opportunity to include caregiver
 - Working with teacher to prepare for future challenges

ENHANCING FUTURE SAFETY AND DEVELOPMENT

- Traditional TF-CBT
 - Safety skills training
- TF-CBT in the schools
 - School safety scavenger hunt
 - No-Go-Tell in action
 - Creating an in-school safety plan and telling adults at school about it
 - Planning for future reminders/triggers in the school setting

If a child doesn't know how to read, we teach.

If a child doesn't know how to swim, we teach.

If a child doesn't know how to multiply, we teach.

If a child doesn't know how to drive, we teach.

If a child doesn't know how to behave, we... teach? ...punish?

Why can't we finish the last sentence as automatically as we do the others?

Tom Herner (1998), former president of the National Association of State Directors of Special Education (NASDE)

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