

# Advanced Applications of Trauma Narration & Processing



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# Trauma Narration = Gradual Exposure

## Goals:

- Reduce emotional distress related to trauma memories
- Support memory organization and cohesion
- Surface problematic cognitions that will benefit from restructuring in next phase of model
- For complex PTSD, thematic narratives set the stage for cognitive processing.

# BLOOM'S TAXONOMY



# Example Introduction for Child:

“I’m really impressed with how you’ve learned to relax your body, how to describe your feelings and thoughts, and ways to lighten your heavy feelings and thoughts.”

“That means that we’re ready to use these skills to tell the story of your life. Most kids find that this is the most helpful part of therapy! So we’ll work together to decide which light and heavy memories to tell about and how to tell them.”

# Example Introduction for Caregiver:

“You and your child have worked hard in therapy to get ready for this next phase of treatment and I know you’re both ready. In the coming sessions, I’m going to use a therapeutic technique called ‘gradual exposure’ to help reduce your child’s distress related to their trauma memories. Most children report that this is the most helpful and healing part of treatment.”

“During these sessions, I’ll lead your child through a controlled, repeated review of specific trauma memories. We’ll pair this with coping skills use to help your child gain control of the emotions that arise when they remember these experiences. You’ll have a very important job in supporting your child during this phase of treatment and we’ll work together to help you feel prepared.”

“Some parents may notice temporary emotional or behavioral changes in their child between sessions during this part of treatment. Sometimes children’s avoidance may increase around this time also. So let’s talk about what you can do if you notice any changes like this in your child.”

# Components of Gradual Exposure

## 1. Exposure to Trauma Memory Detail is Gradual

- Create an exposure plan with gradual steps that lead to full exposure to the distressing memories.
- Each step should be difficult enough to provoke some anxiety, but easy enough for the child to be confident that they can do it.
- Once the child successfully copes with one level of memory content, detail intensity is increased.
- Help the child master one memory. Then step up to a memory paired with increased distress.



# My Story: Table of Contents

## TRAUMA NARRATIVE HIERARCHY

Chapter	Using your Life Timeline, choose one light and three heavy memories that you will tell about in your Life Story. You can create a title for each of your life chapters.
1	<p style="text-align: center;">A Favorite Memory:</p>
2	<p style="text-align: center;">A Heavy Memory:</p>
3	<p style="text-align: center;">A Heavier Memory:</p>
4	<p style="text-align: center;">My Heaviest Memory:</p>

# You can break memory review into manageable pieces.



**What did you see?**



**What did you hear?**



**What did others do?**

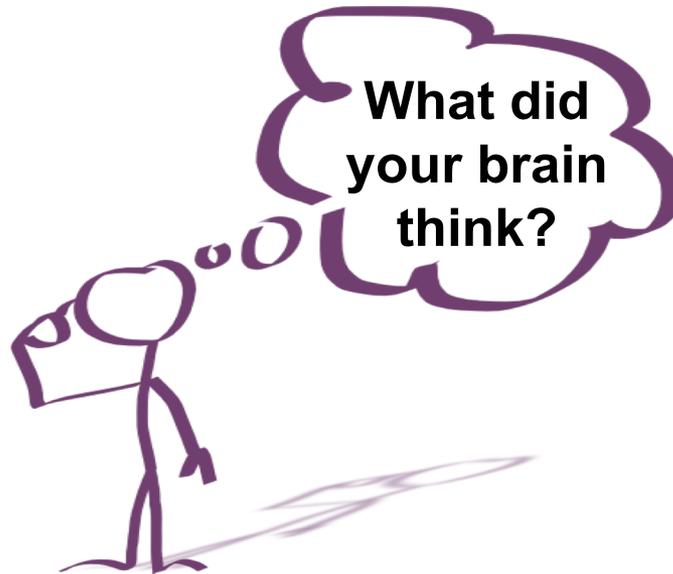
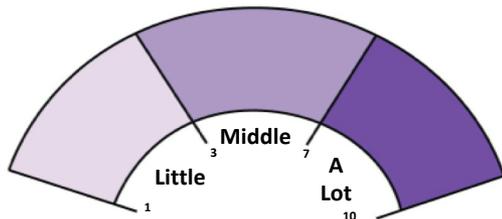
**What did you do?**

**What did your heart feel?**

**What did your brain think?**



**What was the scariest part?**



- At first...
- In the middle...
- After it happened...

- They did this...
- I did this...
- My brain said...
- My heart felt \_\_\_\_\_ at a \_\_\_\_\_.

What were you doing in the car? Thinking? Feeling?

15

What were you doing before you heard any fighting or yelling?

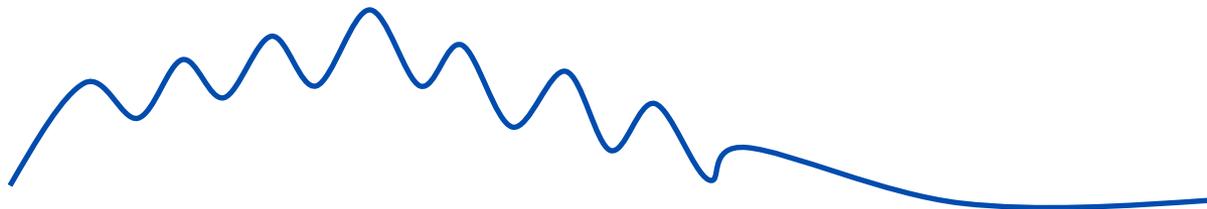
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# Components of Gradual Exposure

2. In GE sessions, Memory Exposure is

*Prolonged*

- The child should stay in the feared memory until their anxiety reduces.
- Staying with the feared memory will eventually reduce anxiety if done in a safe, controlled way.



## Telling My Story: My Plan

My  
Name:

✓	I will tell my story by:
	Saying it and my therapist will write or type my words.
	Write or type it and then read it with my therapist.
	This way:

I may have some heavy feelings when I tell my story. Feelings I have when I remember what happened are:	
Feeling:	
Feeling:	

It is time for a relaxer break when these feelings are at a: (Circle the #)											
0	1	2	3	4	5	6	7	8	9	10	
Lightest											Heaviest

My therapist and I will use these relaxers to lighten my heavy feelings:	
1.	
2.	
3.	

# Components of Gradual Exposure

## 2. GE Sessions are Repeated and Regular

- If exposure sessions are too far apart, anxiety and avoidance may rise again by the next session.
- Trauma memories are reviewed several times across sessions in order for the child to become confident enough to face them without overwhelming distress.



# Example Structure for Trauma Narration Sessions

TN Session	Child	Caregiver(s)
1	<ul style="list-style-type: none"><li>● Introduce TN rationale</li><li>● Choose TN format</li><li>● Create trauma timeline</li><li>● Create trauma hierarchy</li><li>● Draft/review/revise Ch 1: Light Memory</li><li>● Grounding</li></ul>	<ul style="list-style-type: none"><li>● Introduce TN rationale</li><li>● Review sessions structure</li><li>● Prepare for child reactions</li><li>● Conjoint: Review plan/structure for TN sessions. Create agreement about keeping TN discussions in session</li></ul>

# Example Structure for Trauma Narration Sessions

TN Session	Child	Caregiver(s)
2	<ul style="list-style-type: none"><li>● Review/revise/complete Ch 1: Light Memory</li><li>● Get child's consent to share portions of Ch 1 with caregiver in caregiver session time.</li><li>● Draft/review/revise Ch 2: Heavy Memory</li><li>● Grounding</li></ul>	<ul style="list-style-type: none"><li>● Review child's reactions between sessions</li><li>● Review parent(s)' knowledge of child's trauma</li><li>● Discuss parent(s)' thoughts/feelings about hearing the child's TN</li><li>● Conjoint planning for child coping between sessions</li></ul>

# Example Structure for Trauma Narration Sessions

TN Session	Child	Caregiver(s)
3	<ul style="list-style-type: none"><li>● Review/revise/complete Ch 2: Heavy Memory</li><li>● Get child's consent for portions of Ch 2 to share with caregiver.</li><li>● Draft/review/revise Ch 3: Heavier Memory</li><li>● Grounding</li></ul>	<ul style="list-style-type: none"><li>● Review child's reactions between sessions</li><li>● Share portions of Chs 1 &amp; 2 approved by child</li><li>● Caregiver cognitive processing of TN</li><li>● Conjoint planning for child coping between sessions</li></ul>

# Example Structure for Trauma Narration Sessions

TN Session	Child	Caregiver(s)
4	<ul style="list-style-type: none"><li>● Review/revise/complete Ch 3: Heavier Memory</li><li>● Get permission on portions of Ch 3 to share with CG</li><li>● Draft/review/revise Ch 4: Heaviest Memory</li><li>● Get permission on portions of Ch 3 to share with CG</li><li>● Grounding</li></ul>	<ul style="list-style-type: none"><li>● Review child's reactions between sessions</li><li>● Share portions of Ch 3 approved by child</li><li>● Caregiver cognitive processing of TN</li><li>● Conjoint planning for child coping between sessions</li></ul>
5	<ul style="list-style-type: none"><li>● Review/revise/complete Ch 4: Heaviest Memory</li><li>● Get permission on portions of Ch 4 to share with CG</li><li>● Grounding</li></ul>	<ul style="list-style-type: none"><li>● Review child's reactions between sessions</li><li>● Share portions of Ch 4 approved by child</li><li>● Caregiver cognitive processing of TN</li><li>● Prepare for conjoint TN review/processing session</li><li>● Conjoint planning for child coping between sessions</li></ul>

# Trauma Narration via Telehealth



# Online Telehealth Resources

<https://tfcbt.org/telehealth-resources/>

# Setting your TN structure in telehealth

- Clearly communicate with caregivers regarding phase of treatment.
  - This may need to occur throughout TN.
- Develop plan for other siblings and caregivers in the home.
- Give permission for client to stop TN if they know or think someone may be able to overhear them.

# Setting your TN structure in telehealth

- Determine if location in the home is also conducive to TN or if for TN this may need to change (if possible).
- Communicate how you protect trauma narration documents on your device.
- If you are still working from home, communicate how you are private and away from others in your home and/or keeping others from overhearing (if necessary)

# Managing Distress

- Develop “feel better plan” for in session, as you would in person.
- Collaborate with caregiver and client on means of reaching caregiver in case child needs in-person support to manage distress.
- If you can share screen- have this available as part of the screen at all times.

# Managing Distress

- Utilize child's comfort of their own home- collaborate with them on what would be helpful in managing distress (within reason).
  - Pillow/stuffed animal.
  - Coloring.
  - Grounding in their space.
  - Guided meditations
  - Music
  - Homemade stress ball (perhaps give for homework prior to TN or during)
- Provide choice points for clients- font colors and size, use of clip art, etc.

# Managing Distress

Reinforcement systems - remember the rationale

- Development of a visual and verbal reinforcement system to praise and ATTEND to positive behavior and/or engagement in therapy activities.
- Virtual sticker charts, cars moving down a road

# Managing Distress

For younger youth- utilize caregiver both in and out of session.

- Caregiver actually joining TN session, with clear understanding of their role (put physical stickers on a chart, praising client, providing physical support/hugs, child sitting in their lap).
- Caregiver providing post-session reinforcement for “getting to end of the road” or “getting 10 stickers” during session.
  - *Reward is for engaging in session and good behavior, not for level of detail provided during TN session.*

# Ethical Considerations

- Can others overhear?
- Where is TN being saved?
- Are your video sessions password protected/private?

# Ethical Considerations

- Client still does **not** write or draw TN specific information at home.
  - Even if client wants to draw a picture of one part of the TN, not of the trauma itself. This could serve as an unhelpful trigger or reminder in their home/be seen by others in family.
- Sharing TN to caregiver at home.
- Discuss clear boundaries around screen shots/screen grabs.

# Using technology to our advantage

- Share screen, when possible.
  - Allows the client to see progress, follow along visually
  - If a client can type, give “remote access” via Zoom to type on their own (with clinical judgement).
- Find images to insert into narrative when possible.
- Lean on expertise of our clients.
  - Teens/school age youth may know tricks on computers better than we do. Ask their opinion on how to complete a certain task.

# Timeline Development

- Utilize “Insert Shape” and Text Boxes to develop lines and text for timeline development.
- This can be done in Word, PowerPoint, or on the “Whiteboard” in Zoom.

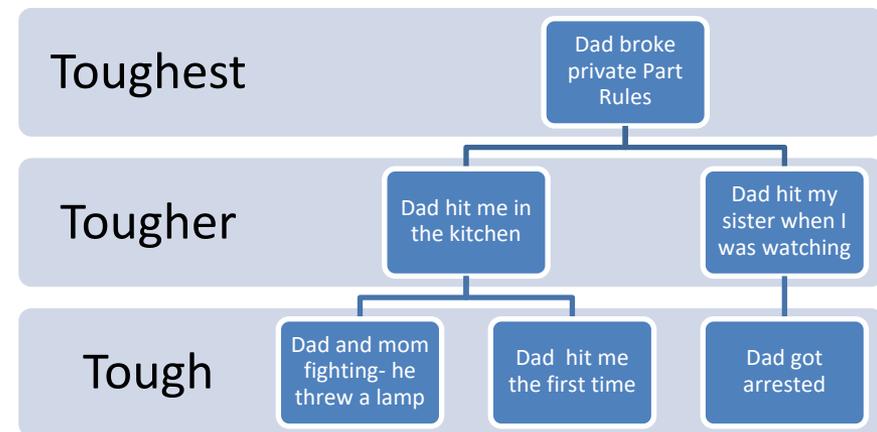
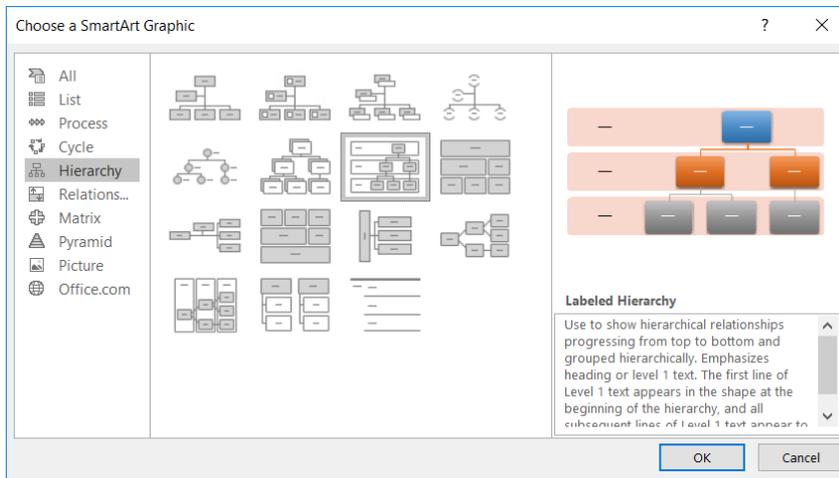


# Timeline Development

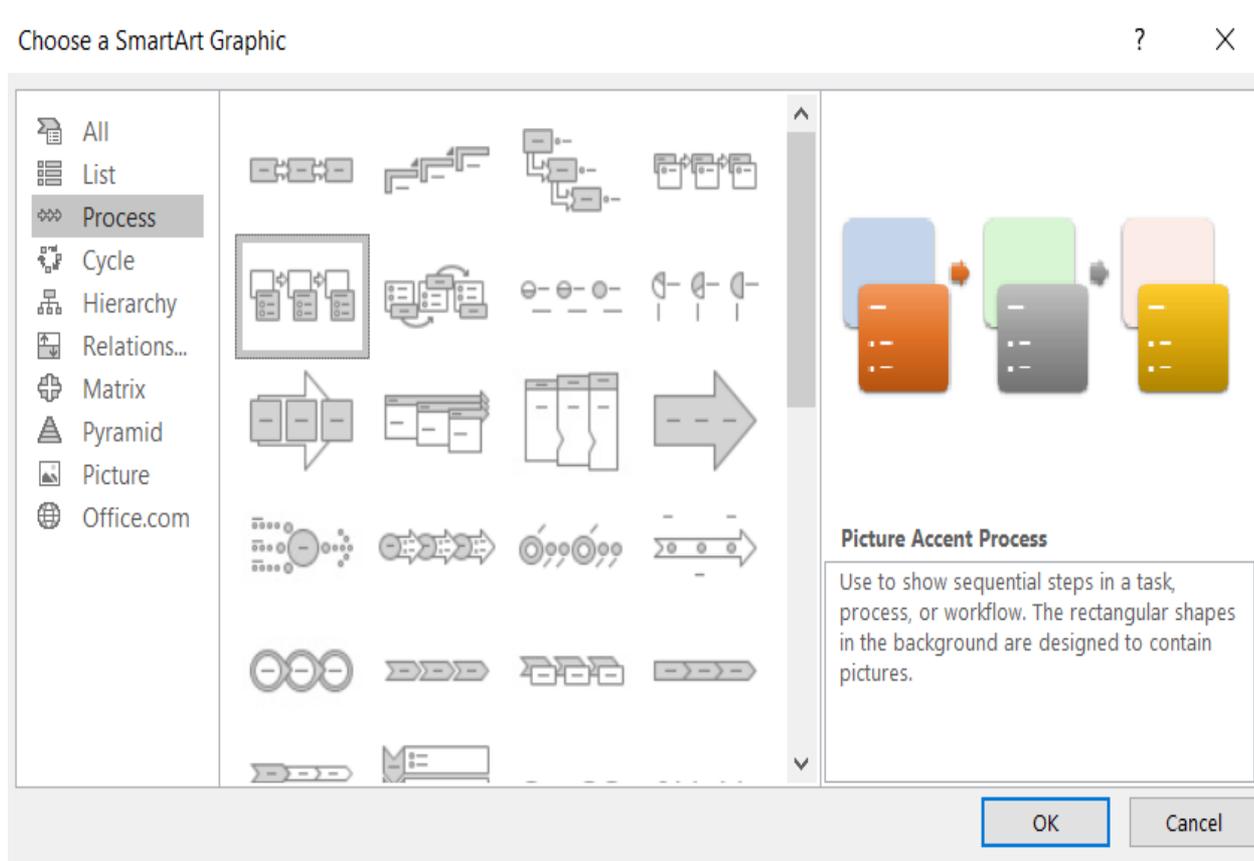


# Virtual Hierarchy Development

- Word and PowerPoint have “SmartArt” options to develop a number of visuals to support hierarchy development.



# Virtual Hierarchy Development



# Young Child



## Mom & Dad Fighting

- My birthday
- Worst time



## Moving

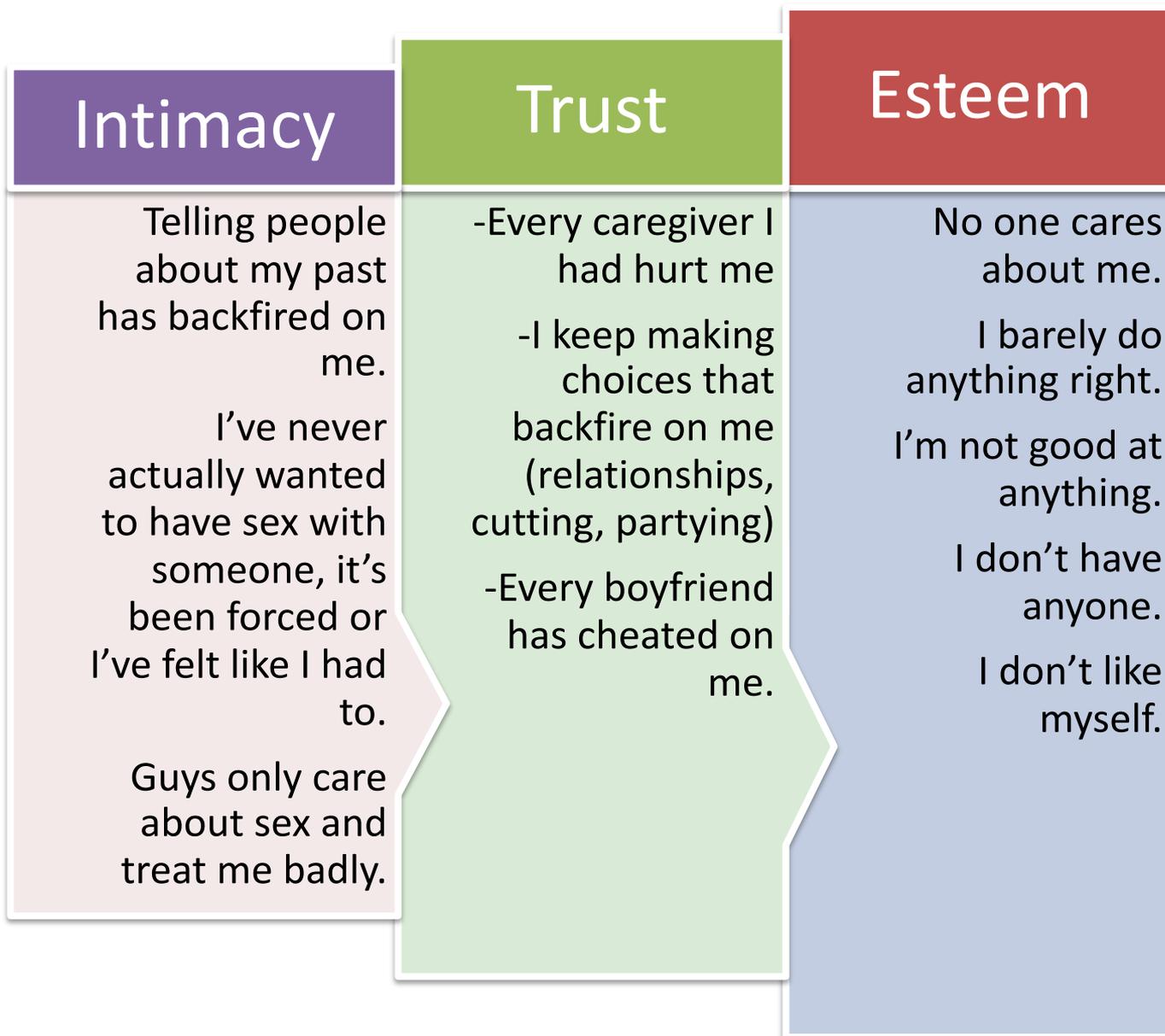
- Mom and dad
- Ms. Doe
- Ms. Schmidt
- Ms. Gallo
- Mr. Smith
- Group Home



## Private Part Rules

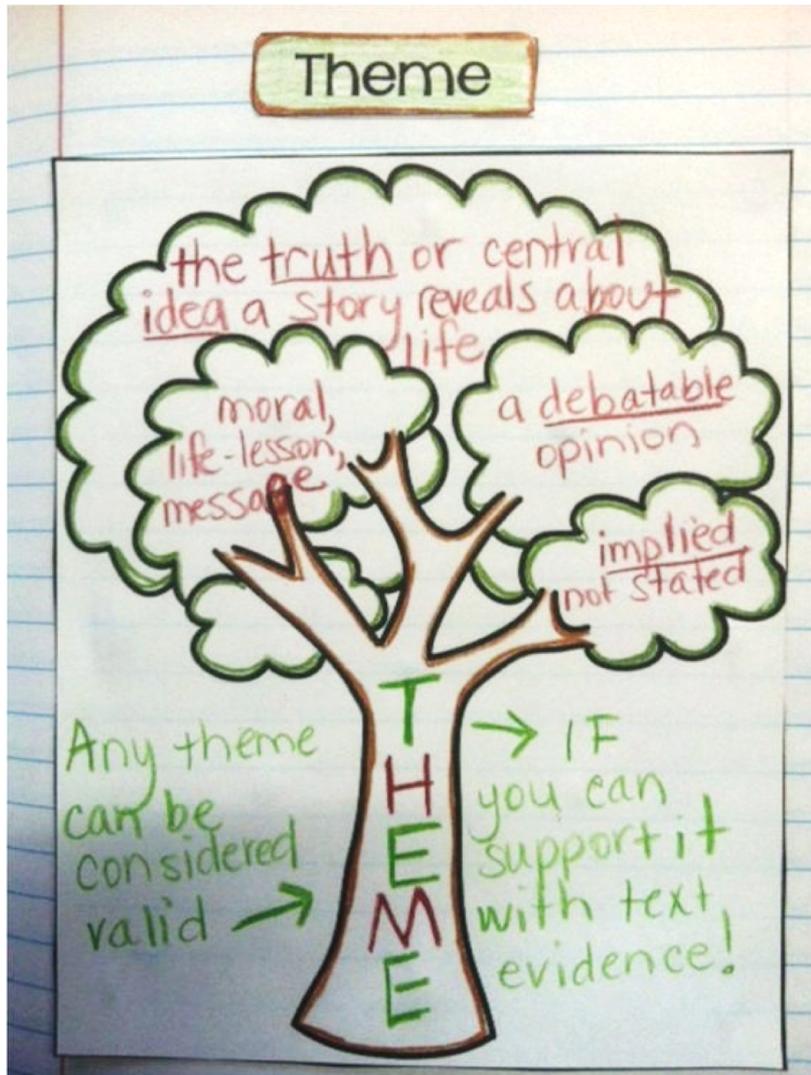
- Dad
- Foster brother- Mikey
- Foster brother- Sam

# Hierarchy/Development of Thematic Narratives



ADDRESSING  
LIFE THEMES  
IN TRAUMA  
NARRATION &  
PROCESSING

# Identifying Life Themes



## Look at the Clues!

- Locating the theme of a story is really quite simple, once you look at the clues.
- A key clue for finding the theme would be the main character's thoughts and actions.
- The character will magnify the theme of the book or story by what he/she says, thinks and does.



# View from the Literary World

- Definition:
  - The underlying message of a story
  - Critical belief about life conveyed in the story
  - What the story means
  - Stories often have more than one theme.
- Function:
  - Bind together essential elements of a story
  - Provide understanding of the “character’s” experiences
  - Give key insight into how the author views the world/life

# View from Trauma-Focused Therapy

- A “stable and coherent framework for understanding one’s experience” is an important psychological need for trauma survivors (McCann & Pearlman, 1990).
- Processing themes is an attempt to help meet that need.
- Requires looking for meaning across traumas rather than within one trauma.
- The meaning ascribed to a trauma often changes following exposure to subsequent traumas.

CREATE  
MEANING



# Common Trauma Themes

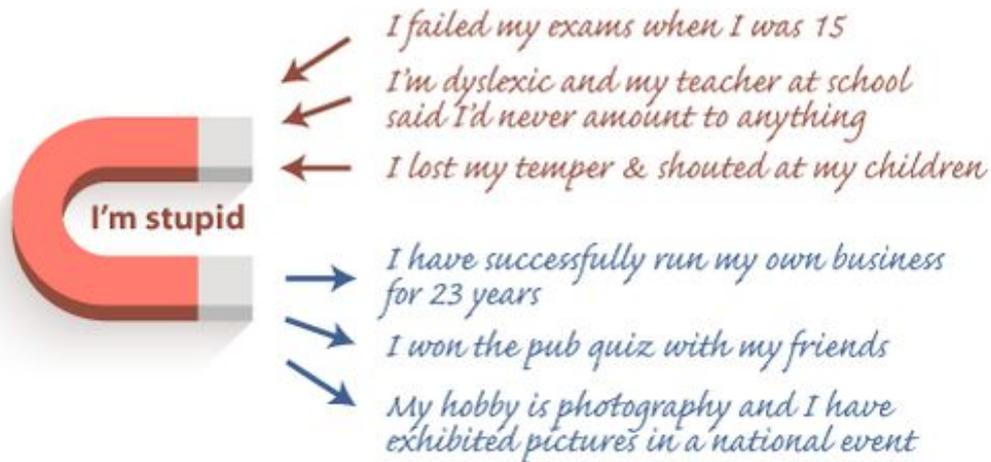
Theme	Of Self	Of Others/World
Trust	I make bad decisions. I can't trust my own judgement.	People can't be trusted. Don't trust the system; authority.
Control/Power	I don't have control of future. Control is all or nothing. Must control what I can.	Life is unpredictable, uncontrollable.
Esteem	I am a bad kid. I am worthless. I am only valuable for....	People are bad, will hurt you.
Intimacy	I shouldn't get close to people.	Others will take advantage of me. Relationships cause pain.
Safety	I am unsafe. Something bad will happen to me....	Adults won't keep me safe. Adults are dangerous.

## Core Beliefs

Core beliefs are like magnets. They are always waiting to **attract** evidence which confirms them. The more evidence they collect, the stronger they get.

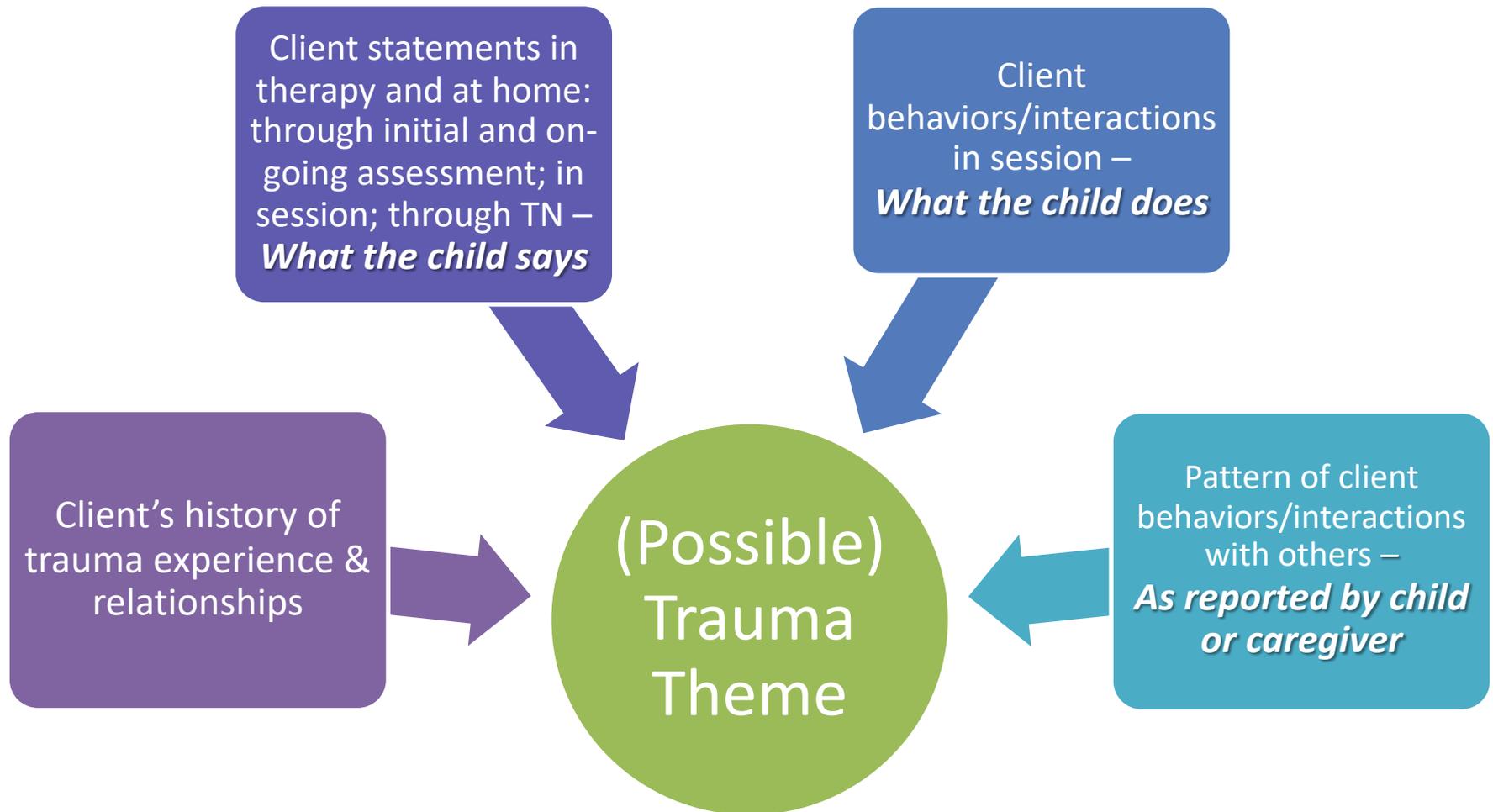
Unfortunately they **repel** anything which does not 'fit' with the belief. This makes it hard to 'see' or believe anything which would contradict or undermine them.

Core beliefs are not facts. With persistence they can be altered.



# Identifying Trauma Themes

Throughout treatment, listen and watch for clues on how trauma has impacted child's (and caregivers) beliefs about self, others, world.



# DEVELOPING THEMATIC NARRATIVES

# Thematic Trauma Narrative Work

- ❖ Allows youth to reflect on common themes in their life and how their trauma history has shaped their views of self, others, the world and their future.
- ❖ A thematic TN plan may blend GE to specific trauma incidents with review of overarching themes across experiences.

## Traditional and/or Thematic TN?

- What is the major source of distress?
- Where are PTSD symptoms clustering?
  - Re-experiencing (Category B) or Avoidance (Category C) symptoms high?
    - ✓ Gradual exposure to specific memories may be most beneficial.
  - Negative Beliefs (Category D)?
    - ✓ Thematic review may be helpful.

# Trauma Narration Planning: Trees and Forest?



## Specific Trauma Events

- Desensitization
- Who, what, when, where, how?

## Thematic Experiences

- Meaning Making
- Why?

# What's a "Tree" Chapter?

- Single incident trauma
  - When the tornado happened
  - When the accident happened
- Could be one of multiple similar event types, but holds greater emotional distress when the youth remembers it as compared to others.
  - The first time the sexual abuse happened
  - When family fighting happened again and my mom had to go to the hospital

# What's a "Forest" Chapter?

- Overarching theme related to multiple life experiences:
  - The people I love most died.
  - My many moves
  - People can't be trusted.
- Significant relationships impacting youth's life:
  - Dad's Addiction
  - My relationship with Mom
  - My controlling ex-boyfriend

# Considerations

- The thematic narrative is still gradual exposure
- Collateral information + timeline = effective narrative
- A thematic narrative is organized

TIMELINES HELP TO DEVELOP  
THE THEMATIC PATHWAY

# Types of Timelines

- Sequencing of events
- Time periods
- Themes

# Building a Structure for Molly's Thematic Narrative

## Chapter Types

## Possible Chapters

**Specific trauma events  
that may need standard  
gradual exposure**

**Themes present across trauma  
history that may benefit from  
a chapter review**

**Relationships that  
may benefit from a  
chapter review**

# FACILITATING THEMATIC NARRATIVES

# Example Questions to Build Thematic Narrative

## Regarding a specific person:

- Tell me about \_\_\_\_\_.
- Tell me about the best time you had with \_\_\_\_\_.
- Tell me about the worst time you had with \_\_\_\_\_.”
- “What does this person believe about you?”
- “What do you believe about yourself because of your relationship with \_\_\_\_\_?”
- “What do you believe about \_\_\_\_\_ because your relationship with \_\_\_\_\_?”

# Example Questions to Build Thematic Narrative

Regarding a specific theme:

- “When are times \_\_\_\_\_ happened in your life?”
- “What does \_\_\_\_\_ mean to you? What does it look like?”
- “Tell me about some times in the past when you have felt \_\_\_\_\_. Tell me about some times in the past when you haven’t felt \_\_\_\_\_.”
- “What does your idea of \_\_\_\_\_ look like moving forward?”

# Cognitive Processing

Cognitive Processing is the evaluation and re-balancing of beliefs about self, others, and the world that were formed in the storm and aftermath of trauma.

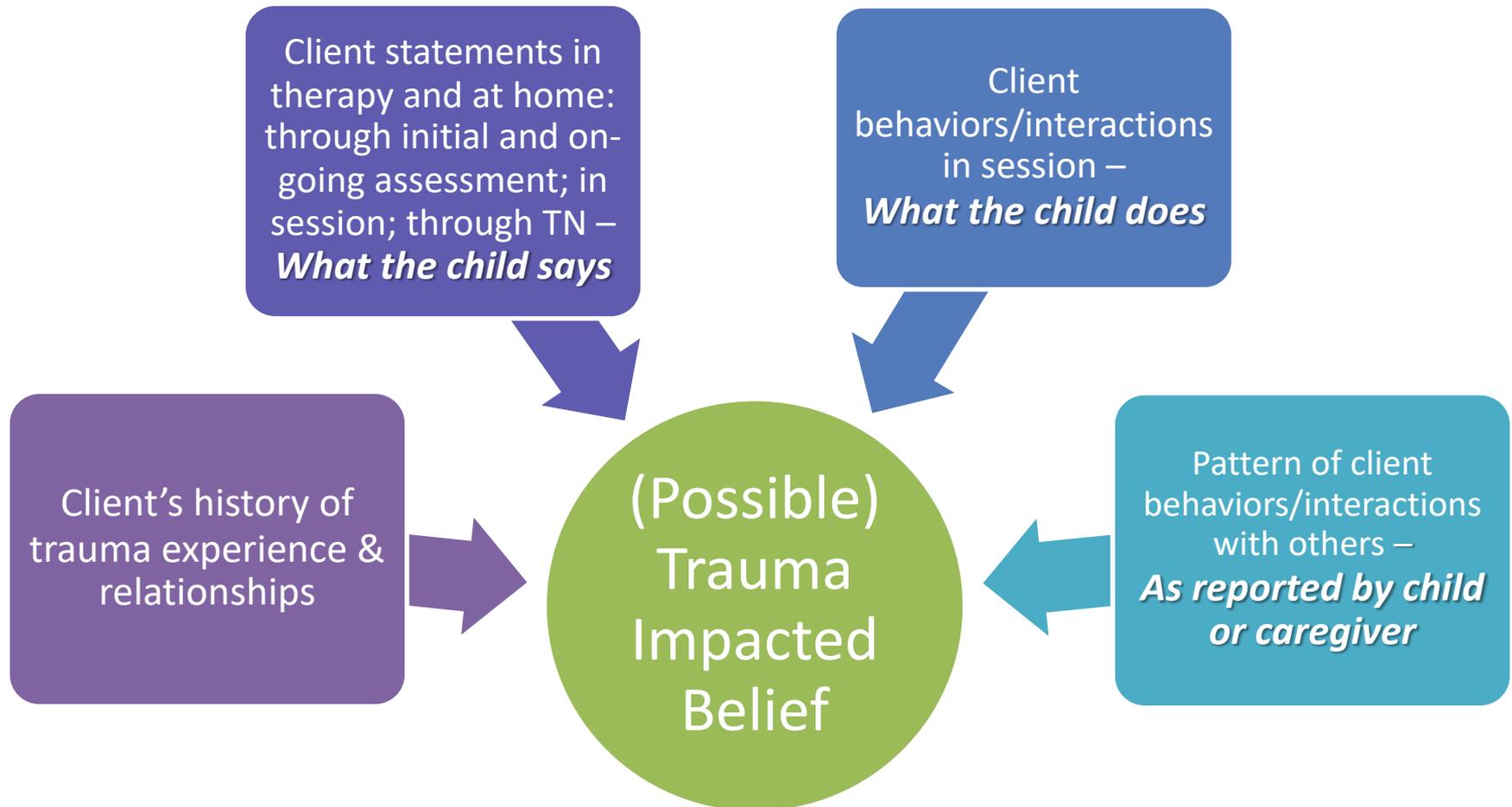
# Where do I start?

## Common Trauma Impacted Beliefs

	Of Self	Of Others/World
Trust	I make bad decisions. I can't trust my own judgement.	People can't be trusted. Don't trust the system; authority.
Control/Power	I don't have control of future. Control is all or nothing. Must control what I can.	Life is unpredictable, uncontrollable.
Esteem	I am a bad person. I am worthless. I am only valuable for....	People are bad, will hurt you.
Intimacy	I shouldn't get close to people.	Others will take advantage of me. Relationships cause pain.
Safety	I am unsafe. Something bad will happen to me....	Adults won't keep me safe. Adults are dangerous.

# Identifying Trauma Impacted Beliefs

Throughout treatment, listen and watch for clues on how trauma has impacted child's (and caregivers) beliefs about self, others, world.



# To be effective, processing must...

## ➤ **Be collaborative**

- ✓ Therapist must VALIDATE client's current beliefs
- ✓ New belief must be realistic and helpful
- ✓ Therapist guides exploring belief

## ➤ **Acknowledge truth in both sides of a debate**

- ✓ Avoid taking polar opposite view of client, often this is inaccurate, unhealthy as well
- ✓ Avoid power struggle – Not trying to prove client wrong

## ➤ **Empower client to evaluate own beliefs**

## ➤ **Acknowledge that changing beliefs is an effortful process & requires practice/repetition**

# Developing Balanced Thoughts

## Unbalanced

“I’m useless. I can’t do anything right.”

“I can’t show any weakness; people will hurt me!”

“My daughter’s innocence was stolen.”

## Balanced

“I’m not happy with where my life is, and I am working hard to improve.”

“Sometimes it is a bad idea to show weakness, and there are some people I can trust to not hurt me when I cry.”

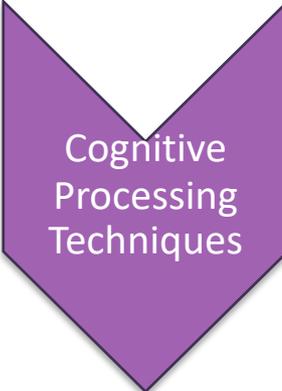
“I can’t take away what happened to her, and she can still have a happy childhood.”

# Cognitive Processing: Step-by-Step



Validation

- **Validate** current belief & connect to trauma experiences
- Using the Cognitive Triangle: Identify how belief might be a problem (*rate belief; rate connected feelings, identify behaviors*)
- Obtain permission to evaluate



Cognitive  
Processing  
Techniques

- More helpful way to think about it?
- Examining the evidence, including conducting behavioral experiments
- Lists and Definitions
- Best friend role-play
- Responsibility Pie
- Acting “as if”
- Scaling questions
- Metaphors/Stories



Re-evaluate

- Summarize new information gained and make a new triangle
- **Rate** new belief and connected feelings – new triangle
- Ask which triangle is more helpful – old one with old thought or new one with new thought
- Home assignment (e.g. try out new beliefs daily, rating feelings with new belief until next session)

# Helpful Cognitive Processing Techniques

- Family/friend role-play
  - *“I deserved to get beaten because I talked back”* – What would you tell your best friend/your younger sister/brother?
- Responsibility Pie
  - *“It’s my fault I was sexually abused. I kept going back to his house even after he abused me.”* - Let’s make a list of any person, thing, or situation that may also have some responsibility. Use progressive logical questioning. Create pie chart.
- Acting “As If”
  - *“I suck at everything!”* - What if you acted “as if” you didn’t suck at everything? What would you do, how would you act? Would you be willing to try an experiment this week?
- Stories/metaphors
- Lists/Definitions

# Lists and Definitions

## **Ask client to define words AND/OR make lists**

- **DEFINITION:** “You said you can’t trust anyone. Let’s define ‘trust.’ Tell me what trust means to you.” (Write down trust characteristics)
- **LIST:** “One thought that is difficult for you is thinking “I am a terrible mom”. Let’s make a list of good things that moms do for their children. These can be big things but they can also be small, everyday kinds of things.”

# Lists

**Example:** “Your thought is ‘I am a bad kid.’ Let’s make a list of good things kids do.”

- Have client generate a list of actions kids do that are helpful, constructive, and positive
- Ask the client which of these actions they ever done or could do.
- Write down the list of actions the child owns
- Based on the list and identified personal actions, have the child come up new, more helpful thoughts such as:
  - ✓ I help my brother with his homework
  - ✓ I help with chores sometimes
  - ✓ I do some good things so I am a good kid

# Definitions

**Example:** “I can’t trust anyone.”

- Have the child (or caregiver) define what trust means. “What actions or behaviors indicate that someone is trustworthy?”
- Have the child (or caregiver) generate a list of people they know or knew who could be trusted even for the little things, even some of the time.
- Now – ask the child or caregiver if they have a new, more helpful thought about trust. *A more helpful thought might be, “I can trust some people for some things.”*

# Responsibility Pie/Circle

## Most often used for “my fault” thoughts:

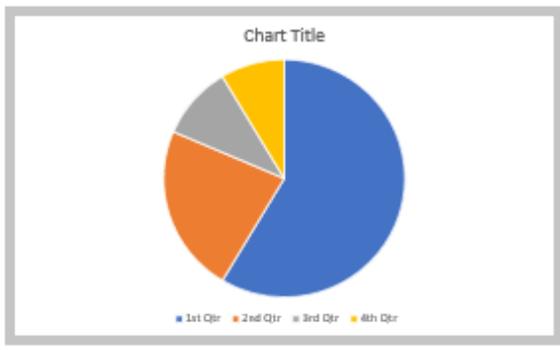
- Ask the client to draw a circle. Write the thought above the circle.
- Ask client to come up with a list of everyone or everything that is responsible
- Have the client divide the pie, showing by size the proportion of responsibility
- Use Socratic questions to understand reasoning for pie slice sizes
- Gently challenge unhelpful/faulty reasoning
- When more helpful/accurate thoughts emerge, have client draw new circle with new divisions
- Ask client to come up with a new, more helpful thought based on the activity

All Charts

- Recent
- Templates
- Column
- Line
- Pie**
- Bar
- Area
- X Y (Scatter)
- Map
- Stock
- Surface
- Radar
- Treemap
- Sunburst
- Histogram
- Box & Whisker
- Waterfall
- Funnel
- Combo



Pie

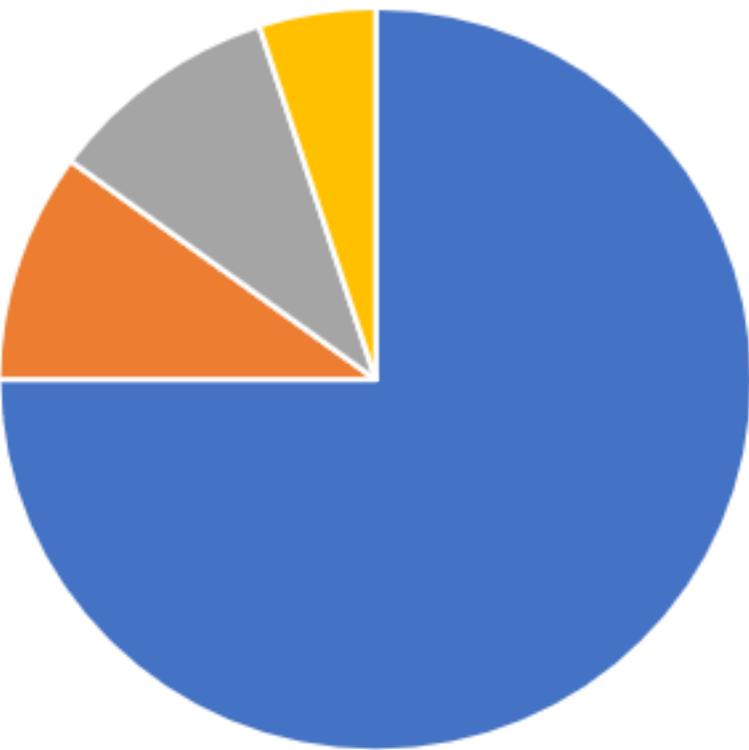


Creating a  
Responsibility  
Pie Chart

OK

Cancel

Responsibility

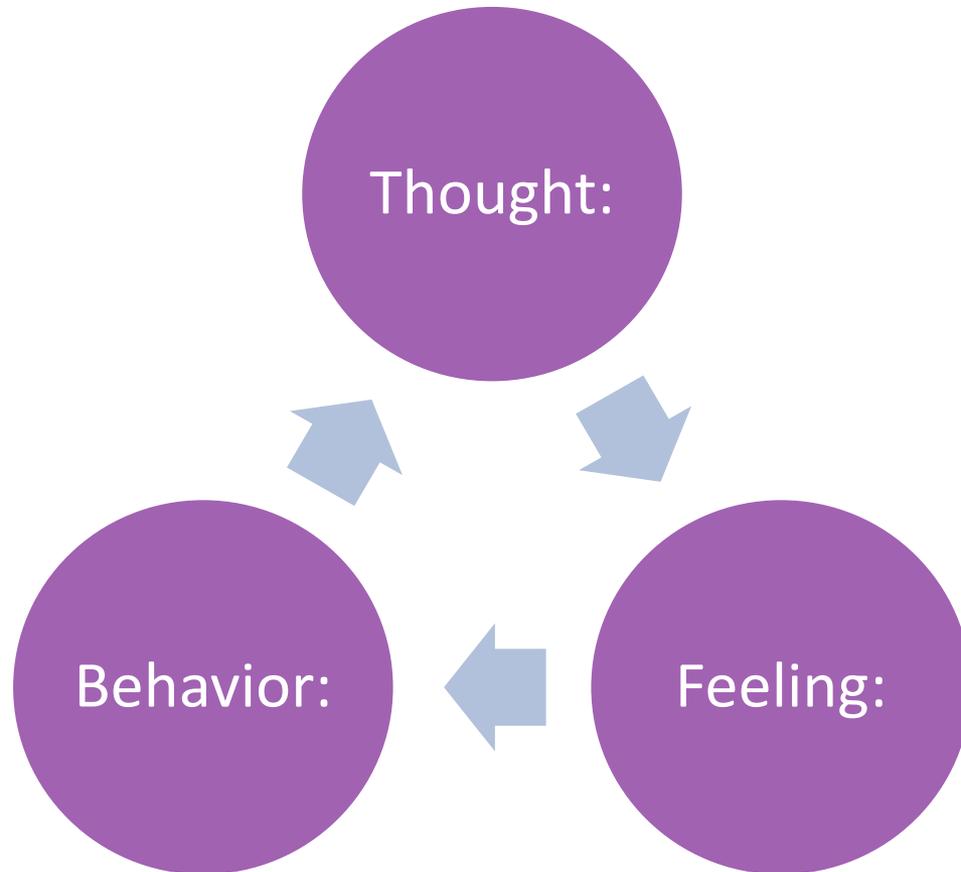


■ Me ■ Mom ■ Dad ■ My brother

Chart in Microsoft PowerPoint

	A	B	C	D
1		Responsibility		
2	Me	75		
3	Mom	10		
4	Dad	10		
5	My brother	5		
6				
7		100		
8				
9				
10				

# Cognitive Triangle



# Evidence For and Against Thoughts

True: I could have stopped the family fighting.

I didn't yell loud enough for help.

I didn't call the police.

I hid instead of fighting dad.

Not True: I could not have stopped it/it's not my fault.

I was just a kid, I didn't know how to get help.

I would've been hurt if I tried to get the phone.

Grownups are supposed to keep kids safe

- My brother getting hurt was not my fault.
- I did everything I could at my age.
- I told as soon as I was brave enough
- If something bad does happen again, I know what to do

Helpful  
and True  
thoughts

Helpful  
and Not  
True  
thoughts

- Nothing bad will ever happen again.

Unhelpful  
and True  
Thoughts

Unhelpful  
and Not  
True  
thoughts

- I didn't tell right away.

- I didn't do enough to stop it.
- It was my fault my brother got hurt because I didn't tell.

# Socratic Questioning

Use a series of questions to gently challenge the client, such as...

**(For a child physical abuse victim who believes the abuse is all his fault & he deserved it...)**

- *What have you ever heard about why some children/teens get abused?*
- *Whose responsibility is it to make sure children are safe? Why?*
- *When your teachers get mad or frustrated, do they hit you? Why not? Is it ever okay for a teacher to hit a student? Why not?*
- *When you get angry, do you hit the person you are angry with? Why not?*
- *How are grown-ups supposed to discipline or teach children when they make mistakes?*
- *When you were hit by your (name of caregiver), did they want you to tell? Why not?*
- *What would you tell a friend who just told you they were beaten by their parent?*

## Socratic Questioning – Prep Work

- What is the dysfunctional belief?  
Why is it dysfunctional?
- What is a more helpful, **balanced** alternate thought?
- What questions do you ask to get them there?

# Socratic Questioning with Caregivers

- Beliefs may negatively impact treatment engagement and parenting practices.
  - “I’m worried talking about trauma will make it worse.”
  - “My own kids would never have acted like this. It’s like she has no conscience.”
  - “We’ve already tried all that (coping skills) with other therapists, none of it works for him.”
  - “Nothing motivates him. I can take everything away, he doesn’t care.”
- Again, VALIDATE first. Then, guide exploration...

Unhelpful Old Thought: *It's my fault my daughter was abused.*

Possible Endpoint/New Thought: *I couldn't stop the abuse but I am helping her now.*

What I want to tell the mother:

Turn into  
eliciting questions:

- *You did your best when you found out.*
- *Your daughter knows that you support her.*
- *Your daughter trusted you enough to tell you after the abuse happened.*

# Albert Camus (1913 – 1960)

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**I** N THE MIDST OF HATE, I FOUND THERE WAS,  
within me, an invincible love.

In the midst of tears, I found there was,  
within me, an invincible smile.

In the midst of chaos, I found there was,  
within me, an invincible calm.

I realized, through it all, that ...  
In the midst of winter, I found there was,  
within me, an invincible summer.

And that makes me happy.

For it says that no matter how hard the world  
pushes against me, within me,  
there's something stronger,  
something better, pushing right back.

# Contact Information



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