Maintaining Fidelity in TF-CBT

WHAT GETS IN THE WAY, AND HOW DO WE NAVIGATE IT?

Susan Schmidt, PhD & Natalie Gallo, LPC
Goals for today

• Identify common challenges in maintaining TF-CBT treatment fidelity
• Explore creative ways to meet TF-CBT treatment fidelity in support of positive youth outcomes
What can get in the way of TF-CBT Fidelity?

- Therapist newness to the TF-CBT treatment model
- Youth trauma-related avoidance impacting treatment participation
- Youth behavioral difficulties impacting home/school functioning and/or treatment participation
- Families with Crises of the Week (COWs)
- Youth with high-risk behaviors/coping impacting safety of self/others

What other circumstances influence your TF-CBT work?
EBPs (including TF-CBT) require more pre-planning than non-directive therapeutic approaches.

- Studies consistently show limited sessions' support treatment adherence and therapy gains.
- In TF-CBT, each session builds on prior sessions' skills and knowledge and lays the foundation for future session tasks.
- TF-CBT requires:
  - Thoughtful incorporation of gradual exposure into each component
  - Integration of structure, personalization and novelty to support youth in managing PTSD-related avoidance and distress
  - Incorporation of caregiver and conjoint time into each session.
TF-CBT Pacing

Stabilization Phase 1/3

Trauma Narrative Phase 1/3

Integration/Consolidation Phase 1/3

- Psychoeducation
- Relaxation
- Affective Modulation
- Cognitive Coping

- Trauma Narration and Processing

- In vivo Conjoint sessions
- Enhancing safety

Time: 12-16 sessions
TF-CBT Pacing – Complex PTSD

1/2

Stabilization Phase

1/4

Trauma Narrative Phase

1/4

Integration/Consolidation Phase

- Psychoeducation
- Relaxation
- Affective Modulation
- Cognitive Coping

- Trauma Narration and Processing

- In vivo Conjoint Sessions
- Enhancing Safety

Parenting Skills

Gradual Exposure

Time: 16-25 sessions
Gradual Exposure is a part of each PRACTICE component.

Gradual exposure develops throughout the PRACTICE components.

- Prep for Trauma Narrative: Trauma/PTSD education, trauma-related feelings and coping responses
- Trauma Narrative, Processing of Trauma-Related Cognitions, Parent-Child TN Review
EFFECTIVE SESSION PLANNING
After experiencing a traumatic event, many people fear that they are losing control over their lives. They were not in control of their lives during the event, and this feeling of loss of control may then continue after the event.

Positive Impacts of Planning Ahead

• Youth and caregivers learn that you are trustworthy and that therapy is a safe place to do the hard work that we are asking of them.

• This can translate to reduced trauma reactivity and increased session engagement in youth and caregivers.

• You will feel more grounded in the TF-CBT model and can be more present in sessions.

• You will be better prepared to navigate the twists and turns youth and caregivers may present in treatment.

• Families will experience the treatment model as designed and tested, providing the best opportunity for significant treatment gains.
Planning Your TF-CBT Work: PPRAC

• Think multiple steps & sessions ahead
  • Plan session structure/timing goals
  • Make an activity plan A AND B just in case...
  • Naturally incorporate use/review of previously learned skills/concepts
How do they stick to fidelity in the TF-CBT research studies?

Therapists use the TF-CBT Fidelity Checklist

https://tfcbt.org/tf-cbt-brief-practice-fidelity-checklist/
TF-CBT Implementation Resources

Implementation Manuals

TF-CBT For CSEC Implementation Manual
The TF-CBT for the Commercial Sexual Exploitation of Children (CSEC) Implementation Manual is now available! We are extremely grateful all of the youth, caregivers and therapists who contributed to its development.

TF-CBT LGBTQ Implementation Manual
This manual provides therapists with up-to-date information about how to implement TF-CBT for trauma-impacted LGBTQ youth, and also includes valuable resources from the Family Acceptance Project (FAP).™ We are extremely grateful to Dr. Caitlin Ryan of the FAP for...

TF-CBT Military Implementation Manual

https://tfcbt.org/resources/implementation/
## TF-CBT Practice Component Treatment Planner

### Psychoeducation

**Trauma Type(s) to be Addressed:**

**Trauma Symptoms:**

**Family Considerations:**

<table>
<thead>
<tr>
<th>Psychoeducation Activity Ideas</th>
<th>Youth</th>
<th>Parent</th>
<th>Conjoint</th>
<th>Homework</th>
<th>Gradual</th>
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<tr>
<td><strong>Topic</strong></td>
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<tr>
<td>Understanding Trauma</td>
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<tr>
<td>O&amp;A’s PTSD Symptoms</td>
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<tr>
<td>What to expect in treatment</td>
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<tr>
<td>Gay &amp; PTSD Symptoms</td>
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</tbody>
</table>

**Example Activities**

- Educational Game: What Do You Know? Family Game Show
- Testing Feedback: O&A – Child, O&A – Parent
- Information Gathering: Guided Internet Search, Radio Show Interview, Public Service Ad Creation

**Exposure Elements**

- Brave Bart

**Educational Materials:**

- Understanding Trauma PTSD in Children TF-CBT Model

Bringing Fidelity into TF-CBT Youth Session Planning

1

- Psychoeducation:
  - Common youth posttraumatic stress reactions
  - Review youth’s trauma reactions
  - Teach about TF-CBT treatment
- Relaxation:
  - Diaphragmatic breathing
  - Relaxation home practice assignment

2

- Affect Regulation:
  - Feelings identification/scaling
- Psychoeducation:
  - Trauma type definitions/facts
  - Common trauma related feelings
  - (Affect Reg) - Youth’s own trauma-related feelings
- Relaxation:
  - Practice deep breathing
  - Teach grounding
  - (Affect reg) - Home practice of affect ID/scaling and relaxation
3

- Affect Regulation: Feelings ID/scaling practice
- Relaxation:
  - Practice deep breathing, grounding
  - Teach thought stopping
- Cognitive Coping:
  - Teach Think/Feel/Do
  - Pair TFD with coping skills to support cognitive restructuring using non-trauma related situations
- Psychoeducation:
  - Common youth trauma related thoughts

4

- Affect Regulation: Feelings ID/scaling practice
- Relaxation:
  - Practice deep breathing, grounding, thought stopping
- Cognitive Coping:
  - Review Cognitive Triangle
  - Apply cognitive restructuring/coping skills to current emotional/behavioral challenges most pressing at home/school
Bringing Fidelity into Trauma Narration Session Planning

5

- Affect Regulation: Feelings ID/scaling as needed to support GE
- Relaxation: Practice deep breathing, end-of-session grounding
- Trauma Narration:
  - Introduce gradual exposure rationale
  - Select structure for TN
  - Create TN coping plan
  - Create timeline & GE hierarchy development
  - Begin neutral narrative/light memory
Bringing Fidelity into Trauma Narration Session Planning

Bringing Fidelity into Trauma Narration Session Planning

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.

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
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<tbody>
<tr>
<td>1</td>
<td>A Favorite Memory:</td>
</tr>
<tr>
<td>2</td>
<td>A Heavy Memory:</td>
</tr>
<tr>
<td>3</td>
<td>A Heavier Memory:</td>
</tr>
<tr>
<td>4</td>
<td>My Heaviest Memory:</td>
</tr>
</tbody>
</table>

## Example Structure for Trauma Narration Sessions

<table>
<thead>
<tr>
<th>TN Session</th>
<th>Child</th>
<th>Caregiver(s)</th>
</tr>
</thead>
</table>
| 1          | - Introduce TN rationale  
             - Choose TN format  
             - Create trauma timeline  
             - Create trauma hierarchy  
             - **Draft/review/revise Ch 1: Light Memory**  
             - Grounding  | - Introduce TN rationale  
             - Review sessions structure  
             - Prepare for child reactions  
             - Conjoint: Review plan/structure for TN sessions. Create agreement about keeping TN discussions in session |
# Example Structure for Trauma Narration Sessions

<table>
<thead>
<tr>
<th>TN Session</th>
<th>Child</th>
<th>Caregiver(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Review/revise/complete Ch 1: Light Memory</td>
<td>● Review child’s reactions between sessions</td>
</tr>
<tr>
<td></td>
<td>● Get child’s consent to share portions of Ch 1 with caregiver in caregiver session time.</td>
<td>● Review parent(s)’ knowledge of child’s trauma</td>
</tr>
<tr>
<td></td>
<td>● Draft/review/revise Ch 2: Heavy Memory</td>
<td>● Discuss parent(s)’ thoughts/feelings about hearing the child’s TN</td>
</tr>
<tr>
<td></td>
<td>● Grounding</td>
<td>● Conjoint planning for child coping between sessions</td>
</tr>
</tbody>
</table>
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<thead>
<tr>
<th>TN Session</th>
<th>Child</th>
<th>Caregiver(s)</th>
</tr>
</thead>
</table>
| 3          | • Review/revise/complete Ch 2: Heavy Memory  
             • Get child’s consent for portions of Ch 2 to share with caregiver.  
             • Draft/review/revise Ch 3: Heavier Memory  
             • Grounding | • Review child’s reactions between sessions  
             • Share portions of Chs 1 & 2 approved by child  
             • Caregiver cognitive processing of TN  
             • Conjoint planning for child coping between sessions |
## Example Structure for Trauma Narration Sessions

<table>
<thead>
<tr>
<th>TN Session</th>
<th>Child</th>
<th>Caregiver(s)</th>
</tr>
</thead>
</table>
| 4          | • Review/revise/complete Ch 3: Heavier Memory  
• Get permission on portions of Ch 3 to share with CG  
• Draft/review/revise Ch 4: Heaviest Memory  
• Get permission on portions of Ch 3 to share with CG  
• Grounding | • Review child’s reactions between sessions  
• Share portions of Ch 3 approved by child  
• Caregiver cognitive processing of TN  
• Conjoint planning for child coping between sessions |
| 5          | • Review/revise/complete Ch 4: Heaviest Memory  
• Get permission on portions of Ch 4 to share with CG  
• Grounding | • Review child’s reactions between sessions  
• Share portions of Ch 4 approved by child  
• Caregiver cognitive processing of TN  
• Prepare for conjoint TN review/processing session  
• Conjoint planning for child coping between sessions |
FIDELITY IN ACTION...

Case Examples
Case example 1: Avoidant Pre-Teen

• Blake, 11 years old, Caucasian and Black, attends treatment with foster mother
• Hx of physical abuse by bio mom and mom's boyfriends and sexual abuse by mom's boyfriend
• Interests: Anime, Video Games, Rap Music
• At intake, denied sexual abuse experiences (despite having previously disclosed during forensic interview; charges substantiated)
• Caregiver states that Blake shuts down at the mention of bio mom or anything related to his past. Blake tells her that they're 'over it' and doesn't ever want to think about that part of his life again.

Goals for Fidelity Adherence: Integrate Novelty & Interests to Increase Engagement & Manage Avoidance
Blake in PRAC

Session 1:
- Describe goals of PRAC: understand trauma, better identify and handle feelings, help thoughts be more helpful
- Read interview by Chance the Rapper on mental health and PTSD
- Define trauma + identify trauma in favorite Naruto (anime) characters
- Identified impacts of trauma on characters
- Taught breathing technique- how do rappers not lose their breath during hour long sets?
  - Inhale 4, hold 8, exhale 8 – repeat multiple times.

Session 2:
- Affect Identification
  - Therapist brought in Naruto clips – had Blake identify feelings shown by each character
  - Developed feelings faces sheet using Naruto characters.
- Trauma Related Feelings
  - Identify what feelings Naruto and Sasuke had when they went through trauma.
  - What are two feelings Blake had in response to getting hurt by caregivers in the past?
BLAKE IN PRAC

Session 3:
- Teach think-feel-do connection
  - Use Naruto Clips like in Session 2 – add in what thoughts they had that gave them those feelings?
- Review Naruto- trauma related impacts – how did those experiences change how characters felt about themselves?
  - What impacts does trauma have on kids in foster care?
  - After developing list of thoughts/changes to self-Blake identifies what matches for him

Session 4:
- Review think-feel-do connection
  - Blake identifies one real-life situation that he dealt with recently – conflict with foster brother.
- Read Jay-Z Interview about therapy/talking about trauma
- Discuss rationale for gradual exposure
- Identify trauma types to put on timeline/hierarchy next session
Case Example 2: Client with disruptive behavior

• Joey, 6 years old white female, attend session with bio dad and stepmom
• Hx of neglect and parental substance use from bio mom
• Diagnoses of PTSD and Other Specified Disruptive Behavior Disorder
• Interests: Encanto, Luca, and Lion King
• Trauma symptoms include nightmares and self-blame for leaving bio mom's home.
• At intake: Joey talked openly about trauma experiences but demonstrated behavioral disruptions in lobby, during caregiver interview, child interview, and while walking to the parking lot.
Joey in PRAC

**Session 1:**
- Healing Days Book
- Belly Breathing

**Session 2:**
- Feelings Identification Game
- Scaling Feelings & Multiple Feelings
- Trauma Related Feelings

**Session 3:**
- Feelings ID game with Encanto scenes
- Think-Feel-Do Connection
- Lemon squeezes

**Session 4:**
- Think-feel-do with current at-home problem (getting dressed for school).
- ID trauma types and use Encanto analogy as rationale for trauma narrative.
Managing Crisis of the Week
Typical Crises of the Week:

- Oppositional and defiant behavior
- Sibling conflict
- Grades and/or school behavior
- Disrespect

High priority for family - a lot of emotion and "fix it yesterday" mindset

No immediate safety risk or concerns

Within typical expectations for youth's age/developmental level/current functioning
COWs Impact on Fidelity

- Challenge = Balancing attending to caregiver concerns to maintain engagement vs. Moving through EBP that will ultimately support reduction in problem areas
  - Significant session time taken up by repeated conversations of the same issues
  - Session time pulled to address COWs with client rather than previously planned session topics/skills
  - Often comes with significant emotional distress from caregiver that can easily impact therapist
Containing COWs

Structure session 'check-in time' differently.

- Have caregiver fill out a weekly behavior report before session (and email if telehealth) or in lobby.
  - Ask for scaled responses to primary behavioral concerns reported
  - If an area was a problem- write a brief description of the issue
  - Require 1 positive thing kid did since last session
  - If anything needs to be addressed further with caregiver or with client, therapist can choose when and how to do so.
- Serves as a means of tracking behavioral change, supporting more accurate responses from caregivers, and allows caregivers voice to be heard.
### Weekly Caregiver Report

Client:  
Caregiver:  
Date:  

1. What is one thing you your child did that you appreciated or liked this week?  

2. What is one thing your child could continue to work on or improve on?

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### WEEKLY CAREGIVER PROGRESS REPORT TEMPLATE

<table>
<thead>
<tr>
<th>SCHOOL</th>
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<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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<tbody>
<tr>
<td>(behavior, grades, homework completion, extracurriculars, etc.)</td>
<td>No concerns</td>
<td>Some problems</td>
<td>Multiple problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

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<table>
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<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>(behavior, attitude, following rules, chores, family relationships, etc.)</td>
<td>No concerns</td>
<td>Some problems</td>
<td>Multiple problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

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<table>
<thead>
<tr>
<th>COMMUNITY</th>
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<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>(job, activities, friends, etc.)</td>
<td>No concerns</td>
<td>Some problems</td>
<td>Multiple problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

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**Accomplishments and Things That You Appreciate:**

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**Problems, Concerns or Things for Your Child to Work On:**
If you feel stuck in PRAC because of COWs...

Ask yourself:

Is continued repetition of PRAC skills necessary and what is going to help this issue? Does TN need to be put on hold this week?

OR

Is trauma symptom reduction through trauma narrative going to help address emotional and behavioral functioning in combination with on-going at-home skill practice + parenting support?
Risk Management
Risk Might Look Like...

- Non-suicidal self-injury
- Suicidal ideation
- Running away
- Risky sexual behavior
- Substance abuse
- Violence that could cause harm towards others
When a Client has High-Risk Behaviors

- Functional Behavioral Analysis
- Clear safety plan that is being implemented by client and caregivers
- Weekly structured standardized check-in
Checking in with Yourself

• How do you feel working with high-risk clients?
• How does it change your therapeutic approach?
• What story are you telling yourself about moving into more intensive gradual exposure?
Managing Risk: The "Options..."

- Focus on coping and safety planning until client no longer exhibits risk behaviors or desire to engage in risk behaviors.
- OR
- Risk is monitored consistently and addressed as needed in each session while moving through treatment components that support reduction in symptomatology and distress related to post-traumatic stress.
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Advanced TF-CBT
Conference

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