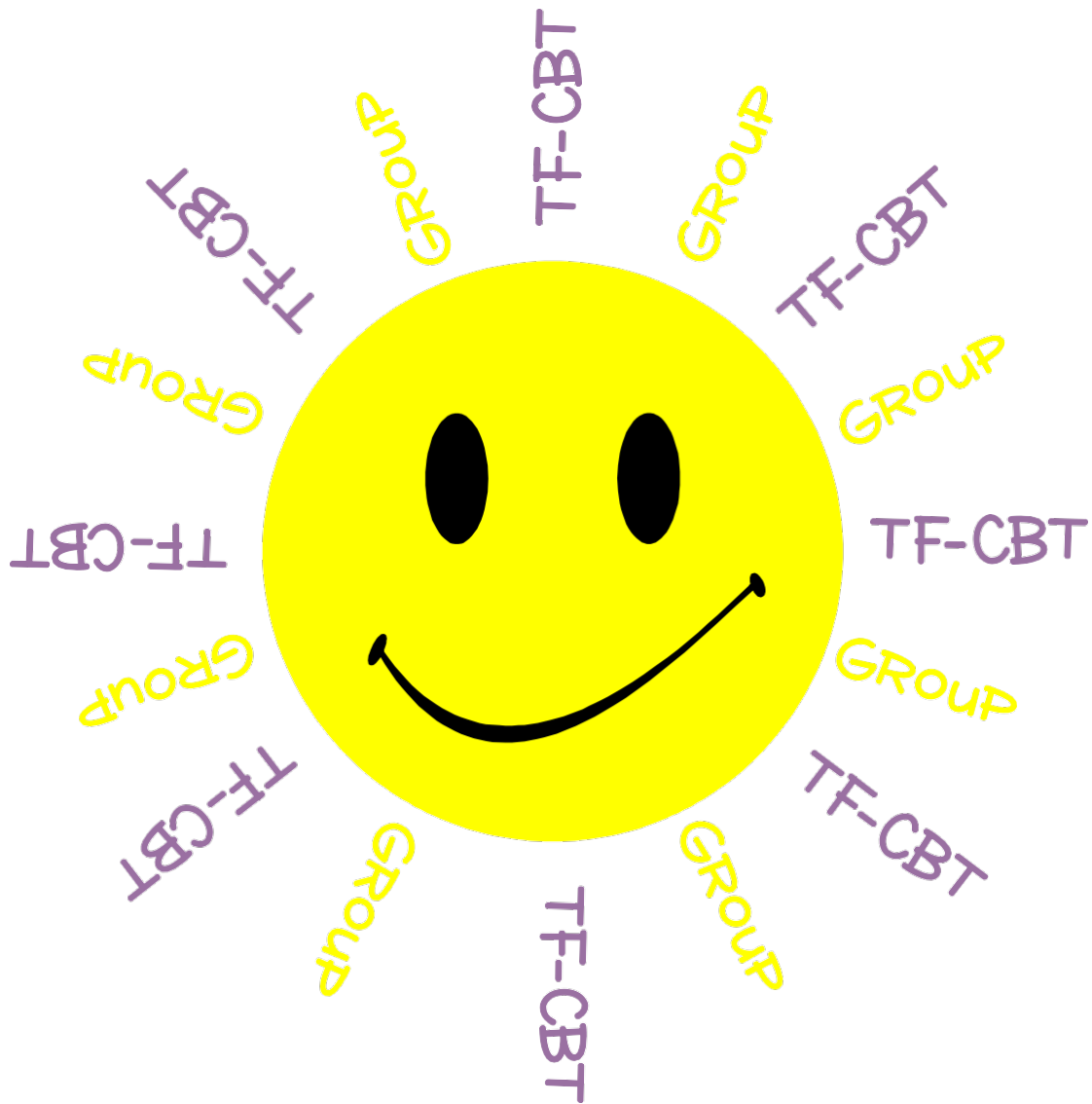


OUHSC Child Trauma Services Program



TF-CBT Group Curriculum



TF-CBT Group Session 6: *Conjoint Preparation*

Rationale

This session will serve to prepare caregivers for gradual exposure through providing the rationale and explanation of the GE process and engaging the child in planning for their individual exposure work. Activities are designed to create a plan for gradual exposure to ensure this work is completed in a safe and effective way.

Caregiver Objectives

1. Caregivers will share their expectations, thoughts and feelings about hearing their child's trauma narrative.
2. Caregivers will continue to apply cognitive triangle to any unbalanced thoughts regarding their child's trauma.

Materials

- Caregiver Thoughts Related to Child's Trauma History
- Test of Two
- Think-Feel-Do Connection

Session 6 Caregivers' Group				
1.	Group Check-In	Time	5 minutes	Lead Therapist
<ul style="list-style-type: none"> • Welcome the caregivers to session 6. • Remind caregivers of the group logistics. <ul style="list-style-type: none"> ○ This is the sixth of 7 caregiver groups sessions ○ There will be no more combined time as children are no longer meeting in a group setting. • Complete check-in. Consider having caregiver report on a positive behavior from the week and something that was challenging 				
2.	Homework Review	Time	5 minutes	Lead Therapist
<ul style="list-style-type: none"> • Review Homework 5: Using My Feel Better Plan <ul style="list-style-type: none"> ○ Ask about and praise any successes. ○ Ask about challenges in ongoing coping skills practice/use and problem-solve with caregivers 				
3.	TN Conjoint Preparation	Time	50 minutes	Lead Therapist
<ul style="list-style-type: none"> • Inform caregivers that over next few weeks, children are engaged in “telling their story” with a therapist; however, the ultimate goal is for children to share this with caregivers. • Acknowledge that this process can be difficult for caregivers and our goal is to prepare caregivers and provide support needed. • State that their child’s telling of events will be shared with caregiver by therapist individually, prior to child- caregiver sharing. This varies family to family, as caregivers have differing amounts of information; however, even if caregivers know details, hearing this from their child from their therapeutic work can be a new and different experience. • Inquire what expectations caregivers have regarding their own reactions to hearing their child’s stories. • Normalize feelings of sadness, regret, or anger related to their child experiencing a trauma and the goal of treatment is not to erase those feelings. • State that sometimes caregivers have thoughts or beliefs that lead to particularly heavy feelings. (Such as, “I should have known/done something to prevent” or “My child will never be the same” or even “My child must have done something to cause it”). • Remind caregivers of the think-feel-do connection and that paying attention to their own thoughts/beliefs on effects of trauma is important because it can impact their relationship with their child. • Review Handout “Think-Feel-Do Connection”. • Review example to explain testing accuracy and helpfulness of thoughts. (if appropriate, may walk through with a group member thought from discussion) For ex. Thought: My child has so many problems from the past, Nothing I do helps → Feeling: Helpless; Overwhelmed → Do: Hands off parenting • Ask caregivers to identify/share own thoughts that may be inaccurate/unhelpful. Ask group members to help in generating alternate, healthier thoughts. • Reinforce that thoughts are automatic and original, negative thought will pop back up. Takes conscious effort to replace with healthy thoughts. 				