

Sharpening Your Processing Skills: Cognitive Processing and Conjoint Sharing of the Narrative

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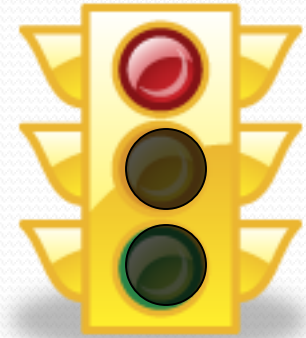
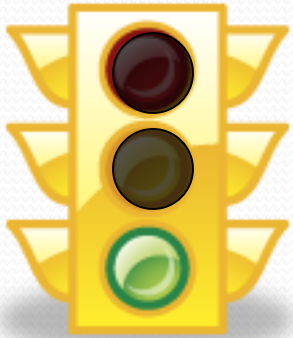
Licensed Psychologist

Snyder Book Collecting Contest, Silver Medal, 2008

I, Michael Gomez, have
no relevant financial
relationship with any
ineligible companies.

Go, Yield, or Stop?

Bringing Caregiver(s) & Child Together



- Emotionally stable & flexible
- Has reviewed trauma narrative with therapist
- Able to focus on experience of child/youth
- Poised for praise
- Open to challenge by therapist as unhelpful cognitions emerge
- Communication is an honoring exchange between parent & child
- Open to potential for growth from narrative (strengths, resilience, & hope)

- Emotionally unstable & rigid
- Avoids trauma narrative with therapist
- Preoccupied with their experience of pain – limited focus on child/youth
- Difficulty offering praise
- Defensive to challenge by therapist as unhelpful cognitions emerge
- Communication is struggle between parent & child
- Closed to potential for growth from narrative (despair, impairment, lost)

THIS component is ALL in the Prep, NOT the sharing

- Preparation is your friend
- The Conjoint Session is 80% complete BEFORE the child and parent ever walk in the room together
- **You are NOT watching a movie, you are DIRECTING a movie**
- **You are Martin Scorsese not the guy on Rotten Tomatoes**
 - Therefore be very directive in both the child prep, caregiver prep, and in the actual session
- The Conjoint Session is a GREAT place to address and restructure maladaptive cognitions

Caregiver Trauma Narration

Conjoint Prep

- Step 0: ID a caregiver to share
 - Sounds easy right???
 - Nope, can be VERY VERY difficult sometimes
 - Good markers
 - Who (or which people) did you include to help the kid with the PRAC skills
 - Who does the kid feel **safest** with (remember R, Y, G CG's)
 - Notice I didn't say "who does the kid *like* the best"
- At the end of the day, if you absolutely cannot find anyone appropriate, that's ok
- But I want you to have spent a LOT OF TIME on trying to ID this person
- If you give up after the 1st, 2nd, or 3rd try I'll call you out

Caregiver Trauma Narration Conjoint Prep

- Step 1: Review TN with child to determine which parts to share with caregiver
 - DO NOT ask “Can I share it?”; Ask “Any parts you don’t want shared?”
 - If the child says “NO!!!” review with them why
 - Sometimes they have valid reasons
 - Oftentimes they are afraid they will get in trouble
 - Create a PG version (Parent Guided Version) collaboratively with the child
 - LAST resort is you can share the neutral narrative and final chapter
- Majority of the time they say, “Ya, it’s okay”

Caregiver Trauma Narration

Conjoint Prep

- Step 2: Review selected TN pieces with caregiver prior to conjoint session (you're doing a LOT of work here)
 - What does the caregiver think the child will need to hear from them or experience to feel positively about the TN process?
 - What does the caregiver, him/herself, need to navigate this process
 - The session with you and the caregiver alone is the time for them to yell and scream, NOT when the child is in the room
 - Check in with the caregiver on their SUDs (You are running this EXACTLY like a standard TN session)
 - Remember the obvious things
 - For example, the caregiver should tell the child “I love you” or “I’m proud of you”
 - **“THE SCRIPT”**

Caregiver Trauma Narration

Conjoint Prep

- Step 3: NOW you have permission to bring them in
- STILL run this EXACTLY like a TN session → SUDs check in, cool down, etc.
- At any point you can pull the rip cord (but ONLY do this if absolutely necessary)
- You've already written down everything, so this is actually the easy part
- Also I REALLY like the change in language from “Conjoint Sharing” to “Honoring”

Caregiver Script Practice!!!



YOU WILL NEVER HAVE A CONJOINT
PARENT CHILD SESSION THIS HARD

Cognitive Processing AFTER Trauma Narration

Final Chapter of TN

- This is your dovetail into Cognitive Processing
- It is where you begin Contextualization
- If done correctly, it SIGNIFICANTLY makes your processing work easier
- Ideas
 - “What I have learned”
 - “How I’m different”
 - “What my future will be like”
 - “What I would tell other children who have went through trauma”
- Can look like this . . .

YOUR THOUGHTS AND FEELINGS ABOUT THE TRAUMA(S)

Remember how we learned that our thoughts are important? Your thoughts related to the trauma affect how you feel. These thoughts can help you feel better more quickly, or they can keep you feeling upset. Let's look at some of your thoughts related to the trauma. Below is a list of questions and thoughts that kids often have after an upsetting/confusing event. You and your therapist can choose which questions you will discuss, and you can add your own questions or thoughts at the end of the list. Then, for each question, you can write down the answer that is most helpful.

Page 28 of the
TF-CBT
Workbook

1. Why did this happen to me?
2. Who is responsible for the trauma(s)?
3. How will the trauma(s) affect me in the future?
4. How has trauma affected my family?
5. Since the trauma(s), my view of the world has changed in these ways:
6. Since the trauma(s), my view of myself has changed in these ways:
7. Since coming to therapy, I have learned these things about myself:
8. Coming to therapy has changed me and my family in these ways:
7. If I had a friend that went through a similar trauma, I would give him or her this advice:
9. If my friend thought that talking about trauma would be too hard, I would tell him or her:
- 10.
- 11.
- 12.

When you change the way you look at things, the things you look at change.

This is all CBT is, that's it

Cognitive Processing: Phase Based Approach

Preparation / Groundwork

- Validate current belief & connect to trauma experiences
- Rate belief and connect to feeling
- Obtain permission to evaluate

Cognitive Processing Technique

- Cognitive Triangle
- Best Friend Roleplay
- Scaling
- Responsibility Pie

Re-evaluate

- Summarize new information gained
- Re-rate original belief and connected feelings
- Home assignment to read and rate new & old belief daily until next session

THE TEST OF 2

True

Not True

Helpful



Not Helpful



The CPT “Big 5”

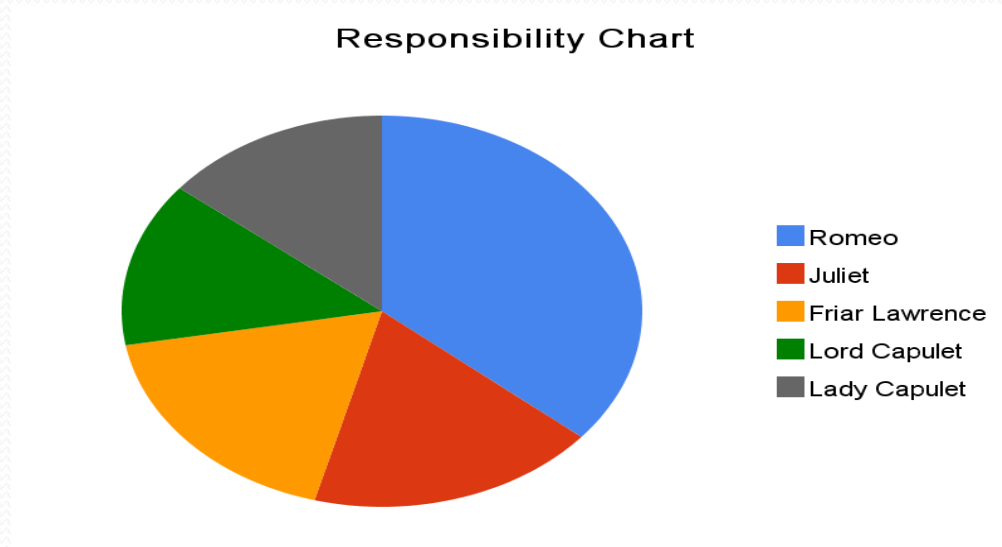
- Uses the SECOND cognitive triangle
 - Self
 - World (Other people, family, etc)
 - Future
- The Big 5
 1. Safety
 2. Power/Control
 3. Trust
 4. Worth
 5. “Intimacy”

Triangle work – Processing the Cognitions

- Phase 2 → “What is the evidence?”
- Can do Quantity Strategy
 - Generate more positive thoughts than negative
 - Generate more positive consequences than negative
- Can do “Let’s try this on” Strategy
 - Find an adaptive cognition and “try it on”
 - “Coping cards” are good here
- With all these, RATE EMOTION . . . “How does it feel”
 - Usually it feels MUCH better
 - Remember “uncomfortable” does not mean bad

Responsibility Pie

“Who are all the people who have at least some responsibility for what happened?
Draw a piece of the pie for each person that
shows the size of their responsibility.”



“What are the reasons that their piece is that size? Why not larger? Why not smaller?”

Responsibility Pie Practice!!

- Bruce Wayne “It’s my fault my mom and dad got shot, I should have just stayed in the theater.”



Best Friend Technique

- First, check “Is _____ STILL your best friend?”
- Second, “Let’s say your best friend . . .
 - Insert background (e.g., sexual abuse)
 - Insert cognition
 - Ex: Let’s say your best friend had also been sexually abused and was telling you “I’ll never be better again”
- Third, YOU play best friend, kid plays you and “talks you out of the cognition”

Best Friend Practice!!!

- Harry Potter “Everyone around me gets hurt because of me! Cedric, my parents, Sirius, EVERYONE!”
 - Psst . . . It’s after the Goblet of Fire



Scaling Questions

- Caregiver: “I keep thinking I could have protected them better.”
- **Therapist:** “On a scale of 0-10, how strong is that thought?”
- Caregiver: “About an 8.”
- **Therapist:** “Why an 8 and not a 1?”
- Caregiver answers.
- **Therapist:** “Why an 8 and not a 10?”

ALWAYS end in the direction
that you’re wanting the belief to go.

Scaling Practice

- Willy Wonka
- Ok . . . This is a trick question because HELL YES it's his fault kids get hurt at that factory. That thing is an OSHA nightmare!

Actual Scaling Practice

- Aunt May “I’ve done a horrible job of protecting Peter. I mean, after his Uncle Ben and then the attack at his school and with that horrible Spider-Man running around, I’ve just done an awful job of being his parent.”
 - (For sake of the exercise, highest you can go is a 9)



Socratic Questioning

Steps for the therapist:

- What is your end point/possible end point?
- What questions do you ask to get them there?
- Eventually you may/will have to provide some information, but use questioning technique as much as possible.

Socratic Questioning Practice

Old Thought: *It's my fault we can't live with our parents. I never should have told.*

Possible Endpoint: *When I told, I kept my siblings safe.*

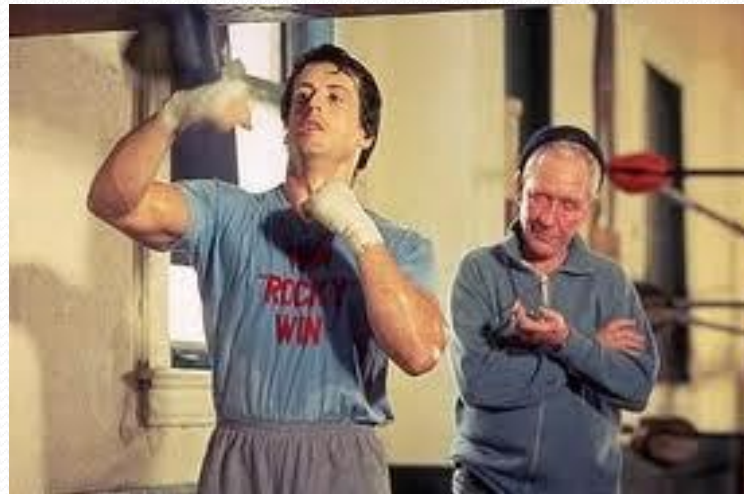
What I want to tell him

-
-
-

Turn into eliciting questions

-
-
-

Time to Practice – Socratic Questioning



Using Conjoint to Enhance Resilience – The Praise Letter

WRITING YOUR PRAISE LETTER

Your child has worked very hard to overcome fear and anxiety to be able to tell their trauma story. Many children are nervous to share their story with caregivers. Your support is MOST important for your child! Coming together with your child to talk openly about their trauma is an opportunity for you to provide support by listening, tell them how proud you are of them, correct any concerns or worries they have, and plan for the future.

Today you will write a “Praise Letter” to your child that you will share in the next session. Below are questions to consider in writing your Praise Letter. Not all questions apply to every child.

Remember the goal is for your child to feel heard and accepted by you.

Questions to Consider:

How do I feel about my child being able to tell their trauma story?

How proud are you of your child?

What healthy messages do I want to give my child about the trauma?

How do you feel about what happened to your child?

Who is responsible for the trauma?

What actions did my child take that I am proud of?

What will life from here on out be like for my child and our family?

What positive changes have I seen in child since starting group?

Does my child manage stress in better ways?

Is my child more open in talking with me?

Does my child seem happier?

Last Activity!!!

- Write your praise letter!
- Beginner Mode: Text a colleague 3 specific things you appreciate about them (rule is “aim small, miss small”)
- Advanced Mode: Start writing a letter (phone notes, on paper, anything) to your actual child, your parent, sibling, etc
 - Aim for a minimum of a paragraph here



Dr. Gomez's Philosophy of Therapy



HOZON

April 3 at 4:54 AM

What's your ZOMBIE Killing name?

YOUR ZOMBIE KILLING NAME

FIRST NAME INITIAL

- A- KING
- B- THE WIZARD
- C- SHADOW
- D- CRACK
- E- DOUBLE
- F- THE DARK
- G- THE BLACK
- H- ATOMIC
- I- THE BRUTAL
- J- STORM
- K- PHANTOM
- L- THE BIG
- M- THE MAD
- N- DOCTOR
- O- GIANT
- P- PISTOL
- Q- MASTER
- R- CAPTAIN
- S- GENERAL
- T- CHEF
- U- HACK
- V- LORD
- W- SUPER
- X- INCREDIBLE
- Y- THE RED
- Z- PROFESSOR

LAST NAME INITIAL

- A- KILLER
- B- BLADE
- C- KNIGHT
- D- KILL
- E- CLOWN
- F- NINJA
- G- DOUBLE TAP
- H- SLICE
- I- DEVIL
- J- CRAZY
- K- FREAK
- L- DADDY
- M- KNIFE
- N- SLAYER
- O- BEAR CLAW
- P- RAZOR
- Q- BULLET
- R- DEATH
- S- MACHETTE
- T- BULLET
- U- DICE
- V- GHOST
- W- BEAST
- X- KONG
- Y- SILENT
- Z- EVIL

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THANK YOU!

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