TF-CBT Booster Training Materials: Resource Packet

National Mass Violence Victimization Resource Center
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina
Charleston, SC
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Child and Adolescent Trauma Screen (CATS) - Caregiver Report (Ages 3-6)

**Child’s Name:** ____________________  **Date:** ____________________

**Caregiver Name:** ____________________

Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark No if it didn’t happen to the child.

1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.  
   - [ ] Yes  
   - [ ] No
2. Serious accident or injury like a car/bike crash, dog bite, sports injury.  
   - [ ] Yes  
   - [ ] No
3. Robbed by threat, force or weapon.  
   - [ ] Yes  
   - [ ] No
4. Slapped, punched, or beat up in the family.  
   - [ ] Yes  
   - [ ] No
5. Slapped, punched, or beat up by someone not in the family.  
   - [ ] Yes  
   - [ ] No
6. Seeing someone in the family get slapped, punched or beat up.  
   - [ ] Yes  
   - [ ] No
7. Seeing someone in the community get slapped, punched or beat up.  
   - [ ] Yes  
   - [ ] No
8. Someone older touching his/her private parts when they shouldn’t.  
   - [ ] Yes  
   - [ ] No
9. Someone forcing or pressuring sex, or when s/he couldn’t say no.  
   - [ ] Yes  
   - [ ] No
10. Someone close to the child dying suddenly or violently.  
    - [ ] Yes  
    - [ ] No
11. Attacked, stabbed, shot at or hurt badly.  
    - [ ] Yes  
    - [ ] No
12. Seeing someone attacked, stabbed, shot at, hurt badly or killed.  
    - [ ] Yes  
    - [ ] No
13. Stressful or scary medical procedure.  
    - [ ] Yes  
    - [ ] No
    - [ ] Yes  
    - [ ] No
15. Other stressful or scary event?  
    - [ ] Yes  
    - [ ] No

Describe: ________________________________________________

Which one is bothering the child most now? __________________

If you marked “YES” to any stressful or scary events for the child, then turn the page and answer the next questions.
Mark 0, 1, 2 or 3 for how often the following things have bothered the child in the last two weeks:

0  Never /  1  Once in a while /  2  Half the time /  3  Almost always

1. Upsetting thoughts or images about a stressful event. Or re-enacting a stressful event in play.  
2. Bad dreams related to a stressful event.  
3. Acting, playing or feeling as if a stressful event is happening right now.  
4. Feeling very emotionally upset when reminded of a stressful event.  
5. Strong physical reactions when reminded of a stressful event (sweating, heart beating fast).  
6. Trying not to remember, talk about or have feelings about a stressful event.  
7. Avoiding activities, people, places or things that are reminders of a stressful event.  
8. Increase in negative emotional states (afraid, angry, guilty, ashamed, confusion).  
9. Losing interest in activities s/he enjoyed before a stressful event. Including not playing as much.  
10. Acting socially withdrawn.  
11. Reduction in showing positive feelings (being happy, having loving feelings).  
12. Being irritable. Or having angry outbursts without a good reason and taking it out on other people or things.  
13. Being overly alert or on guard.  
14. Being jumpy or easily startled.  
15. Problems with concentration.  
16. Trouble falling or staying asleep.

<table>
<thead>
<tr>
<th>CATS 3-6 Years Score &lt;11</th>
<th>CATS 3-6 Years Score 12-15</th>
<th>CATS 3-6 Years Score 15+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal. Not clinically elevated.</td>
<td>Moderate trauma-related distress.</td>
<td>Probable PTSD.</td>
</tr>
</tbody>
</table>

Please mark “YES” or “NO” if the problems you marked interfered with:

1. Getting along with others  [ ] Yes  [ ] No  
2. Hobbies/Fun  [ ] Yes  [ ] No  
3. School or work  [ ] Yes  [ ] No  
4. Family relationships  [ ] Yes  [ ] No  
5. General happiness  [ ] Yes  [ ] No
Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark No if it didn’t happen to the child.

1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire. □ Yes □ No
2. Serious accident or injury like a car/bike crash, dog bite, sports injury. □ Yes □ No
3. Robbed by threat, force or weapon. □ Yes □ No
4. Slapped, punched, or beat up in the family. □ Yes □ No
5. Slapped, punched, or beat up by someone not in the family. □ Yes □ No
6. Seeing someone in the family get slapped, punched or beat up. □ Yes □ No
7. Seeing someone in the community get slapped, punched or beat up. □ Yes □ No
8. Someone older touching his/her private parts when they shouldn’t. □ Yes □ No
9. Someone forcing or pressuring sex, or when s/he couldn’t say no. □ Yes □ No
10. Someone close to the child dying suddenly or violently. □ Yes □ No
11. Attacked, stabbed, shot at or hurt badly. □ Yes □ No
12. Seeing someone attacked, stabbed, shot at, hurt badly or killed. □ Yes □ No
13. Stressful or scary medical procedure. □ Yes □ No
14. Being around war. □ Yes □ No
15. Other stressful or scary event?
   Describe: ____________________________________________

Which one is bothering the child most now? ________________

If you marked “YES” to any stressful or scary events for the child, then turn the page and answer the next questions.
Mark 0, 1, 2 or 3 for how often the following things have bothered the child in the last two weeks:

0  Never /  1  Once in a while /  2  Half the time /  3  Almost always

1. Upsetting thoughts or images about a stressful event. Or re-enacting a stressful event in play. 0 1 2 3
2. Bad dreams related to a stressful event. 0 1 2 3
3. Acting, playing or feeling as if a stressful event is happening right now. 0 1 2 3
4. Feeling very emotionally upset when reminded of a stressful event. 0 1 2 3
5. Strong physical reactions when reminded of a stressful event (sweating, heart beating fast). 0 1 2 3
6. Trying not to remember, talk about or have feelings about a stressful event. 0 1 2 3
7. Avoiding activities, people, places or things that are reminders of a stressful event. 0 1 2 3
8. Not being able to remember an important part of a stressful event. 0 1 2 3
9. Negative changes in how s/he thinks about self, others or the world after a stressful event. 0 1 2 3
10. Thinking a stressful event happened because s/he or someone else did something wrong or did not do enough to stop it. 0 1 2 3
11. Having very negative emotional states (afraid, angry, guilty, ashamed). 0 1 2 3
12. Losing interest in activities s/he enjoyed before a stressful event. Including not playing as much. 0 1 2 3
13. Feeling distant or cut off from people around her/him. 0 1 2 3
14. Not showing or reduced positive feelings (being happy, having loving feelings). 0 1 2 3
15. Being irritable. Or having angry outbursts without a good reason and taking it out 0 1 2 3
16. Risky behavior or behavior that could be harmful. 0 1 2 3
17. Being overly alert or on guard. 0 1 2 3
18. Being jumpy or easily startled. 0 1 2 3
19. Problems with concentration. 0 1 2 3
20. Trouble falling or staying asleep. 0 1 2 3

CATS 7-17 Years Score <15: Normal. Not clinically elevated.
CATS 7-17 Years Score 15-20: Moderate trauma-related distress.
CATS 7-17 Years Score 21+: Probable PTSD.

Please mark “YES” or “NO” if the problems you marked interfered with:

1. Getting along with others □ Yes □ No
2. Hobbies/Fun □ Yes □ No
3. School or work □ Yes □ No
4. Family relationships □ Yes □ No
5. General happiness □ Yes □ No
Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark No if it didn’t happen to you.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.</td>
</tr>
<tr>
<td>2.</td>
<td>Serious accident or injury like a car/bike crash, dog bite, sports injury.</td>
</tr>
<tr>
<td>3.</td>
<td>Robbed by threat, force or weapon.</td>
</tr>
<tr>
<td>4.</td>
<td>Slapped, punched, or beat up in your family.</td>
</tr>
<tr>
<td>5.</td>
<td>Slapped, punched, or beat up by someone not in your family.</td>
</tr>
<tr>
<td>6.</td>
<td>Seeing someone in your family get slapped, punched or beat up.</td>
</tr>
<tr>
<td>7.</td>
<td>Seeing someone in the community get slapped, punched or beat up.</td>
</tr>
<tr>
<td>8.</td>
<td>Someone older touching your private parts when they shouldn’t.</td>
</tr>
<tr>
<td>9.</td>
<td>Someone forcing or pressuring sex, or when you couldn’t say no.</td>
</tr>
<tr>
<td>10.</td>
<td>Someone close to you dying suddenly or violently.</td>
</tr>
<tr>
<td>11.</td>
<td>Attacked, stabbed, shot at or hurt badly.</td>
</tr>
<tr>
<td>12.</td>
<td>Seeing someone attacked, stabbed, shot at, hurt badly or killed.</td>
</tr>
<tr>
<td>13.</td>
<td>Stressful or scary medical procedure.</td>
</tr>
<tr>
<td>15.</td>
<td>Other stressful or scary event?</td>
</tr>
</tbody>
</table>

Describe: _________________________________

Which one is bothering you the most now? __________________

If you marked “YES” to any stressful or scary events, then turn the page and answer the next questions.
Mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:

0 Never / 1 Once in a while / 2 Half the time / 3 Almost always

1. Upsetting thoughts or pictures about what happened that pop into your head.
2. Bad dreams reminding you of what happened.
3. Feeling as if what happened is happening all over again.
4. Feeling very upset when you are reminded of what happened.
5. Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach).
6. Trying not to think about or talk about what happened. Or to not have feelings about it.
7. Staying away from people, places, things, or situations that remind you of what happened.
8. Not being able to remember part of what happened.
9. Negative thoughts about yourself or others. Thoughts like I won't have a good life, no one can be trusted, the whole world is unsafe.
10. Blaming yourself for what happened, or blaming someone else when it isn't their fault.
11. Bad feelings (afraid, angry, guilty, ashamed) a lot of the time.
12. Not wanting to do things you used to do.
13. Not feeling close to people.
14. Not being able to have good or happy feelings.
15. Feeling mad. Having fits of anger and taking it out on others.
17. Being overly careful or on guard (checking to see who is around you).
19. Problems paying attention.
20. Trouble falling or staying asleep.

<table>
<thead>
<tr>
<th>CATS 7-17 Years Score &lt;15</th>
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<th>CATS 7-17 Years Score 21+</th>
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Please mark “YES” or “NO” if the problems you marked interfered with:

1. Getting along with others  [ ] Yes  [ ] No
2. Hobbies/Fun  [ ] Yes  [ ] No
3. School or work  [ ] Yes  [ ] No
4. Family relationships  [ ] Yes  [ ] No
5. General happiness  [ ] Yes  [ ] No
Análisis de traumatismo en niños y adolescentes para cuidadores (CATS-C) de niños de 3 a 6 años

Nombre___________________________ Fecha__________

A muchos niños les suceden eventos que los estresa o asusta. Presentamos a continuación una lista de los eventos que suceden a veces y que los estresa o asusta. A su leal entender, marque SÍ si el evento le sucedió al niño. Marque No si no le sucedió al niño.

1. Desastres naturales serios, como inundaciones, tornados, huracanes, terremotos o incendios. □ Sí □ No
2. Accidente o lesión graves, como un choque de automóvil/bicicleta, mordida de un perro, lesión deportiva. □ Sí □ No
3. Fue objeto de robo mediante amenazas, fuerza o un arma. □ Sí □ No
4. Recibió bofetadas, puñetazos o golpes en la familia. □ Sí □ No
5. Recibió bofetadas, puñetazos o golpes por alguien ajeno a la familia. □ Sí □ No
6. Vio que alguien de la familia recibió bofetadas, puñetazos o golpes. □ Sí □ No
7. Vio que alguien de la comunidad recibió bofetadas, puñetazos o golpes. □ Sí □ No
8. Una persona de mayor edad tocó sus partes privadas cuando no debía hacerlo. □ Sí □ No
9. Una persona le forzó o presionó a tener relaciones cuando el niño/niña no pudo decir que no. □ Sí □ No
10. Una persona cercana al niño falleció repentinamente o violentamente. □ Sí □ No
11. Fue objeto de ataques, puñaladas, disparos o lesiones. □ Sí □ No
12. Vio que una persona fue objeto de ataques, puñaladas, disparos, lesiones graves o que mataron a una persona. □ Sí □ No
13. Procedimiento médico que le produjo estrés o miedo. □ Sí □ No
14. Estuvo en un lugar que estaba en guerra. □ Sí □ No
15. ¿Sufrió otros eventos que lo estresaron o asustaron? Describa los: ________________________________________

¿Cuál de estos eventos es el que más perturba al niño? ________

Si marcó eventos que estresaron o asustaron al niño, pase de página y responda las preguntas siguientes.
Marque 0, 1, 2 o 3 indicando con qué frecuencia las situaciones siguientes han perturbado al niño en las últimas dos semanas. Responda lo mejor que pueda:

0 Nunca / 1 De vez en cuando / 2 La mitad del tiempo / 3 Casi siempre

1. Tiene pensamientos o imágenes molestos sobre un evento estresante. O vuelve a representar un evento estresante durante el juego.

2. Tiene pesadillas sobre un evento estresante.

3. Actúa, juega o siente como si un evento estresante estuviera sucediendo ahora.

4. Se siente muy molesto desde el punto de vista emocional cuando se le recuerda sobre un evento estresante.

5. Tiene reacciones físicas fuertes cuando se le recuerda sobre un evento estresante (sudoración, palpitaciones).

6. Intenta no recordar, hablar ni tener sentimientos acerca de un evento estresante.

7. Evita las actividades, personas, lugares o cosas que recuerden un evento estresante.

8. Tiene más estados emocionales negativos (miedo, enojo, culpa, vergüenza, confusión).

9. Pierde el interés en las actividades que disfrutaba antes del evento estresante. Incluso juega menos.

10. Se retrae socialmente.

11. Demuestra menos los sentimientos positivos (estar feliz, tener sentimientos afectuosos).


13. Está demasiado alerta o en guardia.

14. Está nervioso o se asusta con facilidad.

15. Tiene problemas de concentración.

16. Tiene problemas para dormirse o mantenerse dormido.

Total _____

Clinical = 12+

Marque SÍ o NO si los problemas que marcó interfirieron con las situaciones siguientes:

1. Llevarse bien con otras personas Sí No

2. Pasatiempos/diversión Sí No

3. Escuela o guardería Sí No

4. Relaciones familiares Sí No

5. Felicidad general Sí No

CATS para cuidadores de niños de 3 a 6 años 2
Análisis de traumatismo en niños y adolescentes para cuidadores (CATS-C) de niños de 7 a 17 años

Nombre__________________________ Fecha_____________________

A muchos niños les suceden eventos que los estresa o asusta. Presentamos a continuación una lista de los eventos que suceden a veces y que los estresa o asusta. A su leal entender, marque Sí si el evento le sucedió al niño. Marque No si no le sucedió al niño.

1. Desastres naturales serios, como inundaciones, tornados, huracanes, terremotos o incendios.  □ Sí □ No
2. Accidente o lesión graves, como un choque de automóvil/bicicleta, mordida de un perro, lesión deportiva. □ Sí □ No
3. Fue objeto de robo mediante amenazas, fuerza o un arma. □ Sí □ No
4. Recibió bofetadas, puñetazos o golpes en la familia. □ Sí □ No
5. Recibió bofetadas, puñetazos o golpes por alguien ajeno a la familia. □ Sí □ No
6. Vio que alguien en la familia recibió bofetadas, puñetazos o golpes. □ Sí □ No
7. Vio que alguien de la comunidad recibió bofetadas, puñetazos. □ Sí □ No
8. Una persona de mayor edad tocó sus partes privadas cuando no debía hacerlo. □ Sí □ No
9. Una persona le forzó o presionó a tener relaciones cuando el niño/niña no pudo decir que no. □ Sí □ No
10. Una persona cercana al niño falleció repentinamente o violentamente. □ Sí □ No
11. Fue objeto de ataques, puñaladas, disparos o lesiones graves. □ Sí □ No
12. Vio que una persona fue objeto de ataques, puñaladas, disparos, lesiones graves o que mataron a una persona. □ Sí □ No
13. Procedimiento médico que le produjo estrés o miedo. □ Sí □ No
14. Estuvo en un lugar que estaba en guerra. □ Sí □ No
15. ¿Sufrió otros eventos que lo estresaron o asustaron?  Describalos: _____________________________________________

¿Cuál de estos eventos es el que más perturba al niño? _________

Si marcó eventos que estresaron o asustaron al niño, pase de página y responda las preguntas siguientes.
Análisis de traumatismo en niños y adolescentes para cuidadores (CATS) de niños de 7 a 17 años

Marque 0, 1, 2 o 3 indicando con qué frecuencia las situaciones siguientes han perturbado al niño en las últimas dos semanas. Responda lo mejor que pueda:

0 Nunca / 1 De vez en cuando / 2 La mitad del tiempo / 3 Casi siempre

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tiene pensamientos o imágenes molestos sobre un evento estresante. O vuelve a representar un evento estresante durante el juego.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Tiene pesadillas sobre un evento estresante.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>Actúa, juega o siente como si un evento estresante estuviera sucediendo ahora.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>Se siente muy molesto desde el punto de vista emocional cuando se le recuerda sobre un evento estresante.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>Tiene reacciones físicas fuertes cuando se le recuerda sobre un evento estresante (sudoración, palpitations).</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6.</td>
<td>Intenta no recordar, hablar ni tener sentimientos acerca de un evento estresante.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7.</td>
<td>Evita las actividades, personas, lugares o cosas que recuerden un evento estresante.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8.</td>
<td>No puede recordar una parte importante de un evento estresante.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9.</td>
<td>Tiene cambios negativos en la manera en que piensa sobre sí mismo, otras personas o el mundo tras el evento estresante.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10.</td>
<td>Piensa que el evento estresante sucedió porque él/ella u otra persona hicieron algo que no correspondía o no hicieron lo suficiente para detenerlo.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11.</td>
<td>Tiene estados emocionales muy negativos (miedo, enojo, culpa, vergüenza).</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>12.</td>
<td>Pierde el interés en las actividades que disfrutaba antes del evento estresante.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>13.</td>
<td>Se siente distante o apartado de las personas de su entorno.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>14.</td>
<td>No demuestra sentimientos positivos (estar feliz, tener sentimientos afectuosos).</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>15.</td>
<td>Está irritable. O tiene arrebatos de enojo sin un buen motivo y se desquita con otras personas o cosas.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>16.</td>
<td>Tiene comportamiento arriesgado o que podría causar daños.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>17.</td>
<td>Está demasiado alerta o en guardia.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>18.</td>
<td>Está nervioso o se asusta con facilidad.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>19.</td>
<td>Tiene problemas de concentración.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>20.</td>
<td>Tiene problemas para dormirse o mantenerse dormido.</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Total ______
Clinical = 15+

Marque SÍ o NO si los problemas que marcó interfirieron con las situaciones siguientes:

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
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<tbody>
<tr>
<td>1.</td>
<td>Llevarse bien con otras personas</td>
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<tr>
<td>2.</td>
<td>Pasatiempos/diversión</td>
</tr>
<tr>
<td>3.</td>
<td>Escuela</td>
</tr>
<tr>
<td>4.</td>
<td>Relaciones familiares</td>
</tr>
<tr>
<td>5.</td>
<td>Felicidad general</td>
</tr>
</tbody>
</table>

Análisis de traumatismo en niños y adolescentes para cuidadores (CATS) de niños de 7 a 17 años
Análisis de traumatismo en niños y adolescentes (CATS) de 7 a 17 años

Nombre___________________________ Fecha______________

Muchas personas pasan por eventos estresantes o de miedo. A continuación hay una lista de eventos estresantes o de miedo que a veces suceden. Marca SÍ si se te ha sucedido. Marca NO si no te ha sucedido.

1. Desastre natural grave, como una inundación, tornado, huracán, terremoto o incendio. □ Sí □ No
2. Accidente o lesión grave, como un choque de automóvil/bicicleta, mordida de un perro, lesión deportiva. □ Sí □ No
3. Has sido víctima de robo mediante amenazas, fuerza o un arma. □ Sí □ No
4. Has recibido bofetadas, puñetazos o golpes en tu familia. □ Sí □ No
5. Has recibido bofetadas, puñetazos o golpes por alguien ajeno a la familia. □ Sí □ No
6. Has visto a alguien de tu familia recibir bofetadas, puñetazos o golpes. □ Sí □ No
7. Has visto a alguien de la comunidad recibir bofetadas, puñetazos. □ Sí □ No
8. Alguien mayor tocó tus partes privadas cuando no debía hacerlo. □ Sí □ No
9. Alguien te forzó o presionó a tener sexo, o tuvo sexo cuando no podías decir que no. □ Sí □ No
10. Alguien cercana a ti falleció repentinamente o violentamente. □ Sí □ No
11. Has sido objeto de ataques, puñaladas, disparos o lesiones graves. □ Sí □ No
12. Has visto a alguien ser objeto de ataques, puñaladas, disparos, lesiones graves o que la mataran. □ Sí □ No
13. Procedimiento médico que te produjo estrés o miedo. □ Sí □ No
14. Has estado en un lugar en guerra. □ Sí □ No
15. ¿Has sufrido otro evento estresante o de miedo? 
   Descríbelo: ______________________________________________________

¿Cuál de estos eventos es el que más te molesta? ______________________

Si has marcado algún evento estresante o de miedo, pasa de página y responde las preguntas siguientes.
Marca 0, 1, 2 o 3 indicando con qué frecuencia las situaciones siguientes te han molestado en las últimas dos semanas:

0 Nunca / 1 De vez en cuando / 2 La mitad del tiempo / 3 Casi siempre

1. Pensamientos o imágenes perturbadores acerca de lo que sucedió que surgen en tu mente.
2. Pesadillas que te recuerdan lo sucedido.
3. Sensación de que se repite nuevamente lo sucedido.
4. Te sientes muy molesto cuando te recuerdan lo sucedido.
5. Sentimientos fuertes en tu cuerpo cuando te recuerdan lo sucedido (sudoración, palpitaciones, malestar estomacal).
6. Intentas no pensar en lo sucedido. O no tienes ningún sentimiento respecto a lo sucedido.
7. Permaneces alejado de las personas, lugares, cosas o situaciones que te recuerdan lo sucedido.
8. No puedes recordar parte de lo sucedido.
9. Pensamientos negativos sobre ti mismo u otras personas. Tienes pensamientos como “No tendré una buena vida”, “No se puede confiar en nadie”, “Todo el mundo es inseguro”.
10. Te culpas por lo sucedido. O culpas a otra persona que no tiene la culpa.
11. Tienes sentimientos negativos (miedo, enojo, culpa, vergüenza) con mucha frecuencia.
12. No deseas hacer cosas que solías hacer.
13. No te sientes cercano a las personas.
14. No puedes tener sentimientos buenos o felices.
15. Te sientes furioso. Tienes arranques de furia y te desquitas con otras personas.
16. Haces cosas que no son seguras.
17. Estás excesivamente cuidadoso (controlas quiénes están cerca).
18. Estás nervioso.
19. Tienes problemas para prestar atención.
20. Tienes problemas para dormirte o mantenerte dormido.

<table>
<thead>
<tr>
<th>Total</th>
<th>Clinical = 15+</th>
</tr>
</thead>
</table>

Marca SÍ o NO si los problemas que has marcado interfirieron con las situaciones siguientes:

1. Llevarse bien con otras personas □ Sí □ No
2. Pasatiempos/diversión □ Sí □ No
3. Escuela o trabajo □ Yes □ No
4. Relaciones familiares □ Sí □ No
5. Felicidad general □ Sí □ No

Análisis de traumatismo en niños y adolescentes (CATS) de 7 a 17 años
Target Criteria for TF-CBT
Revised 1/15/15

1. **Child is 3-18 years old.**
   Child from any racial or ethnic group, living in urban, suburban, or rural areas.

2. **Child has a history of traumatic event(s).**
   Child has a history of at least one significant potentially traumatic event, such as sexual abuse/assault, physical abuse/assault, witnessing serious violence in the home or community, unexpected, traumatic death of a loved one, motor vehicle accident, animal attack, or other similar incident. May have experienced multiple traumatic events over his or her lifetime.

3. **Child has significant symptoms of PTSD.**
   Child does **not** have to meet full diagnostic criteria for PTSD.

4. **Child may have other trauma-related problems.**
   Common problems include symptoms of depression, anxiety, fear, shame, guilt, self-blame, behavior problems, sexual behavior problems, or traumatic grief related to traumatic events.

5. **Parent/caregiver involvement is highly desirable.**
   Likely to improve treatment outcome, but it is not necessary.

**TF-CBT Not Indicated:**
- Child does not have a trauma history.
- Child does not have significant mental health symptoms related to traumatic event(s).
- Child has severe cognitive disabilities, autism spectrum disorder, or other problems that make it impossible for him or her to engage in cognitive therapy.

**Problems to be managed prior to trauma-focused therapy:**
- Imminent safety.
- **Severe** disruptive or aggressive behavior problems.
- Lack of a supportive caregiver.
Appendix D:
Pathway for Triage to Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) by Cohen, Mannarino, Deblinger

Is there Trauma?
- Yes
- No

Is the Child elevated on PTSD symptoms?
- Yes
- No

Are caregivers available to participate in treatment?
- Yes
- No

Are caregivers willing and able to participate and support child throughout treatment?
- No substance use problems or must be well into recovery (to avoid relapse)
- No Mental health problems (i.e. suicide, psychosis, personality disorder), which may interfere with treatment.
- Caregiver must believe and support child throughout treatment.
- Caregiver does not have own untreated trauma that interferes with treatment.
- No
- Yes

Is the family stable?
- Yes
- No
- Basic needs are being met.
- There is no severe ongoing conflict within the home?
- A stable caregiver is available?

Is the child willing to participate?
- Yes
- No
- Child does not have developmental delays that interfere with ability to participate in treatment.
- Child is age and developmentally appropriate for cognitive work.
- Child is not suicidal.
- Child does not engage in self-harming behaviors.
- Child is not currently experiencing any psychotic symptoms or is stabilized on medication.
- No substance use problems or must be well into recovery.
- Child and caregiver are not appropriate for TF-CBT and other treatment options should be considered at this time.
- Child and/or caregiver are appropriate for TF-CBT and can begin TF-CBT treatment.

Refer parent to individual treatment
### Components of Trauma-Focused Cognitive-Behavioral Therapy

| Ppsychoeducation and Parenting skills |
| Rrelaxation |
| Affective modulation |
| Ccognitive coping and processing |
| Ttrauma narrative |
| Iin vivo mastery of trauma reminders |
| Cconjoint child-parent sessions |
| Eenhancing future safety and development |

TF-CBT Pacing

1/3
Stabilization Phase
Psychoeducation
Relaxation
Affective Modulation
Cognitive Coping

1/3
Trauma Narrative Phase
Trauma Narrative and Processing

1/3
Integration/Consolidation Phase
In vivo
Conjoint sessions
Enhancing safety

Gradual Exposure
Parenting Skills

Time
TF-CBT Pacing – Complex Trauma

1/2 Stabilization Phase
- Psychoeducation
- Relaxation
- Affective Modulation
- Cognitive Coping

1/4 Trauma Narrative Phase
- Trauma Narrative and Processing

1/4 Integration/Consolidation Phase
- In vivo
- Conjoint sessions
- Enhancing safety

Gradual Exposure
- Parenting Skills

Time
Feelings Thermometer – How am I feeling now?

- **Rage, furious**
  - Take 5 deep breaths
  - Change what you are doing
  - Go to your calm space
  - Find a teacher to help you

- **Angry, mad**
  - Take a break
  - Count to ten and try again
  - Take 3 deep breaths
  - Request help from a teacher
  - Be positive!
  - Say ‘I can do this!’, or ‘It’s ok’
  - Think of something good or your favourite activity

- **Frustrated, confused, annoyed, very sad**
  - Take a break
  - Count to ten and try again
  - Take 3 deep breaths
  - Request help from a teacher
  - Be positive!
  - Say ‘I can do this!’, or ‘It’s ok’
  - Think of something good or your favourite activity

- **Nervous, worried, anxious, upset**
  - Take a break
  - Count to ten and try again
  - Take 3 deep breaths
  - Request help from a teacher
  - Be positive!
  - Say ‘I can do this!’, or ‘It’s ok’
  - Think of something good or your favourite activity

- **Happy, calm, satisfied, elated, pleased, o.k.**
  - Well done!
  - Everything is cool!
  - You’re relaxed, calm and focused.
THE “WHAT ARE YOU THINKING?” TEAM

“All or Nothing” Allen (all-or-nothing thinking)

Allen only sees things in “black and white” or “right or wrong.” Nothing is ever in the middle. When he got a 92% on his math test, he thought he was a failure because he didn’t get a 100%. Even though he got a lot of great presents for his birthday, he was very unhappy because there was one present that he didn’t get.

“Blaming” Blake (personalization)

Blake is always blaming somebody for a problem. Sometimes he blames himself; sometimes other people. He’s so busy blaming that he never really deals with the problem! Sometimes it’s not even his fault or the other person’s fault! One time he blamed himself for not giving his friend a birthday present, even though he didn’t know it was his birthday. Another time he blamed his teacher for a bad grade on a test even though he didn’t study for it.

“Over and Over” Oliver (overgeneralization)

When something bad happens to Oliver, he thinks it’s going to happen over and over again. When his basketball team lost a game, he decided that he didn’t want to play anymore because he thought they were just going to keep losing. He thinks he has really bad luck and that he never catches a break. He doesn’t think anything is ever going to turn out okay.

“Negative” Nate (mental filter, disqualifying the positive)

Nate only notices the bad stuff that happens to him. He thinks nothing good ever happens to him, and if something good does happen he acts like it doesn’t mean anything. When he got an A on his science test, he said, “I’ll probably still fail the class anyway.” When he finally got the pair of shoes he’d been wanting forever, all he noticed was that they weren’t the color he had wanted.

“Not a Big Deal” Norman (minimization)

Norman always plays off important things as not being a big deal. When someone at school stole $20 from him he told the teacher, “Don’t worry about it. It doesn’t matter that much.” When his coach congratulated him on a great shot he made Norman just said, “No big deal. I just got lucky.”
The “WHAT ARE YOU THINKING?” TEAM

“Shoulda” Sharonda (should statements)
Sharonda always talks about the things she “should” do or she “must” do even though nobody else is telling her she has to do them. When she’s hanging out with her friends she thinks, “I should be studying so I can be a straight “A” student. No matter how much she does, she always thinks she should be doing more. Then she feels guilty. Sharonda also thinks a lot about what other people “should” be doing. If they don’t do it she gets very angry and frustrated.

“Drama Queen” Jean (catastrophizing)
Jean blows everything out of proportion. Even if a really small problem happens, she acts like it’s the end of the world. People are always telling her she’s making too big of a deal out of things. One time she got into a huge fight with a friend because the friend couldn’t come over to Jean’s house after school. Jean made a big deal out of it and said, “I hate you!” to her friend. Now they aren’t friends anymore.

“Psych Out” Sam (mind reading, fortune teller error)
Sam always psychs himself out by expecting the worst. He usually thinks people don’t like him or that they’re out to get him, even though he doesn’t really know for sure. He decided his teacher thought he was stupid just because she didn’t call on him in math class. Sam also thinks things are going to turn out bad before he even starts. One time he decided not to talk to a new girl at school because he was sure that she would be mean to him if he did.

“Bad Mouth” Brandy (labeling)
Brandy likes to call people names... Even herself! If she makes a mistake, instead of trying to fix it, she just focuses on what a “Loser” she is. If her friend makes her mad she thinks, “She is such a jerk!” Once Brandy “bad mouths” someone, she doesn’t change her mind very easily. Even if Brandy does something really well she is probably thinking, “I’m still a loser!”

“Emo” Emily (emotional reasoning)
Emily always lets her feelings be in control. If she feels upset, she thinks that means everything must be awful even though it really may not be that bad. She thinks, “If I feel it, it must be real.” For example, Emily felt nervous and scared when she met her mom’s new boyfriend so she decided that he must be a really awful person... Even though she doesn’t know anything about him!
### Helping Teens with Traumatic Grief: Tips for Caregivers

Each teen grieves in unique ways. After a sudden or violent death some teens may develop traumatic grief responses and have difficulty coping. Here are ways to recognize and help your teen with traumatic grief. Being nonjudgmental, open to compromise and considering your teen's point of view are important.

<table>
<thead>
<tr>
<th>I WANT YOU TO KNOW THAT:</th>
<th>YOU CAN HELP ME WHEN YOU:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I may feel sad, scared, empty, or numb but be embarrassed to show my true feelings. Yet, I may say too much on social media.</td>
<td>1. Say that it is painful when someone you care about dies. Talk about your own feelings and invite me to talk about mine once I’m ready. Discuss sharing things on social media. Offer to find me a counselor if it seems easier for me to talk to someone outside the family.</td>
</tr>
<tr>
<td>2. I might have behavior problems that are new or worse than before the trauma (angry outbursts, irritability, rule breaking, revenge seeking). I may be doing serious, unsafe, or harmful behaviors (self-injury, risky sexual behavior, drug or alcohol use).</td>
<td>2. Have patience and try to remain calm while setting appropriate limits on behaviors. Encourage me to get back to routines and activities with friends. For serious, risky, or harmful behaviors, get professional help.</td>
</tr>
<tr>
<td>3. I have trouble concentrating and paying attention or have a change in sleep patterns, such as staying up later or sleeping in all day.</td>
<td>3. Realize that I may be having scary thoughts about the trauma and not tell you. Talk with me about ways to cope with these, like getting back to enjoyable activities or listening to calming music. Taking a technology break at night will help me to sleep better.</td>
</tr>
<tr>
<td>4. Have physical reactions like jumpiness, stomach aches, headaches, a pounding heart, or body aches. These may be worse after being around people, places, sounds, situations or other things that remind him of the trauma or the person who died</td>
<td>4. Recognize that I may minimize these physical reactions—or do the opposite—exaggerate a minor ailment or injury. Encourage me to use physical activities to release tension or try relaxing things, like deep breathing or gentle stretching.</td>
</tr>
<tr>
<td>5. I may think that life is meaningless, feel guilty for being okay, or withdraw from family and friends—yet retreat to social media or gaming.</td>
<td>5. Discuss solutions for feeling sad and mention that, while social media can be helpful, I may feel better seeing friends in person. Check with other adults I may confide in to discuss ways to support me. If I seem very sad or guilty, seek professional help.</td>
</tr>
<tr>
<td>6. Sometimes I wonder if something bad will happen to me or that other important people in my life, I may express this by appearing anxious or worried or seeming not to care about the future (not studying, skipping school), or risk-taking behavior.</td>
<td>6. Help me develop a realistic picture of the dangers in life. Talk about ways for me to take control of my safety and future (e.g. driving carefully, eating well and exercising, asking others for help).</td>
</tr>
<tr>
<td>7. I may talk about feeling responsible for the death.</td>
<td>7. Give honest, accurate, and age-appropriate information. Teens get information from all kinds of media, so let me know you will always tell me the truth. If I feel responsible, reassure me to not worry; that I did the best I could at the time.</td>
</tr>
<tr>
<td>8. Sometimes I might not want to talk about the person who died. I may try to change or reject the topic (“leave me alone”), or shrug it off. I may hide my discomfort and act as if nothing bothers me or as if I’m is doing fine.</td>
<td>8. Realize that I may think that talking about the trauma or the person who died will upset you Even if you feel rejected, do stay involved with me and know where I am and what I’m is doing. I need your presence more than ever.</td>
</tr>
<tr>
<td>9. I might refuse to go places or do things that remind me of the person who died, or of how my life has changed since the person died.</td>
<td>9. Understand that I may be overwhelmed by upsetting feelings, but want to look strong or act as if nothing is wrong. This may be a sign of traumatic grief, and a professional can help.</td>
</tr>
<tr>
<td>I may not want to talk about or remember good things about the person who died because it brings up reminders of the traumatic death.</td>
<td>10. Keep pictures of the person who died around for me to see. Tell me stories about the person and make me a memory book so I can keep the person in my mind and my heart.</td>
</tr>
</tbody>
</table>

If any of these problems get in the way of your teen’s functioning at school or home, or continue more than 1-2 months, get help from a mental health professional who has experience treating children and teens with trauma or traumatic grief.
**PROFESSIONAL HANDOUT**

Completion of Bereavement Tasks for Children with Uncomplicated Grief and Indicators of Difficulty for Children with Childhood Traumatic Grief

<table>
<thead>
<tr>
<th>In uncomplicated bereavement children will:</th>
<th>Childhood Traumatic Grief interferes with bereavement due to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accept the reality and permanence of death</td>
<td>Difficulty with accepting or unwillingness to accept that the person has died due to associations of the death with the traumatic circumstance.</td>
</tr>
<tr>
<td>Experience and cope with difficult emotional reactions</td>
<td>Intense, distressing feelings that are triggered by reminders leading to avoidance or lack of feelings.</td>
</tr>
<tr>
<td>Adjust to changes in their lives and changes in their identity that result from the death</td>
<td>Changes that lead to unpleasant reminders of the way the person died; possible over identification with the person who died, feeling overly responsible.</td>
</tr>
<tr>
<td>Develop new relationships or deepen existing ones</td>
<td>Feelings such as guilt, anger, and revenge interfering with the formation of new relationships.</td>
</tr>
<tr>
<td>Maintain a continuing, healthy attachment to the deceased person through remembrance activities</td>
<td>Difficulty or avoidance of positive memories because they are linked to horrible images and upsetting thoughts and feelings.</td>
</tr>
<tr>
<td>Find some meaning in the death and learn about life or oneself</td>
<td>Inability or resistance to moving past the terrifying, unpleasant aspects of the death; negative feelings about self related to the death or person.</td>
</tr>
<tr>
<td>Continue through the normal developmental stages</td>
<td>Emotional reactions and resulting behavior, e.g., withdrawal, anger, distrust, interfering with the ability to engage in positive, age-appropriate activities and relationships.</td>
</tr>
</tbody>
</table>
Not all children who experience a traumatic death will develop childhood traumatic grief. Some children will be able to grieve the loss without complications. A small number of grieving children may develop some reactions or symptoms that can become difficult and perhaps interfere with their daily functioning. Signs that a child is having difficulty coping with the death may be noticeable in the first month or two or may not be apparent until one or more years later. Some of these signs include the following:

- **Intrusive memories about the death**: These can be expressed by nightmares, guilt or self blame about how the person died, or recurrent or disturbing thoughts about the terrible way someone died.

- **Avoidance and numbing**: These can be expressed by withdrawal, acting as if not upset, or avoiding reminders of the person, the way he or she died, or the things that led to the death.

- **Physical or emotional symptoms of increased arousal**: Children may show this by their irritability, anger, trouble sleeping, decreased concentration, drop in grades, stomachaches, headaches, increased vigilance, and/or fears about safety for oneself or others.
WORDEN’S FOUR TASKS OF MOURNING

Psychologist J. William Worden provides a framework of four tasks that help us understand how people journey through grief. Healing happens gradually as grievers address these tasks, in no specific order, going back and forth from one to another over time.

Task 1: To Accept the Reality of the Loss

Although you know intellectually that the person has died, you may experience a sense of disbelief. Integrating the reality of their death means “taking it in” with your whole being.

For example, the reality may begin to set in immediately after the death, when you must call the mortuary, attend the memorial or pick up the ashes.

Many weeks, months or years later when an occasion arises that they would have been part of, the reality again hits you as you realize that your dear one has died and they aren’t here to share these moments with you.

Task 2: To Process the Pain of Grief

Grief is experienced emotionally, cognitively, physically, and spiritually.

People may be telling you: "Get over it; move on; be strong." In contrast, one of the aims of grief support groups is to encourage and facilitate the safe expression of all the natural grief reactions.

Task 3: To Adjust to a World Without the Deceased

External adjustments include taking on responsibilities and learning new skills.

Internal adjustments are made as you adapt to your new identity.

Spiritual adjustments occur as you grapple with questions about your belief system and the purpose and meaning of life.

Task 4: To Find an Enduring Connection With the Deceased in the Midst of Embarking on a New Life

Gradually you create a balance between remembering the person who died and living a full and meaningful life.


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Special Considerations for Implementing TF-CBT with Adolescents

Psychoeducation

(1) More to Deal With – Multiple Problems, Multiple Traumas
Teens are at increased risk compared to young children for developing certain kinds of mental health, behavioral, and social problems—including PTSD, depression, substance abuse, self-harm, and delinquent behavior. These problems often co-occur. Adolescents are also more likely than young kids to experience multiple types of traumatic events in their lifetimes, which increase their risk for mental health problems and future victimization.

(2) Dramatic Changes
Adolescence is a period of dramatic physical, sexual, cognitive, emotional, social, and spiritual development, all of which can be impacted by trauma. Youth and families should be educated about typical developmental tasks and expectations in these areas, as well as the possible effects of trauma across these domains.

(3) Let’s Talk About Sex…
Teens who have experienced traumatic events, particularly sexual abuse and assault, often have questions or concerns about the influence of their experiences on their sexuality and physical health. Be prepared to discuss these questions and rape-related health concerns; dispel myths about trauma and sexuality with teens and their caregivers; and support teens to discuss their health concerns with their physicians as well. Do not assume you know the youth’s sexual orientation or gender identity, and recognize that trauma issues may be more complex for LGBTQ youth. Create a safe and affirming environment for all traumatized teens, and remember that these youth may not be out to their parents or caregivers.

(4) …And Drugs
Even trauma-exposed teens that have not yet started to use alcohol, marijuana, or other drugs are at elevated risk compared to their peers for problematic substance use and abuse. Teens may use substances to cope with distressing emotions (but do not assume that all distressed teens who are using substances are doing so as a coping strategy). Substance use can place teens at increased risk for future victimization: informing teens of this connection and assessing their level of use can be valuable in reducing unhealthy coping and preventing risky behaviors and situations.

(5) Parallel Process
Remember to emphasize the critical role of the caregiver. This can be especially important for teens, because parents may think they don’t need to be a part of therapy. Remind caregivers of their critical influence as role models for their teens. Encourage parents to learn, practice and reinforce the coping skills their teens are learning throughout the treatment process. “Do what I say not what I do” just doesn’t work. Teens are much more likely to be influenced by caregivers’ behaviors rather than caregivers’ lectures.
Parenting

(1) Keep it Positive
Parents and other caregivers play a central role in their children’s lives, and treatment, during adolescence. Trauma can disrupt family routines and rhythms, which often are affected during the transition to adolescence for all families. Help caregivers connect youth’s trauma experiences and current difficulties (moodiness, behavior, irritability): instead of seeing a bad kid, help caregivers see a kid who has had bad things happen to them. Assist the caregiver and teen to find time for positive family activities, focusing on free activities. Help caregivers identify opportunities to praise their teen’s positive qualities and behaviors, and remind parents that just because their teens roll their eyes in response to praise, that doesn’t mean “deep down” they don’t appreciate the encouragement.

(2) Negotiation Tactics
Although caregivers should still take final responsibility for house rules, responsibilities, and consequences, assist caregivers and teens to work together to negotiate and compromise when they can in establishing rules and responsibilities (e.g., chores). Letting teens be part of the decision making process can go a long way, and taking the time to listen to why a teen prefers one task to another may result in a win-win situation for all.

(3) Communication is Key
Basic communication skills can provide multiple benefits for both caregivers and teens. “I”-statements, reflective listening, paraphrasing, and other skills often taught to couples or for interpersonal effectiveness in general can be integrated when communication problems are identified. It is particularly valuable for parents to engage in reflective listening when teens are discussing positive behaviors/experiences and/or problem issues in a thoughtful way.

(4) Try Validation
Strengthen caregivers’ validation skills. Ensure that caregivers can separate validation of a teen’s emotional reaction and their endorsement of a teen’s behavior or choices. Support caregivers to provide verbal and non-verbal messages that affirm the teen as a person, affirm the teen that their feelings are real and understandable, and affirm that the caregiver is listening, is concerned, and can handle it. Validating prior to problem solving is recommended.

(5) Think ‘Balancing Act’
Supporting a teen in their growing autonomy means skillfully allowing them opportunities to be more independent, not “dropping the reins” completely. Empower parents to retain their responsibilities for ongoing monitoring and rule making, even when there’s push back from teens. High risk behaviors should be handled with clear, consistent contingency management, regardless of age.
Relaxation

(1) All About the Rationale
Learning relaxation skills can be difficult as well as physically and emotionally uncomfortable when working toward mastery. Depending on their trauma and learning histories, adolescents may have longer histories of avoidant coping or anxiety-maintaining coping strategies (e.g., breathing patterns) when compared to younger children. Spend extra time on the rationale: explain to teens that trauma responses are reflected in brain changes (neural pathways), and that using these skills can develop new neural pathways; tie to outside interests (e.g., sports); and work with caregivers to incentivize practice if necessary.

(2) Sleep Hygiene
Include sleep hygiene assessment and education as part of relaxation for all adolescents, whether they currently endorse sleep difficulties or not.

(3) Tracking for Teens
Give teens the responsibility to track their practice of relaxation techniques. This can include mobile apps, text messages to themselves, painting a polka dot on their thumb nail each time they practice, an adult-style tracking sheet, whatever works!

(4) Relaxation vs. Avoidance
Asking teens what relaxation strategies work when they have trauma memories or experience trauma cues is one way to incorporate gradual exposure into treatment. Teens may confuse relaxation skills with avoidance strategies. Instead of asking teens “how they relax” or “what they like to do to relax,” start by defining the difference between relaxation and avoidance. Another suggestion is to use the “tuning out/tuning in” framework to help teens identify when they are using relaxation vs. avoidance. Teens with high levels of introspection or insight might find concepts such as avoidant coping, active coping, and other terms interesting and helpful.

(5) Try Meditation
Consider incorporating mindfulness-based exercises into this module, such as activities that draw awareness to all 5 senses and simple guided meditation. Although it is important to emphasize that teens will need general relaxation strategies, as well as strategies to deal with trauma reminders, mindfulness activities may be appropriate for both.
Affective Expression & Modulation

(1) Wider Range of Emotions
Teens should be expected to master the identification of a wide range of emotions during this module, including more complex emotions than expected of younger children. Don’t forget to include a wide range of positive emotions, as well. Remember to ask teens about how they feel when they think about or remember their traumatic experiences as a form of gradual exposure, and encourage teens to use affective modulation in response to trauma reminders and to encourage parents to support teens in this regard.

(2) Dimensionality of Emotions
Given adolescents’ abstract thinking abilities, adolescents can describe and sort emotions based on a number of different dimensions to deepen their learning. Examples include: feelings I like to have vs. feelings I don’t like to have; feelings I show others vs. feelings I hide from others; feelings I know how to deal with vs. feelings that are hard to manage. The concept of mixed or blended emotions is also helpful for teens. Having more than one feeling simultaneously about the same person or situation can lead to stronger OR blunted feelings. For one teen, feeling combined love and betrayal about his mother makes him enraged; but for another teen, feeling combined love and betrayal about her mother makes her numb.

(3) Emotion Regulation Toolbox
When emotion regulation is a problem area, adolescents can benefit from the integration of several techniques. Some examples include problem solving, understanding that negative emotions are transient, seeking positive social support from peers or adults, using humor, and positive distraction. Also consider acceptance-based and mindfulness-based techniques. These techniques focus on being present in the moment and taking a non-judgmental stance towards emotions and affective symptoms.

(4) Self-conscious Emotions
Self-conscious emotions, or “secondary emotions,” may be more central to a teen’s recovery from trauma than younger children. Include discussions and examples, and differentiate between embarrassment, guilt, and shame.

(5) Caregiver Responses
Some caregivers are intimidated or distressed when their teens express some emotions, such as anger. In addition to psychoeducation and parenting interventions, standardized assessment tools can help caregivers gain insight into their responses to their teen’s emotions. Role playing is a helpful strategy to help parents learn and practice better ways to respond to their teens when they are upset. Additionally, use role plays with caregivers to ensure that new skills being mastered by the youth (e.g., expressing anger) are met with appropriate responses when practiced at home. It is important for therapists to support caregivers in developing and practicing effective coping skills as well as parents continue to be critical role models for their teens.
Cognitive Coping

(1) Scratch the Surface, Then Dig Deeper
Adolescents are often better able to identify thoughts, attitudes, and beliefs than younger children due to their level of cognitive development. Get beyond the “surface” automatic thoughts to teens’ core beliefs about the traumatic event(s) and the impact on their lives. Socratic questioning is a powerful tool for accomplishing this goal. However, teach adolescents to use this skill to manage daily stressors then they will be well equipped to use these skills after the completion of the narrative to address trauma-related cognitive distortions.

(2) Thinking Errors and Distortions
Older adolescents have greater potential for more abstract, logical, and complex thinking. However, teens are still prone to a number of thinking errors and cognitive distortions. Younger teens, in particular, may be prone to concrete or rigid views about rules and moral standards. A fun way to teach teens about cognitive distortions is through the introduction of characters that represent prototypical patterns of distorted thinking. For example the “What are You Thinking Team” worksheet features 10 such characters including “Drama Queen Jean” (catastrophizing) “Emo Emily” (emotional reasoning) “Blaming Blake” (personalization) and “Negative Nate” (disqualifying the positive) to personify distortions.

(3) Caregivers Count
Caregivers can play a critical role in helping their teens identify, challenge, and replace thinking errors in their daily lives. Additionally, caregivers may have their own cognitive distortions related to their teens’ trauma-related experiences. Be sure to teach and reinforce caregivers for effective use of cognitive coping and for coaching and supporting their teens’ use of this skill.

(4) Celebrity Role Models
Publicly available testimonials from celebrities who have overcome trauma and adversity can provide powerful examples of cognitive coping and processing. This is particularly true if the adolescent identifies in some way with the celebrity. Identify examples ahead of session or work with the teen to select the best, most appropriate examples for each client, and come prepared to discuss how the celebrities’ perspectives (i.e., their thoughts and beliefs about the experience) helped them build resilience. These examples also help prepare teens to begin the trauma narrative, which is the next part of treatment.

(5) Understand the Impact
When the time comes for adolescents to use cognitive coping skills to process their trauma narratives, consider having them describe the impact of the trauma on different aspects of their lives and identities (ex: peer and family relationships, school, future goals, sense of safety, views of self, etc.). This can be a helpful way to identify dysfunctional trauma-related thoughts and core beliefs.
Trauma Narrative and Processing

(1) Continually Build Motivation
Once the narrative work is initiated, regularly review the rationale for the trauma narrative component and employ strategies for motivational enhancement, as needed. Identify a set of intrinsic and extrinsic motivators that can be used to reinforce teens’ cooperation, engagement, and completion of the trauma narrative component.

(2) Making it Their Own
Encourage teens to be creative and take ownership of their narratives. Although most teens are responsive to the idea of writing a book or written narrative, some respond better to other creative ways of expressing themselves. This is a great opportunity to leverage their interests, talents, and strengths (ex: art, music, poetry, rap, comics, video games, photography, sports) in structuring and creating the content of their narratives.

(3) What to Include?
By the time they reach adolescence, many youth have experienced multiple types and incidents of potentially traumatic events. Guide teens to write about the events that were the worst or had the most impact, potentially beginning with experiences that are easier to write about and work gradually toward the most traumatic event. Teens should also be encouraged to write about the overall impact of trauma on their lives. Additional events can be included, but may not be needed for treatment goals to be met.

(4) Explore Common Themes
Adolescence is a time when our beliefs and values become more stable. This underscores the importance of helping teens process their thoughts and feelings about their trauma histories so they can enter adulthood with healthier, resilient perspectives. Several common themes are found in adolescents’ trauma narratives. Some examples include abandonment, mistrust, shame, guilt/self-blame, incompetence, failure, self-sacrifice, and pessimism. Look for these themes in your clients’ narratives and use cognitive processing techniques to explore, challenge, and replace unhealthy thoughts. Remember that these core trauma themes may also present as trauma reminders; for example, if rejection is a core trauma theme, then peer group rejection may become a trauma reminder.

(5) Striking the Right Balance
Discuss with teens and caregivers the rationale and benefits of including a trusted caregiver in the trauma narrative component of treatment. Balance your ethical and legal responsibility to protect teens’ privacy and confidentiality with the goal of encouraging open parent child communication and the sharing of the narrative with a trusted caregiver. If teens are hesitant or likely to be hesitant, but you have determined sharing would be clinically appropriate, wait to visit the idea until the narrative has been completed so that they feel comfortable sharing their deepest thoughts, feelings, and details of their experiences with you and can make the decision about sharing it with a caregiver after it is complete. Sometimes teens are concerned that the narrative will be too upsetting to the caregiver, but when reassured by the therapist that the caregiver is well prepared and emotionally capable of hearing the narrative, teens are often more willing to share it. Other teens don’t want to share the entire narrative, but are more than willing to share their final summary chapter.
in vivo Mastery

(1) Consistent Monitoring is Key
in vivo exposure exercises should be rated, recorded, and tracked over time when indicated. Offer teens choices for how they monitor their completion of exercises and SUDS ratings. For instance, they could record the information in a journal, complete worksheets you provide, or use mobile smartphone applications designed for behavior tracking. As a clinician, take time to become familiar with these apps before recommending them. Be sure to reinforce effort as well as successes!

(2) Creatively Overcoming Avoidance
Adolescents may engage in emotional avoidance, or efforts to avoid certain internal cues like feelings or moods that are associated with their trauma histories. Be creative in generating situations wherein teens can be exposed to avoided emotions for their hierarchies. For example, viewing tragic scenes from movies may induce feelings of sadness or despair that a teen has avoided following traumatic loss. As another example, running up and down stairs or doing jumping jacks can induce similar internal physical sensations as those brought on by fear or panic.

(3) New Expectations, New Challenges
Teens may be required to share restrooms, change clothes in locker rooms, and shower with other youth as part of gym class, sports, or other extracurricular activities. Additionally, adolescents are expected to take more responsibility for independently maintaining their personal hygiene than young children. Exposure to others’ sexual body parts, as well as their own may be a trigger for trauma-related symptoms.

(4) Body Image
Most people become more concerned with body image during adolescence, but this can be particularly true for youth who have experienced emotional, physical, or sexual abuse or who have lasting physical injuries from traumatic events. Help adolescent clients identify whether activities to overcome avoidance of body image concerns should be included in their hierarchies.

(5) Romantic Relationships
Many teens start dating or experimenting with romantic relationships. For youth who have been sexually abused or assaulted or who have witnessed domestic violence, intimate physical contact with boyfriends or girlfriends may trigger trauma symptoms. Assess whether aspects of adolescents’ romantic relationships (i.e., things their partners say or do) should be included in their in vivo exposure hierarchies and/or processed using cognitive coping skills. Help teens discern between trauma-related distress and risky or unhealthy situations.
Conjoint Sessions

(1) Practice Gradual Exposure
Add 5-10 minutes to the end of earlier sessions with both the teen and caregiver to increase adolescents’ comfort with sharing. Use the time to have the caregiver reflect verbally on progress, provide praise, and reflect on positive emotions such as pride at the teen’s engagement. These are good ways to make everyone more comfortable with sharing.

(2) Keep an Open Door
Teens may be hesitant to share their narrative with a supportive caregiver until they have engaged in deep cognitive processing around issues such as shame or blame. Once the narrative is nearing completion and you feel confident in the caregiver’s ability to be supportive, introduce the idea of sharing the narrative. If teens are reluctant, explore the reasons behind this and consider the possibility of sharing parts of the narrative to promote open communication.

(3) Frame Setbacks Positively
If after careful consideration conjoint sessions with a caregiver are not feasible or decided against, make this change therapeutic. Themes such as autonomy, creative use of other support people, and appropriate boundaries are worthy of praise and reinforcement. It may not be necessary to raise the idea of sharing the narrative until the therapist has determined that such sharing would be in the teen’s best interest. This has the added benefit of reducing the likelihood that not sharing would be viewed as a setback.

(4) Plan and Prepare
Topics such as sexual behavior/partners, drug or alcohol use, or other subjects are more likely to appear in teens’ narratives, and caregivers should be prepared for this. Do your best to be sure that they are. Caregivers may in fact benefit from role playing how they would like to respond to hearing the teen’s narrative to enhance the likelihood that the session will be therapeutic.

(5) Juggling Challenges
There are lots of things to prioritize and keep in mind as the process unfolds. Take into account the teen’s confidentiality, the caregiver’s responsibility to keep the teen safe, appropriate boundaries and privacy, and your role in assisting the teen to access all of the support the caregiver is able to provide. As with all children, there is no one-size-fits-all conjoint session for teens.
Enhancing Safety

(1) Keep it Relevant

Address topics that are developmentally geared toward adolescents. For instance, have a conversation and provide resources about teen dating violence (what it is, what to do about it) and healthy vs. unhealthy relationships with both adolescent boys and girls. Encourage teens to describe the qualities of ideal romantic partners and create “ideal dating timelines” to facilitate discussion about how their current relationships align with or depart from those ideal situations. Teens may also be more likely than younger children to experience sexual harassment at school, work, or in the community. These risks are heightened for LGBTQ youth. Help teens and their caregivers proactively develop plans for how to respond to these situations.

(2) Build Key Skills

Equip teens with interpersonal effectiveness and assertiveness skills. These skills can be used for a range of situations, including boundary setting with romantic partners, escaping a potentially dangerous situation, and drug refusal. Role plays provide valuable opportunities to model, coach, and problem-solve how to handle different scenarios teens might encounter. Involve caregivers when possible to help the skills generalize beyond treatment and to enlist allies for teens as they learn to navigate challenging situations.

(3) Let’s Talk about Sex, Again

Enhancing safety also involves promoting sexual health. Be prepared to provide medically accurate information about sexual health topics (sexually transmitted infections/diseases, proper condom use and birth control, etc.), and prepare and encourage (e.g., role play) teens to have these conversations with their health care providers. Be mindful of health disparities for LGBTQ youth. Tailor sexual health information to be appropriate for individual youth. Teens in foster care, juvenile justice, and those with a history of sexual abuse are particularly vulnerable to commercial sexual exploitation. Educating these youth about exploiters’ grooming and recruitment ploys, and developing and role playing specific safety strategies may enhance these teens’ safety.

(4) Address Risk Taking Head On

Substance use and engagement in delinquent acts is dangerous and also increases risk for future trauma. Work with teens and their families to reduce risk for these behaviors. Focus on increasing involvement in prosocial activities, reviewing of healthy coping skills, teaching consistent parental monitoring, defining consequences for behavior clearly, and open dialogue between teens and caregivers. Avoid lecturing! Use activities, role plays, and scenarios to have a meaningful impact.

(5) iSafety

Talk with teens about safe internet and mobile phone practices. Help teens learn to make responsible decisions about what to send (and not send!) via text message or posts to social media, profiles, blogs, or discussion boards. Themes such as trust and levels of communication can be helpful. Emphasize that they lose control over access to all information they share digitally; anyone can share it or see it. Also help teens learn how to identify and report suspicious or predatory online behavior to a trusted adult or the police. Work with teens and their families to develop house rules around safe phone, tablet, and computer use and to foster open lines of communication around this topic.
TF-CBT TEEN: THE WHOLE 9 YARDS

What to Expect Throughout Your TF-CBT Experience

What’s abuse? What’s trauma? How can they impact different parts of your life from your mood to your schoolwork to your relationships with friends and family? What are some ways to DEAL? This time in your life can be tough and learning about what you’re going through can help make things easier.

TF-CBT will: Teach you the basics about trauma and its effects and ways treatment can help

Talking with your caregiver can sometimes get heated. So many rules! So much negativity! It can be frustrating...

Other times it can be hard to know what to say or how to say it.

TF-CBT will: Improve communication skills between you and your caregiver

Stress can negatively impact your body and mind. The good news is a few deep breaths, a little meditation, and a good night’s sleep can really help!

TF-CBT will: Teach you how to notice when your mind or body are stressed and how to combat stress like a pro

During adolescence, your emotions can sometimes go from 0 to 100 in a flash. The instability can really affect the way you act and interact with people around you. It’s also common to have lots of different, complicated feelings, sometimes all at once!

TF-CBT will: Explain how emotions work and how to regulate them

It can be easy to tear yourself down about things that happened in your past. Even, things that were not your fault. But your brain is your toolkit! Use it to build yourself back up!

TF-CBT will: Help you to recognize your negative thoughts and turn them into positives

The best way to truly understand your story is to tell it! Whether it be in a journal, song or rap make your voice heard!

TF-CBT will: Help you to understand the thoughts and feelings between the lines of your story

Unfortunately, you may encounter situations in the real world that trigger painful or scary memories. But just because you can’t avoid it, doesn’t mean you can’t handle it!

TF-CBT will: Prepare you for different stressful topics and events you may experience

It’s important to let your caregiver in on your journey through TF-CBT. It may be weird at first to share your experiences & emotions, but remember your caregiver is here for you!

TF-CBT will: Help you and your caregiver to become more comfortable sharing your thoughts and feelings with one another.

Safety is important when facing life’s challenges. Sex, drugs and the internet are just a few things that can change your life for the worse. But you can respond to these pressures with strength and resilience!

TF-CBT will: Give you the tools to identify and confront the dangers out there