

The Bible and Trauma Focused Cognitive Behavioral Therapy

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Adapted TF-CBT Step-by-Step Summary

1	GATHERING	<p>To develop a positive, safe, therapeutic relationship and to gather needed and helpful information.</p>	<p>DEVELOP a therapeutic relationship of safety, rapport and trust. (Utilize a variety of activities, games and questions.)</p> <p>PROVIDE client with information regarding the counseling process</p> <p>CONDUCT a thorough Intake Assessment (including a Mental Status Exam and a comprehensive Psychosocial History) and administer any desired assessment measures for treatment planning, progress, treatment and program effectiveness, evaluation and research</p> <p>DOCUMENT a Treatment Plan</p> <p>ENCOURAGE the person to TELL a STORY in detail (baseline narrative)</p> <p>BEGIN a). the personalized “Book About Me” b). Personal Journaling, and/or c). Responsive Journaling between client-counselor</p>
2	LEARNING	<p>To educate victims about abuse and trauma (and other important related topics). Providing information about abuse and trauma normalizes the experience and validate one’s reactions, helping the victim realize that she is “not alone nor crazy”.</p>	<p>TEACH about Abuse and Trauma (and related topics: Exploitation, Trafficking, Sexual Assault, Coercion,..)</p> <p>PRESENT information on Sex Education</p> <p>DISCUSS additional possible topics (such as of sex, exploitation, assault, healthy relationships, self-esteem, anger management) which gives victims a needed, foundational understanding.</p> <p>PRESENT Creatively and age appropriately. The information is provided in a general, educational, rather than personal, way (not requiring personal disclosure, emotional vulnerability and possible re-traumatization).</p>
3	HELPING	<p>To help caregivers deal effectively with trauma victims by providing psychoeducation, affect attunement, behavioral management and positive reinforcement skills.</p>	<p>HELP <u>Caregivers</u> understand child development and the effects of abuse and trauma on the victims.</p> <p>PROVIDE an overview of the TF-CBT counseling model and <u>Caregivers</u> key role in the process</p> <p>INSTILL in <u>Caregivers</u> the importance of clear, consistent boundaries & discipline in the victim’s emotional healing.</p> <p>GIVE <u>Caregivers</u> behavioral management (discipline) tools and skills (such as: Praise, ‘Selective’ Ignoring, Time Out, Behavioral charts)</p> <p>CLARIFY to the <u>Victims</u> expected behavior and consequences</p> <p>PREPARE <u>Caregivers</u> by discussing times that might be more emotionally hard for the victims.</p> <p>ENCOURAGE <u>Caregivers</u> to deal with their own abuse/trauma experiences and any dysfunctional parenting concerns (past &/or present).</p> <p>PRACTICE affect attunement skills. Encourage and help caregivers understand and develop emotional awareness skills.</p> <p>TEACH other pertinent information (vicarious trauma, child/adolescent development, conflict resolution, strengths-based approach)</p>

4	RELAXING	Teach tools to help the individual calm and control unwanted emotions and thoughts. We seek to help the person to identify distress, to relax or calm herself and to deal with intrusive thoughts in ways that are personally useful, helpful and self-sustaining. We encourage the use of these skills when overwhelmed by traumatic memories.	<p>TEACH body's reaction to stress and anxiety and why relaxation skills are needed and helpful</p> <p>PRACTICE various relaxation techniques Identify those best suited for personal use when anxious, worried, fearful or overwhelmed: Breathing, Muscle Relaxation, Meditation (mindfulness), Other: art, music, dance, journaling,..., Exercise & Activity</p> <p>IMPLEMENT Thought-Stopping and Thought-Replacement techniques</p> <p>EQUIP with ideas for dealing with Nightmares and Flashbacks</p>
5	FEELING	Because traumatized individuals experience various and overwhelming feelings, they often have difficulty identifying, understanding, regulating, controlling and expressing emotions. This step helps the victim progress toward affective regulation as they learn to identify and express emotions in healthy ways and also to identify people, places and things that trigger upsetting emotions.	<p>IDENTIFY a variety of emotions (to expand her 'feelings' vocabulary).</p> <p>EXPRESS a variety of emotions</p> <p>APPROPRIATELY EXPRESS a variety of emotions, with focus on when, where, why, what, how much and how best to communicate them.</p> <p>RECOGNIZE what people, places, things, or events trigger unpleasant memories and emotions and develop a plan in managing, facing or avoiding them.</p> <p>⇒ <i>The girl may feel uncomfortable and/or be non-compliant when talking about <u>her</u> emotions. It may be more effective (less vulnerable and/or potentially re-traumatizing) to discuss feelings in a more general or impersonal way, such as "What might <u>A</u> girl feel who has experienced...?"</i></p> <p>⇒ <i>In this step it is important that the counselor identify spoken and unspoken family &/or cultural 'rules' regarding what is/isn't appropriate emotional expression.</i></p>
6	THINKING	Understanding the difference and relationship between thoughts, feelings and behaviors helps the individual overcome trauma's negative effects. Recognizing one's negative inner dialog and the inaccurate &/or unhealthy thinking, provides needed insight.	<p>DISTINGUISH between feelings and thoughts, identifying and clarifying the difference between them.</p> <p>UNDERSTAND the relationship between Thoughts – Feelings – Behavior (the Cognitive Triangle). <i>Demonstrate with role play.</i></p> <p>RECOGNIZE the existence of the "internal dialog" (our negative inner messages)</p> <p>IDENTIFY their wrong, inaccurate, unhelpful thoughts.</p> <p>CORRECT 'wrong' thinking, generating alternative thoughts that are more helpful &/or accurate.</p>
7	SHARING I	The person shares her trauma/abuse story – helping to lessen the emotional pain, shame and its effect so that healing progresses more quickly. We help the client integrate her trauma as <u>part</u> of and not the totality of her life's story.	<p>Part A Sharing what was done TO the victim</p> <p>PREPARE the person by explaining the importance and benefits of "getting it out" -- sharing one's story. (It may be helpful to first read another person's trauma story as an example).</p> <p>ENCOURAGE the sharing of one's story in a personally chosen format (poem, song, story, drawing, collage,...) This sharing, of course, will need to be developmentally appropriate for the individual's age and verbal/writing abilities.</p>

		<p>(Some choose to do Step 7 Parts A & B before proceeding to steps 8-10. Others prefer to do Step 7-9 with Part A, then return again to Steps 7-9 with Part B. This should be decided by the person & counselor to determine readiness to face the additional trauma of Part B.)</p>	<p>REMIND the person to use relaxation technique (from Step 4) as needed and that negative thoughts, feelings and reactions represent the past and not the present.</p> <p>ASK the person to share her story by dictating it to the counselor. Repeat a Dictating-Stopping-Reading-Asking-Adding process numerous times during the process of telling one's story.</p> <p>Part B Sharing what the victim did TO others</p> <p>PREPARE the person by explaining the importance and benefits of "getting it out". Use the checklist of possible activities the victim may have done TO others (compiled by BCJohnson, 2011) to help normalize the experiences.</p> <p>ENCOURAGE the sharing in a personally chosen format (<i>same as Part A</i>).</p> <p>ASK the person to share her story (stories) by dictating to the counselor (<i>same as Part A</i>).</p> <p>REMIND the person to use relaxation technique (from Step 4) as needed and that negative thoughts, feelings and reactions represent the past and not the present (<i>same as Part A</i>).</p> <p>NOTE: <i>BEFORE she shares her story, we want the person to feel safe and comfortable with the counselor (step 1); to understand the effects of trauma and abuse on people (the normalization and validation of step 2); to be in a supportive environment (step 3); to know how to calm herself when anxious (step 4); to be able to understand and have the words to describe her feelings and thoughts and to recognize unhelpful thinking patterns (step 5 and 6). We believe that the telling of one's story AFTER these steps are presented provides for greater healing from the trauma. Any story shared before this point might be helpful but more likely to be incomplete, tainted, or contrived (it may be shared incompletely, for shock value, to make the person appear better/worse, or to see how much the listener can handle).</i></p>
8	EVALUATING	<p>After the person has shared his/her trauma/abuse story(-ies), we review and evaluate what was shared in order to identify any unhelpful beliefs (thinking patterns) that negatively effects how the event(s) are incorporated into one's identity and world view. The person, not the therapist, is then encouraged to recognize and 'fix' the unhelpful thoughts.</p>	<p>REVIEW what was shared in Step 7, searching for and identifying any statements reflecting wrong thinking (cognitive distortions). The counselor develops a list of questions and also REVIEWS unhealthy thinking (step 6) with the person, to help the person...</p> <p>RECOGNIZE any unhelpful, inaccurate thoughts, beliefs or perspectives, so that the person can...</p> <p>REVISE (Fix/Change) the story(-ies) to represent more accurate and helpful perspectives on what happened.</p>

9	SHARING II	<p>The person shares his/her trauma story with someone other than the counselor. As the person re-tells his/her (now, revised and healthier) trauma/abuse story with someone else, healing increases and the pain and shame decrease.</p>	<p>ASSESS if she is emotionally ready to share her story with someone other than the counselor. Discussing expectations, hopes and possible reactions is helpful in assessing and preparing the person to share.</p> <p>CHOOSE with whom to share his/her story. It should be a safe, close, caring person. The chosen person may be a parent, house Mom, Social Worker, foster parent, residential program manager or someone else.</p> <p>PREPARE the chosen person for the “sharing” (story telling session) by ‘coaching’ him/her on how best to respond and what to say/not say.</p> <p>SHARE the trauma/abuse story (the revised, corrected version from Step 8).</p> <p>DEBRIEF <i>with the client - how it went, were expectations met, and what he/she feels and thinks about the sharing time.</i></p>
10	LIVING: Free Safe Well	<p>To live free of fear, with a sense of safety and with future goals.</p> <p>*LIVING FREE: We identify any trauma avoidance areas (anxieties and phobias) and develop plans to minimize/eliminate them.</p> <p>*LIVING SAFE: We seek to increase the individual's personal sense of safety and safety skills.</p> <p>*LIVING WELL: We encourage the practicing of real life scenarios; choosing to help others; and the setting of future goals; and celebrating accomplishments.</p>	<p>LIVING FREE: We strive to...</p> <p>IDENTIFY any avoidance areas: people, places and/or things (obvious or innocuous) that continue even after sharing (the trauma narrative).</p> <p>DEVELOP a plan for dealing with the fear/avoidance areas (i.e. gradual desensitization).</p> <p>IMPLEMENT and monitor the plan</p> <p>LIVING SAFE: We want the person to...</p> <p>LEARN personal safety skills of prevention and protection as well as problem-solving skills. Postpone the teaching of personal safety skills until after the girl has shared her trauma narrative so that she does not alter her story to incorporate the skills.</p> <p>DEVELOP a Personal Safety Plan stating what to do, where to go and who to contact when/if feeling unsafe (emotionally and/or physically).</p> <p>PRACTICE role playing real life situations.</p> <p>LIVING WELL: We encourage the person to...</p> <p>HELP others by volunteering in some capacity and/or by sharing one's journey.</p> <p>SET future goals (educational, vocational, recreational, emotional,...) and develop realistic plans to accomplish them. Include hobbies, activities, and other desired extracurricular pursuits. Encourage the person to dream again.</p> <p>COMPLETE any post-tests or measure required or desired for the counseling process (to determine client growth, counseling and/or program effectiveness,...). Evaluate the counseling process together. Finish the “Book About Me” including future goals & dreams.</p> <p>CELEBRATE the completion of the counseling program by having a closure event (party, give a certificate,...). Be sure to leave an “open door” regarding future counseling, sharing that set backs are ‘normal’.</p>