Adapting Trauma Treatment for Youth with IDD and ASD

Margaret Charlton, PhD, ABPP
TF-CBT Certified Therapist
How To Reach Me

Please email me if you want copies of any of the assessment tools mentioned in this training.

Margaret Charlton
Aurora Mental Health Intercept Center
16905 E. 2nd Avenue
Aurora, CO 80011
303-617-2401
MargaretCharlton@aumhc.org
Caution

- The current presentation is based on Cohen, Mannarino and Deblinger’s model of Trauma Focused Cognitive Behavior Therapy (TF-CBT).
- The information in this presentation is a blend of standard TF-CBT training, original thought and modification of TF-CBT material for youth with IDD or ASD.
- This work is not intended to replace standard TF-CBT training.
- The material presented here should not be used by those unfamiliar with TF-CBT.
Transition Age Youth (TAY)

- This training will focus on adaptations that work well for transition age youth.
- We define this group as youth from 16 to 24 years old.
- Since we are accommodating developmental disabilities which have profound effects on functioning, these age limits are rough guidelines.
Learning Objectives:

- Explain why developmental disabilities make youth more vulnerable to trauma.
- Understand phase oriented trauma treatment as used in TF-CBT.
- Learn several ways of adapting TF-CBT for youth with developmental disabilities.
Training Resource

- Those who wish to use this adaptation should first participate in standard TF-CBT training.
- Information on certification as a TF-CBT therapist is available at: [https://tfcbt.org/tf-cbt-certification-criteria/](https://tfcbt.org/tf-cbt-certification-criteria/)
- To get you started, a free web-based training for TF-CBT is available at: [http://tfcbt.musc.edu/](http://tfcbt.musc.edu/)
Other TF-CBT Training Resources


2016 Charlton Webinar
Why should we adapt TF-CBT for youth with developmental disabilities?

- Youth with developmental disabilities are more likely to be exposed to trauma than those in the general population
  - Trained to be compliant to caregivers.
  - Targeted by perpetrators as unlikely to be understood or believed if a report is made
  - Challenged in accurately responding to risky social situations.
  - Less education around sexuality
- Less Resilient—more likely to experience negative effects on mental health as a result of exposure to trauma
Trauma Information

- It is important that normal trauma responses not be attributed to the youth’s developmental disability or pre-existing mental illness.
- Trauma responses generally represent a change from the youth’s normal level of functioning.
- Youth with developmental disabilities generally have the same types of symptoms following trauma that anyone else would: sleep disturbance, more intense startle response, numbing, emotional constriction, disrupted sense of safety, shattered self-identity, etc.
Why should TF-CBT work for Youth with Intellectual Disabilities?

- It is a strength based approach
- It focuses on development of competency skills
- It uses cognitive behavioral treatment techniques which are relatively easy to adapt for youth at different developmental levels
- It has already been structured for use across a wide range of developmental levels
Additional Reason for Adaptation

- One of the reasons that trauma has such a negative impact on youth with developmental disabilities is their impaired resilience.
- TF-CBT focuses on developing skills that are associated with greater resilience:
  - Strong self-esteem
  - Ability to self-sooth
  - Feelings of competency to deal with challenging situations
Adapting Psychotherapy for People with Developmental Disabilities

- Slow down your speech
- Use language that is comprehensible to the client
- Present information one item at a time
- Take frequent pauses during the session to check comprehension
- Provide concrete ways of tracking progress

Charlton & Tallant, 2003
Additional Adaptations

- Use multisensory input
- Suggestions for change should be specific
- Allow time to practice new skills
- Do not assume that information will generalize to new situations

Charlton & Tallant, 2003
Format for TF-CBT

- Family Therapy Model
- Session is generally divided between
  - Time with client
  - Time with caregivers
  - Time working with everyone together
- In the non-adapted model a 90 minute session is generally used, although youth with developmental disabilities generally need a shorter session
- Sessions always end with time to do something fun together to allow the person to re-center before leaving therapy.
Who can act as the Coach in this model

- Parent
- Group home staff member
- Teacher
- Advocate

- Any caregiver that is involved with the client and willing to commit to regularly attending sessions with the client (even by phone)
Adaptations for Youth with Intellectual Disabilities

- Be sure that all members of the treatment team are using the same type of language to address the trauma
- Simplify training techniques to increase comprehension
- Work explicitly on generalization to other environments
- Allow more time for the client to learn the skills
- Use more repetition
- Don’t assume that the material is too complex for the client to understand
Use Concrete Assessment Tools

- Baseline Trauma Assessment
- Assessment of severity of trauma symptoms
  - UCLA-PTSD Index
  - Trauma Symptom Checklist
Presenting these tools

- Reassure client/caregiver that you won’t talk about details of the trauma until skills for managing stress are developed
- Explain the ways that the tools will be used during therapy
## Trauma Information

For each trauma that the child has experienced, please complete the following information.

<table>
<thead>
<tr>
<th>Trauma Type</th>
<th>Has child experienced</th>
<th>When was this trauma revealed/known?</th>
<th>Frequency of experience</th>
<th>Type(s) of experience</th>
<th>Setting(s) of experience</th>
<th>Perpetrator(s)</th>
<th>Was serious injury/death inflicted on anyone?</th>
<th>Additional questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sexual maltreatment/abuse: (actual or attempted sexual molestation, exploitation, or coercion by a caregiver):</td>
<td>□ No</td>
<td>□ Baseline</td>
<td>□ One time event</td>
<td>□ Experienced</td>
<td>□ Home</td>
<td>□ Parent</td>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Yes</td>
<td>□ Other, please provide date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Suspected</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Sexual assault/rape: (Actual or attempted sexual molestation, exploitation, or coercion not recorded as sexual abuse)</td>
<td>□ No</td>
<td>□ Baseline</td>
<td>□ One time event</td>
<td>□ Experienced</td>
<td>□ Home</td>
<td>□ Parent</td>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Yes</td>
<td>□ Other, please provide date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Suspected</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Physical maltreatment/abuse (actual or attempted infliction of physical pain or bodily injury by a caregiver):</td>
<td>□ No</td>
<td>□ Baseline</td>
<td>□ One time event</td>
<td>□ Experienced</td>
<td>□ Home</td>
<td>□ Parent</td>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Yes</td>
<td>□ Other, please provide date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Suspected</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Trauma Information

**21. Primary focus of current treatment? (select only one)**

- [ ] Sexual maltreatment/abuse
- [ ] Sexual assault/rape
- [ ] Physical maltreatment/abuse
- [ ] Physical assault
- [ ] Emotional abuse/Psychological Maltreatment
- [ ] Neglect
- [ ] Domestic violence
- [ ] War/Terrorism/Political Violence inside the U.S.
- [ ] War/Terrorism/Political Violence outside the U.S.
- [ ] Illness/Medical
- [ ] Serious Injury/Accident
- [ ] Natural Disaster
- [ ] Kidnapping
- [ ] Traumatic loss or bereavement
- [ ] Forced displacement
- [ ] Impaired Caregiver
- [ ] Extreme Interpersonal Violence (not reported elsewhere)
- [ ] Community Violence (not reported elsewhere)
- [ ] School Violence (not reported elsewhere)
- [ ] Other Trauma (not reported elsewhere)

**Trauma Type Experienced by the Child:**

When was this type of trauma experienced?

**Age in years:**

(Check all ages that apply)

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Unknown |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|

2016

Charlton Webinar 20
Here is a list of problems people sometimes have after very bad things happen. Please **THINK** about the bad thing that happened to you. Then, **READ** each problem on the list carefully. **CIRCLE ONE** of the numbers (0, 1, 2, 3 or 4) that tells how often the problem has happened to you in the past month. Use the **Rating Sheet** on Page 3 to help you decide how often the problem has happened in the past month.

PLEASE BE SURE TO ANSWER ALL QUESTIONS

<table>
<thead>
<tr>
<th>HOW MUCH OF THE TIME DURING THE PAST MONTH</th>
<th>None</th>
<th>Little</th>
<th>Some</th>
<th>Much</th>
<th>Most</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D4 I watch out for danger or things that I am afraid of.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2B4 When something reminds me of what happened, I get very upset, afraid or sad.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3B1 I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I do not want them to.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4D2 I feel grouchy, angry or mad.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5B2 I have dreams about what happened or other bad dreams.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6B3 I feel like I am back at the time when the bad thing happened, living through it again.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7C4 I feel like staying by myself and not being with my friends.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8C5 I feel alone inside and not close to other people.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9C1 I try not to talk about, think about, or have feelings about what happened.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10C6 I have trouble feeling happiness or love.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
FREQUENCY RATING SHEET

HOW OFTEN OR HOW MUCH OF THE TIME DURING THE PAST MONTH, THAT IS SINCE ____________________, DOES THE PROBLEM HAPPEN?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>LITTLE</td>
<td>SOME</td>
<td>MUCH</td>
<td>MOST</td>
</tr>
<tr>
<td>S M T W H F S</td>
<td>S M T W H F S</td>
<td>S M T W H F S</td>
<td>S M T W H F S</td>
<td>S M T W H F S</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

NEVER | TWO TIMES A MONTH | 1-2 TIMES A WEEK | 2-3 TIMES EACH WEEK | ALMOST EVERY DAY
Components of TF-CBT

- Phase 1
  - Assessment of safety
  - Psychoeducation
- Phase 2: Skill Building
- Phase 3: Develop Narrative
- Phase 4:
  - Add thoughts and feelings to Narrative
  - Correct cognitive distortions
- Phase 5: Integration of new knowledge
Psychoeducation

_____ Describe the model including:
  Short-term, trauma focused treatment model
  Phases that will be covered in treatment

_____ Discuss structure of treatment, including:
  Duration of sessions
  Format of sessions
  Stress the importance of consistency in treatment

_____ Address the client’s sense of safety and correct any misperceptions

_____ Baseline trauma assessment; UCLA-PTSD Index

_____ Provide psychoeducation regarding normal responses to trauma

_____ Provide specific information regarding the specific type(s) of trauma experienced by the client
Skills Development

Date

_____ Teach feelings identification

_____ Teach a method of identifying the intensity of feelings: numerical scale, line, arms

_____ Provide deep (belly) breathing training

_____ Teach deep muscle relaxation through analogy (cooked or uncooked spaghetti) or progressive muscle relaxation techniques

_____ Teach thought stopping—client has control of their thoughts (remote control to stop and replace whatever is “playing”)

_____ Teach positive self talk

_____ Teach the cognitive triangle—connection between thoughts, feelings and behavior—run through a series of scenarios, working toward more accurate or helpful thoughts
Narrating Trauma

____ Provide information about the benefits of gradual exposure interventions
____ Review the feelings intensity scale and decide with the client when they want help reducing intensity
____ Develop a signal for when help is needed to reduce feeling intensity
____ Decide how the trauma narrative will be developed: pictures, writing, dance, song, etc.
____ Begin the trauma narrative with a first chapter that describes the client—All about Me
____ Do a second chapter on a relatively non-threatening “trauma.” Use the baseline trauma assessment to direct progress through the narrative.
Processing Trauma

Date

_____ Work through the trauma narrative with the client adding thoughts and feelings

_____ Assist the client in critically examining and appropriately modifying cognitive distortions (be aware of issues around causality or responsibility for the event)

_____ Ask the client to describe the worst moment and be sure this is included in the narrative
Integrating Trauma work

Date

_____ Have the client read the whole narrative to caregiver
_____ Help the client to listen to the caregiver’s feedback (not your fault, good job, etc)
_____ Discuss what was learned in the course of treatment
_____ Add what was learned to the end of the narrative
_____ Process termination of treatment with client
_____ Process termination of treatment with caregiver
Safety

- Is the client currently in a safe environment?
- What is the risk for re-traumatization?
- Does the client need extra help dealing with ongoing environmental stressors? (dealing with provocative peers, teasing at school, etc.)
- Are there cognitive distortions that increase the current perception of danger?
Psychoeducation

- Provide general education about the impact of trauma on normal functioning
- Provide specific information about the trauma the client experienced in language that is accessible
- Risk Reduction
  - Identify “Red Flag” situations
  - Develop a safety plan
  - Develop appropriate assertiveness skills
Adaptations to Psychoeducation

- Provide multisensory input—written/drawn and verbal
- Give concrete examples that are relevant to the client
- Talk about all of the commonly asked questions for each type of abuse—don’t assume information will generalize
Questions to Address

- What is ________ Abuse?
- Who experiences this type of abuse?
- Who perpetrates this type of abuse?
- How do youth feel when they have been abused?
- Why don’t youth tell about being abused?
TF-CBT

Skills Development
Select the skills to teach

- Not every person needs every skill
- Introduce skills development as a time for deciding which skills work best for you
- Explore what skills have been learned previously
- Be sure that by the end of this phase the person feels the ability to control symptoms in some way
Feelings identification and affect modulation

- Restrict the number of different emotions that you will work with
- Pick emotions that are likely to be familiar to your clients
- Use lots of repetition in creative ways
  - Role play
  - Feelings bingo
- Use visual and verbal cues—thermometer for assessing intensity of affect
- Rate affect before and after use of relaxation skills
Personalized relaxation skills

- Make modifications that not only address developmental, but chronological age
- Cooked spaghetti or belly breathing works well with younger people, but adults may be uncomfortable with these approaches
- Isometrics often work better than other types of tension/release exercises
- Teach deep breathing with simplified language, consider using a concrete signal like a whistle
- Allow time for more repetitions over a longer period of time
- Involve caregivers in helping with practice sessions, but avoid setting up power struggles
Positive self talk

- Because of their concreteness, many youth with developmental disabilities do not have a clear way of discussing or understanding their own self talk
- Start by developing a vocabulary
- Use lots of examples related to the client’s day to day life
- Don’t become frustrated if the client doesn’t get the idea right away—continue to present the information in different ways
- It often works well to combine presentation of positive self-talk with cognitive coping
Cognitive Coping

- The Cognitive Triangle: Recognize the relationship between:
  - Feelings and Thoughts
  - Thoughts and Behavior
  - Feelings and Behavior

- Understand the effect of
  - Inaccurate thoughts
  - Unhelpful thoughts
Cognitive Coping

- Practice a lot of different examples of how a thought might effect a feeling or action
- Talk about how positive self talk has a different effect than negative self talk
- Use drawings to illustrate the points that you are making verbally—white board works well for this
Thought stopping

- The idea that they can control their thoughts is likely to be a new one.
- Because of their concrete approach to many things, youth with developmental disabilities may view their thoughts as something that just happens, not something under their own control.
- As the client becomes conscious of the self-talk that is occurring, it is easier to introduce the idea that you can stop a negative thought or replace it with a positive one.
- Be concrete, like suggesting they can change channels in their head like they do with the remote for the TV.
TF-CBT

Narrative
Adaptations for Youth with Developmental Disabilities

- Be creative in the ways in which the narrative is recorded
- Writing may not be practical
  - Dictate responses to the therapist
  - Draw pictures
  - Use a tape recorder, video or still camera
  - Role-play, sing or dance
  - Use play
- Go slowly—more time will be needed to absorb the information and to integrate the modified cognitions
- Don’t be frustrated if the client returns repeatedly to inaccurate or unhelpful cognitions—repetition is necessary for learning
Session format

- Check in briefly with the client and caregiver regarding how the week has gone
- Reinforce using skills you have learned to manage current problems
- Spend time with the client working on the narrative
- Spend time with the caregiver reviewing the narrative the client has generated
- Spend time doing something the client enjoys to end the session
Session format

- At the beginning of each session check in on the client’s stress level
- If the level is high use skills to reduce it to the acceptable level you and the client agreed on
- With the client review the narrative that was developed last time
- Continue to use stress management skills as needed, checking in on stress level frequently
- Add any new information that the client brings up
- Use the trauma map to select the next part of the trauma to work on
Session Format

- After meeting with the client spend some time alone with the caregiver
- Review the information the client produced in the narrative
- Help the caregiver to deal with their own emotions regarding the narrative
- Discuss any distortions the caregiver is experiencing like
  - Unwarranted self blame
  - Unrealistic expectations of what the caregiver can do
  - Fears that the client has been damaged forever
Session format

- Each session should end with time to do something fun
- Depending on the client, this may be a group activity after you have talked with caregiver or it may be with the client alone
- Be prepared to suggest some fun things:
  - Origami—especially action figures like jumping frogs
  - Walks to interesting sites
  - Games, puzzles, puppets
  - Basketball, catch
  - Grooming the therapy dog
Chapters to Include

- All about me
- Some youth work from most non-threatening trauma to most challenging
- Some youth prefer to write all the trauma components on slips of paper and to draw one at a time to work on
- After all known aspects of trauma have been covered ask about what the worst part was.
- Don’t assume you know what it was.
Sample introduction:

The reason we are going to be talking (or writing or drawing) about the abuse that happened in lots of detail is because we know that from working with other youth, it is helpful to talk about the abuse. One way we can talk about the abuse in detail is by making a book. There are a couple of different ways to do this. It can include drawing pictures, writing, typing it out on the computer, etc... Let's start the book with a page about you and what you like to do for fun." (Can include name, age, school, job, and favorite activity.)
My name is Jeremy. I’m 20 years old. In this picture I’m standing in front my group home. I have a lot of favorite things. I like radios, Dr. Charlton, Kiwi, and my host home mother, Jane. I like to wear suit jackets. When grow up I want to be a king. If I can’t be king then I will get a good job where I can earn lots of money. I like it here, but I would prefer a castle. Here’s the castle I would like to live in.
21. Primary focus of current treatment? (select only one)

- Sexual maltreatment/abuse
- Sexual assault/rape
- Physical maltreatment/abuse
- Physical assault
- Emotional abuse/Psychological Maltreatment
- Neglect
- Domestic violence
- War/Terrorism/Political Violence inside the U.S.
- War/Terrorism/Political Violence outside the U.S.
- Illness/Medical
- Serious Injury/Accident
- Natural Disaster
- Kidnapping
- Traumatic loss or bereavement
- Forced displacement
- Impaired Caregiver
- Extreme Interpersonal Violence (not reported elsewhere)
- Community Violence (not reported elsewhere)
- School Violence (not reported elsewhere)
- Other Trauma (not reported elsewhere)

Trauma Type Experienced by the Child:

When was this type of trauma experienced?

Age in years:

(Check all ages that apply)

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2016

Charlton Webinar 50
Complex Trauma With Multiple Components: Trauma occurred during early childhood.

- Chapter 2: One of the bad things that happened to me is getting hit a lot.
- Chapter 3: When my mom first started getting a job she sent me to live with my step mom. I always got punished there.
- Chapter 4: My mom would tell me to lie to the teachers and say I have strep throat so they wouldn’t know the truth that I was hit on the back with a belt and hurt really bad.
- Chapter 5: Mom was in the bathtub and she asked me to get something for her. I couldn’t find it and she got out of the tub and started kicking me.
Processing the Narrative
Session format

- Generally you continue with the same format you established on the narrative
- Check-in
- Work with the client on processing the trauma
- Review with the caregiver the work the client did during the session
- Do something fun to help with re-centering
Best Friend Role Play

Ask the client to take on the role of his or her best friend, and the therapist takes on the role of the client. The task is to have the “best-friend” counsel the therapist/client regarding the client's understanding of the trauma.
Now and Then Role Play

The client is asked to 'go back in time' to give him or herself advice about what to do about the trauma before and/or after it happens. The therapist can either play the role of the client "then," or the client can act out both parts.
Responsibility Pie

The client is asked to draw a pie chart and assign "pieces" of various sizes to different individuals who might bear some responsibility for the trauma (e.g., the perpetrator, non-offending family members, the client). The client may assign pieces and sizes to whomever he or she wants, and the size of the piece corresponds to that person's percent of responsibility for the trauma. The therapist can then discuss the relative sizes of pie pieces with the client and use this as an exercise to help the client verbalize his or her thinking about why the trauma happened. A revised pie can be drawn if the client's thinking about responsibility changes.
Preparation

- Review the narrative
- Identify thoughts that are not helpful
- Identify areas where thoughts and feelings are missing
- Identify places where the client’s thoughts are accurate and be prepared to praise them.
Adding Thoughts and Feelings

- **Thoughts:**
  - I thought everyone heard me saying I was going to burn myself and they didn’t listen.
  - I was surprised at what happened.
  - I didn’t expect the burns to hurt so bad.
  - I don’t know if I realized that I might kill myself.

- **Feelings:** I felt mad because it sounded like they didn’t care about me.
Corrections

- I needed help.
- I could have told my family that I was really upset and needed help.
- Then I could have gotten the help I needed without the burns.
- If I get upset again this is what I’m going to do.
- My family will listen even if I don’t do something dramatic.
Adaptations

- Go slowly
- Provide lots of support
- Review skills as needed
- It’s particularly important to use
  - Cognitive triangle—how you think about the trauma effects how you feel about it
  - Identify cognitive distortions or unhelpful thoughts
  - Then correct them
Integrating Trauma Work
Session format

- Integration is generally done with caregiver and client together
- Begin by
  - Assessing the caregiver’s readiness for this phase
  - Assessing the client’s readiness for this phase
- Remind everyone about the rationale for these joint sessions
Rationale

- The caregiver can demonstrate comfort in hearing and talking about the trauma, while also modeling appropriate coping;
- The client can share the narrative and experience a sense of pride (further reduces feelings of shame and distress associated with the trauma);
- Communication about the trauma is enhanced, and misunderstandings and areas of confusion can be cleared up; and
- The groundwork is laid for therapeutic interactions to continue after formal therapy is over.
  - For clients, you should emphasize the importance of communicating openly to eliminate any possible misunderstandings,
  - Caregivers should emphasize their desire to be helpful and supportive.
Integration

- The client shares the trauma narrative they have developed with the caregiver
- The caregiver:
  - Praises the client’s hard work
  - Asks open-ended, non-threatening questions, i.e., How did you decide to tell someone about what happened?
  - Answers the client's questions, i.e., Why is mom mad at me because her boyfriend got in trouble? Did I do the right thing?
Integration

- Caregiver and client discuss together
  - Lessons learned
  - Application of those lessons
  - Plans for the future
Adaptations

- Be sure the client has sufficient support in all environments
- Work on specific ways in which new skills can be generalized to various situations in the client’s life
Summary

- Youth with intellectual disabilities are more likely than youth in the general population to be exposed to trauma.
- They are also more likely to experience profound negative effects on mental health following trauma.
- They are less likely to recover from traumatic experience spontaneously.
- They respond well to trauma treatment.
Acknowledgments

- We wish to express our thanks to Drs. Cohen, Mannarino and Deblinger for kindly allowing us to begin the process of adapting their TF-CBT model for use with youth who have developmental disabilities.