



BUILDING RESILIENCY AFTER TRAUMA

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University of Texas at Austin
Center for Social Work Research
Volume 9, November 2009

A Newsletter from the Texas Mental Health Transformation Initiative

When Tragedy Strikes

Dr. Judith Cohen defines childhood traumatic grief as “a condition in which children who lose loved ones under very unexpected, frightening, terrifying, traumatic circumstances develop symptoms of posttraumatic stress and other trauma symptoms that interfere with their ability to progress through typical grief tasks.” Car accidents, violent crime, war, medical crises, natural disasters, and suicide can all lead to the sudden, traumatic loss of an important person in a child’s life. Trauma-Focused CBT (TF-CBT), created to address trauma symptoms, has been modified to address the needs of children, adolescents, and caregivers who have experienced traumatic grief.



Treatment for traumatic grief is based on TF-CBT principles, with each treatment component tailored to address the unique challenges of grief. An additional eight grief-related components focus on helping the child (and caregiver) work through the process of bereavement. These components focus on communicating about death within the family and clearing up any misconceptions the child may have. The child is assisted in mourning the loss of their loved one and addressing any ambivalent feelings towards the deceased, such as anger or shame. Preserving positive memories and reframing the

relationship with their loved one from one of interaction to one of memory are also important milestones. In addition, the child moves towards committing to new relationships, finding others who can play important roles in their life, and finding meaning in their experiences.

A number of valuable resources have been developed to assist clinicians in providing TF-CBT for traumatic grief. The National Child Traumatic Stress Network recently published a new video resource and curriculum guide in Spanish to help children deal with traumatic grief. “Vale la Pena Recordar” is a Spanish translation and adaptation of “It’s OK to Remember,” originally published in 2005 to help parents distinguish childhood traumatic grief from the normal grieving process. The curriculum also provides tips for therapists on treating grief-related issues. One online video was designed for the general public and a second provides advanced training for therapists. The curriculum guide provides handouts, psychoeducation, and resources for grief-related games and books.

Check out these resources:

“Vale la Pena Recordar”: <http://mediasite.nctsn.org/NCTSN/Viewer/?peid=3c7abd91e9944485aaafeefd6d8b5192>

“It’s OK to Remember”: http://www.nctsn.org/nctsn_assets/acp/ctg/nctsnnew3.htm

General information on traumatic grief: http://www.nctsn.org/nctsn/nav.do?pid=typ_tg

TF-CBT for Traumatic Grief web-based training module: <http://ctg.musc.edu/>

EYE ON EVALUATION

(This section will provide information about the project's evaluation. Data will change throughout the program, and findings to date should be considered tentative. However, feedback from an on-going evaluation can inform service delivery and implementation.)

TF-CBT aims to capitalize on children's strengths to enhance resiliency and improve coping. Caregivers and youth were asked to rate each child's strengths across a number of key domains before treatment started. Parent ratings indicated that participating children have fewer strengths than gender and age-matched peers, with the average strength index below 95% of their peers. The Affective Strength subscale represented a relative strength for the participants, and reflects the youth's ability to accept affection from others and express feelings towards others. School Functioning represented a relative weakness for the participants, on average, and reflects the youth's competence in school and classroom tasks. Youth reports of their own strengths were slightly more positive than their parents. Caregivers and youth had moderate agreement on the scale with a correlation of .54.

CLINICAL CORNER

(Adapted from Treating Trauma and Traumatic Grief in Children and Adolescents by Drs. Cohen, Mannarino and Deblinger. New York: Guilford Press, 2006.)

Spotlight on In Vivo Mastery of Trauma Reminders: Even after completing a trauma narrative, reminders of the trauma within the child's environment may still provoke anxiety and avoidance behavior. It is important for the therapist to distinguish between adaptive avoidance of situations that may actually be dangerous and inherently innocuous reminders. Some situations, such as visiting a physically abusive parent, still present ongoing threat, and it is appropriate and healthy for the child to feel vigilant in that situation. The therapist should not try to desensitize the child to these fears because they serve an adaptive purpose of being aware of the antecedents to violence. On the other hand, the child may have developed avoidance to innocuous cues that serve no protective purpose and may interfere with healthy development. An example would be a child's refusal to leave a parent's side for fear of something bad happening. In these situations, gradual exposure to the feared stimulus is effective in eliminating the avoidant behavior. Once begun, it is critical that the therapist follow through with the exposure therapy, as stopping in the middle will reinforce the child's belief that the fear is too strong to overcome. This takes commitment on the part of the therapist, parent, and child.

UPCOMING EVENTS

- Ethical Issues in Treating Traumatized Children
December 1, 2009 10:00 am – 11:00 am
Susana Rivera, Ph.D. 1 hour continuing education credit

