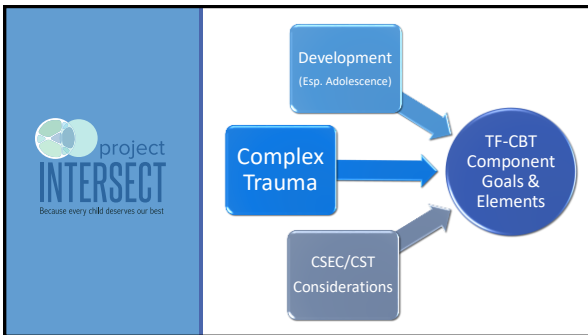


TF-CBT for Commercially Sexually Exploited and Trafficked Children

KELLY KINNISH, PHD
GEORGIA CENTER FOR CHILD ADVOCACY
ATLANTA GA

TF-CBT for CSEC: PRACTICE Components

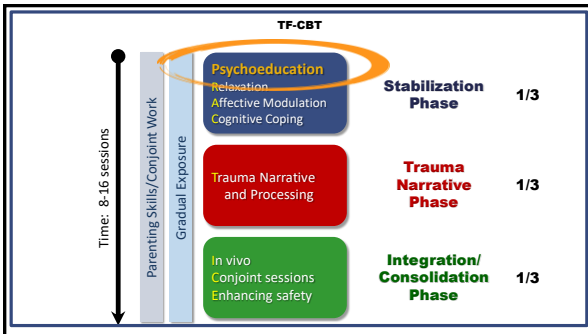


TF-CBT for CSEC: Adolescent Considerations




What's GREAT about working with Adolescents?

- Majority identified CSEC/CST are **Adolescents**—important to consider developmental implications for successful and engaging application of TF-CBT components
- See TF-CBT-A "Take 5 - Special Considerations for Implementing TF-CBT with Adolescents" & "Whole 9 Yards"




Psychoeducation

Rapport-~~ship~~ and Management



Psychoeducation Engagement Tips



Engage Client in the information-seeking process and create opportunities to demonstrate knowledge and mastery

- Ask what they already know
- ASK what additional information might be helpful

Psychoeducation: Fundamentals

- Educate about trauma and its impact
- Normalize and destigmatize experiences and response
- Educate about treatment
- Instill hope

CSEC Clients and their caregivers need this!

Psychoeducation: Fundamentals

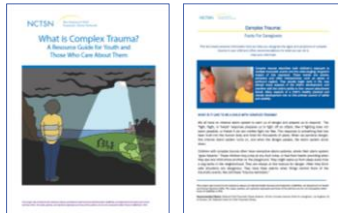
- How trauma impacts the body
- The body's stress response system
- Information about specific trauma(s)
- Common client and caregiver reactions
- Educate about TF-CBT

CSEC Clients and their caregivers need this!

Psychoeducation: Trauma and the Brain



Psychoeducation: Complex Trauma



Remembering Trauma


<https://www.youtube.com/watch?v=mTxZL9pGgJ8>

Never Give Up: A Complex Trauma Film by Youth for Youth

<https://www.youtube.com/watch?v=y8XaYdQfV3A>

ReMoved-Remember My Story

Others??



Educate about Specific Trauma(s)

But which ones???

CSEC clients often have extensive histories of multiple different kinds of traumas


Consider...

Assessment results—trauma(s) identified by client as most upsetting, related to current symptoms

Client interest (what does client most want to learn about?)

Get CSEC in there (Grad Exposure)


Psychoeducation




The goal of Psychoeducation is NOT to convince the client of his or her CSEC/CST victimization.

Addressing CSEC/Trafficking

The Value of Addressing early in Treatment



The Risk of Addressing CSEC early in Treatment



Addressing CSEC/Trafficking



The Risk: Potential Engagement Threat/Harm

- Most clients do not identify CSE experiences as traumatic
- Do not identify as “victims,” actively resist this characterization (“I chose to do it, no one made me do anything.”)
- May specifically reject views of their exploiter as having victimized them
- Especially early in therapy, connection to their boyfriend, mother, gang, friends is stronger than to therapist

Addressing CSEC/Trafficking

The Value of Addressing early in Treatment:

- Provides factual information, common language
- Establishes therapist is comfortable and non-judgmental
- Early identification of underlying negative cognitions that may contribute to high risk behavior (including return to the life)
- Normalizes experiences, feelings, reactions (sadness, depression, fear, desires to return to exploiter)
- Gradual exposure




Lay the groundwork for cognitive processing— A youth who views CSE as fully volitional and holds him/herself responsible for violence/harm will need information to develop new understanding, more accurate and helpful cognitions

Normalize experiences and response/reactions— Information about dynamics of power and control, coercion, recruitment tactics may help client with strong emotional tie to exploiter or other factors compelling a return to the life (feels unsafe, isolated), to understand that the draw to do so is *normal* and understandable in the context of experiences, and feelings (e.g. depression, loss, anxiety, fear) are also normal.

Instill hope— Communicate that therapy will help client cope with these current feelings and/or future challenges




Psychoeducation:
Addressing CSEC



Helping a client develop a better understanding of CSEC/CST and factors that contribute to vulnerability is critical to achieving one of the overarching goals of intervention: To keep the client safe from subsequent exploitation.

How and when to address this requires considerable therapeutic skill and a highly nuanced clinical approach.

Psycho-Education:
CSEC/CST




Common Reactions to CSEC/CST

For youth, CSEC/CST often not the best place to start (but other traumas yes!)

For Caregivers, may be very helpful for engagement

Psycho-education:



Educate about TF-CBT

TF-CBT TEEN: THE WHOLE 9 YARDS
What to Expect Throughout the TF-CBT Experience

TEEN REACTIONS:
TEEN: Often, youth may have negative reactions to TF-CBT, such as skepticism, ambivalence, reluctance to commit (hope) is often well deserved.

REASONS:
TEEN: Often, youth may have negative reactions to TF-CBT, such as skepticism, ambivalence, reluctance to commit (hope) is often well deserved.

ADULT REACTIONS:
ADULT: Often, caregivers may have negative reactions to TF-CBT, such as skepticism, ambivalence, reluctance to commit (hope) is often well deserved.

ADULT REASONS:
ADULT: Often, caregivers may have negative reactions to TF-CBT, such as skepticism, ambivalence, reluctance to commit (hope) is often well deserved.

Sell It!!
(If you don't believe it will work neither will they)
Instill Hope - Link to specific concerns

- Often have long histories of failed treatment—skepticism, ambivalence, reluctance to commit (hope) is often well deserved
- About prior treatment experiences, normalize, communicate how this will be different

Psychoed:
CSEC/CST and
Related Topics

- Education about Commercial Sexual Exploitation (definition, examples, myths/facts)
- Dynamics of power and control, cycle of violence, recruitment tactics
- **Healthy Sexuality**
- **Healthy relationships and Sexual decision-making**
- **LGBTQ**
- **Substance use and abuse**

Caregivers, too!

Be mindful of time, consider engagement and safety, prioritize content (often can be addressed in EFS)

Psychoeducation:
Health Sexuality

Healthy Sexuality


- Despite experiences, not uncommon for CSEC clients to lack basic knowledge of human sexuality.
- Providing this information and a platform for frank discussion can be a helpful engagement strategy
- Important for their physical safety and reproductive health.
- Helpful topics: general anatomy (label and function of internal and external sexual body parts), sexual arousal and orgasm, sexually transmitted infections, reproduction and contraception (how pregnancy occurs, myths and facts about how to avoid getting pregnant).

Healthy Relationships and Sexual Decision-making

Healthy Relationships and Sexual Decision-making

- Help youth understand their prior relationships associated with pathways of entry to CSE
- Ameliorate current and future risk of revictimization
- Ideally this addressed as part of EFS; however, for youth engaged in current high-risk relationships and sexual behavior, especially runaway and commercial sexual activity, this may need to be introduced earlier as a safety strategy

Six Principles of Sexual Health



1. **Consent**
2. **Non-Exploitative**
3. **Protection from STIs, HIV, Unplanned Pregnancy**
4. **Honesty**
5. **Shared Values**
6. **Mutual Pleasure**

(D. Braun-Harvey, Harvey Institute)

Explore client's relationship values, qualities of ideal partner

Start by honoring any positive qualities of their exploiter and relationship identified by client, then gently invite/explore

(Note: if relationship is other than romantic (parent, peer, "business," gang) principles of approach still apply)

--- <https://www.youtube.com/watch?v=oQbel5JGt8>

Psychoeducation: LGBTQ

Sexual Orientation & Gender Identity

Youth may have questions about sexual orientation and gender identity, related to:

- their own sexual attractions, romantic interests, and emerging identities
- Participation in same-sex commercial sex acts while trafficked
- Interactions with transgender or non-heterosexual individuals in 'the life'

Remember High rates of LGBTQ—linked to runaway-homeless risk/pathway

Psychoeducation: Substance Use and Abuse

Drug and Alcohol Education

Not uncommon for access to drugs and alcohol to be used as method of recruitment, continued access used to maintaining control over youth who develop substance dependence problems subsequent to CSE.

Even CSEC victims who do not develop substance dependence problems may rely on alcohol or drugs to cope with their CSEC activity

General approach: Be opportunistic if it is of interest to youth, may also be relevant in RAC, prioritize if a significant safety concern or interfering with therapy, otherwise address in EFS as appropriate

Social media and internet safety

Where are they, what are they doing, and why? Be curious.

What do they already know and do to mitigate risk?

Educate carefully about grooming and recruitment strategies, safety tips

- o "Would you be surprised to know ..."
- o "Would you be interested in learning some other ways that teenagers are taking steps to keep themselves safe?"

Focus on Safety, respect, Healthy Relationships

Resources

- LOVE IS RESPECT: www.loveisrespect.org
- INSTITUTE FOR RESPONSIBLE ONLINE AND CELLPHONE COMMUNICATION
www.iroc2.org
- MTV A Thin Line: www.athinline.org
- NCMEC Netsmartz

Social Media monitoring tools

Staying Safe While Staying Connected
Tips for Caregivers



Text, Tweet, Facebook, IM, email, blog, Snapchat, Instagram, and
More are all great ways to stay connected. But they can also be used to share information that you don't want to share. It's important to be smart about what you post online and to be aware of the risks of sharing information that you don't want to share.

Why Sexting Isn't Smart

The internet is FOREVER. Messages and photos you think you'll never see back. When released often have a record of someone's past, and can show that information with other people, including the police and other professionals. And there's nothing you can do to control images that may have been downloaded or forwarded by other parties.

People Reported Being
Tracked back to their phone, text messages, photos, videos, and other data.

Social media PE


Social Media Use and CSEC clients at Baseline

- report 3-4 different SM platforms, esp. Instagram and Snapchat
- 62% have posted or sent nude photos or photos wearing lingerie to someone they met online
- 33% have made plans to have sex with someone they met online

Social Media Use Following Graduation from Treatment

How have you changed your social media since beginning therapy?

- "Deleted twerking and smoking videos"
- "No longer send pictures of myself to other folks"
- "I don't feel the need to look to random people for confidence"




Psychoeducation: Caregivers

Caregiver Psychoeducation

Caregiver psychoed can be MORE complex—

- addresses both child's and caregiver's experiences and difficulties
- Caregivers have their own trauma-related, CSEC-specific cognitions


Early identification through frank discussion in psychoed very helpful



Psychoeducation: Caregivers

Caregiver Psychoeducation


Orientation to TF-CBT – important to emphasize caregiver involvement, likely contrary to prior treatment experiences, which may have specifically excluded them or required only minimal involvement. often a long history of failed treatment efforts, they may be reluctant to commit to (yet another) effort.





Psychoeducation: Useful Tools

Useful tools


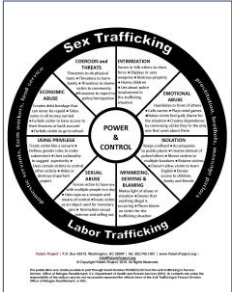
- CSEC/CST infographics, fact sheets
- Websites; videos
- Music with Pimping/ Prostitution/ Exploitation themes
- HT Power and Control Wheel
- Others?




Psychoeducation:
Useful Tools

Psychoeducation:
Useful Tools

Psychoeducation:
Useful Tools



Making of a Girl Trailer
◦ <https://www.youtube.com/watch?v=ZvnRYte3PAK>

Flesh
◦ https://www.youtube.com/watch?v=b-qLXKh_GOJ

What I've been through is not who I am
◦ <https://www.youtube.com/watch?v=BmmRTJol3R0>

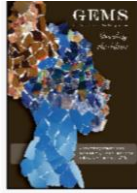
RD's Story, KL's Story, JL's Story
◦ https://www.youtube.com/watch?v=Arf_B4SIFOk

Many online resources and videos on youtube and federal pages (Office on Trafficking in Persons, OJJDP)

Psychoeducation: Useful Tools

GEMS: Breaking the Silence

Breaking the Silence explores commercial sexual exploitation through personal stories, poems, and artwork by the members of GEMS. The first book of its kind in the country, Breaking the Silence represents the opportunity for sexually exploited and domestically trafficked girls to share their experiences, pain, fears and hopes for the future and finally have their voices heard



GEMS Art Book: Breaking the Silence: \$25 plus

Psychoeducation: Useful Tools

The Survivor's Guide to Leaving

by Sheila White with Rachel Lloyd

The Survivor's Guide to Leaving is a groundbreaking book designed to support survivors of commercial sexual exploitation and trafficking. The Survivor's Guide to Leaving shares stories, tips and ideas from survivors to help navigate the challenges during those early months of exiting. Inspired by the questions and concerns of thousands of girls and young women throughout GEMS 17 years of programming, the book was written by survivors to directly address those common questions. Designed as a youth-friendly book with colorful graphics, including illustrations by survivors, The Survivor's Guide to Leaving is recommended as a vital resource for commercially sexually exploited youth (and adults).



Psychoeducation: Useful Tools




Additional Psychoeducation Resources:

- NCTSN
<http://www.nctsn.org/resources/public-awareness/human-trafficking>
- Polaris Project
<https://polarisproject.org>
- NCMEC
<http://www.missingkids.com/home>
- GEMS
<http://www.gems-girls.org/about>
- Shared Hope International
<http://sharedhope.org>
- Love 146

RAC: Relaxation, Affect Expression & Modulation, Cognitive Coping

Relaxation,
Affect Expression & Modulation,
Cognitive Coping



- **Relaxation:** Teach about the body's response to stress; skills to reduce physiological arousal and alarms for danger
- **Affect Expression and Modulation:** Identification of emotions in self and others; expression and regulation of emotions;
- **Affect Expression and Modulation:** Develop healthy, effective ways to cope; reduce anxiety, anger, avoidance associated with trauma; tolerate and manage extreme emotions.
- **Cognitive Coping:** Understand the differences between and connections among thoughts, feelings and behaviors
- Help clients and caregivers view events in more accurate and helpful ways

RAC: Relaxation, Affect Expression & Modulation, Cognitive Coping

Key Points

- Identify that emotions are useful and provide information about the environment, come in different strengths, multiple feelings can be experienced
- Negative affect states are temporary and can be tolerated until they pass
- Communicating emotions can alleviate intensity and secure support
- Identify previous coping strategies and discern between helpful and unhelpful; Validate that unhelpful strategies were adaptive attempts to feel better; cognitions may have helped survival "I can't trust anyone"
- Reinforce/praise/honor how they have coped/survived

RAC: Relaxation, Affect Expression & Modulation, Cognitive Coping

Considerations with CSEC clients:

- May have particular difficulty with body awareness and sensitivity to physiological cues
- Consider CSEC-specific trauma cues e.g., media depictions, exchange of money, hotels/motels
- Be creative and developmentally savvy--Tech, apps
- Address substance use as a maladaptive form of coping
 - MUST ask about use (may also be reason they run)
- Reminder that Mastery of skills is not the target

Addressing Dysregulation in RAC

Relaxation (and Regulation)

- Often need to go beyond standard relaxation skills
- Consider integrating the following:
 - Mindfulness/grounding
 - Distraction and self-soothing
 - Kinesthetic and sensory exercises
 - Things the youth already does!!
- Possible challenges
 - Youth has difficulty differentiating tense & relaxed
 - Feeling relaxed may create a sense of vulnerability
 - Waiting for perfection
 - Allowing it to become a power struggle

Addressing Dysregulation in RAC

Relaxation (and Regulation)

- Competing with maladaptive tension reduction behaviors (TRBs)
 - Validate the client's use of the TRB, but...
 - Establish detrimental long-term impact of TRBs
 - Identify primary triggers of TRBs
 - Have client practice holding off on engaging in TRB
 - "Urge surfing" (Bowen, Chawla, & Marlatt, 2011)
 - Identify healthy, effective replacement behaviors
 - Acknowledge that replacements aren't as "powerful," but also don't make the situation worse

Addressing
Dysregulation
in RAC

Affect Expression and Regulation

- Importance of attunement (therapist and caregivers)
 - Mirroring, Labeling
- Helpful affect skills/concepts for dysregulation:
 - Purpose and process of emotions
 - Awareness of triggers
 - Physiological awareness of emotions
 - Emotional acceptance/tolerance
 - Emotions are temporary and not life threatening
 - Processing emotions can decrease their intensity, duration, and frequency
 - Untangling “mixed” emotions

Addressing Dysregulation in RAC

Affect Expression and Regulation

- **Exploding**
 - Hyperarousal vs. Effort to Regulate (i.e., venting)
 - Normalization
 - Exploring pros and cons
 - Distress tolerance
 - Awareness
 - Soothing
 - Distraction
 - Acceptance

Therapist/caregiver regulation is critical


WHAT FEELINGS DO FOR YOU

1. YOUR FEELINGS GET YOU MOVING AND KEEP YOU MOVING

2. YOUR FEELINGS TELL OTHER PEOPLE HOW YOU'RE DOING

3. YOUR FEELINGS TELL YOU HOW YOU'RE DOING

4. YOUR FEELINGS DON'T ALWAYS FIT THE SITUATION



Addressing
Dysregulation
in RAC

Cognitive Coping

- Complex trauma often results in deeply engrained “survival thinking” (e.g., “I can’t trust anyone”)
- Survival thinking...
 - can occur in non-survival situations
 - can result in feelings and actions that do not fit the situation
 - often eliciting negative reactions from others, resulting in “self-fulfilling prophecies”
- Dysregulated youth have limited awareness of thoughts



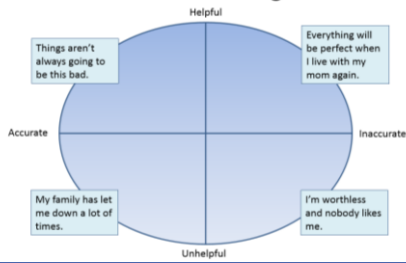
Addressing Dysregulation in RAC



Cognitive Coping

- Applying the cognitive triangle “in the moment” is critical
 - Connect triggers to thoughts, feelings & behaviors
 - Connect the trigger to past traumas
 - Realize the trigger may result in problematic “survival thinking” in the present
 - May need to “supplement” the cognitive triangle:
 - Functional behavior analysis
 - Chain analysis
- Have to validate survival thinking before challenging it**

Check Your Thoughts!




Core Beliefs

Core beliefs are like magnets. They are always waiting to **attract** evidence which confirms them. The more evidence they collect, the stronger they get.

Unfortunately they **repel** anything which does not 'fit' with the belief. This makes it hard to 'see' or believe anything which would contradict or undermine them.

Core beliefs are not facts. With persistence they can be altered.





I failed my exams when I was 15


I'm dyslexic and my teacher at school said I'd never amount to anything

I lost my temper & shouted at my children

I have successfully run my own business for 23 years

I won the pub quiz with my friends

My hobby is photography and I have exhibited pictures in a national event



My mother never told me she loved me

I've never had a boyfriend for more than 6 months

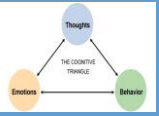
My friends went to a party without inviting me

My current partner says he loves me

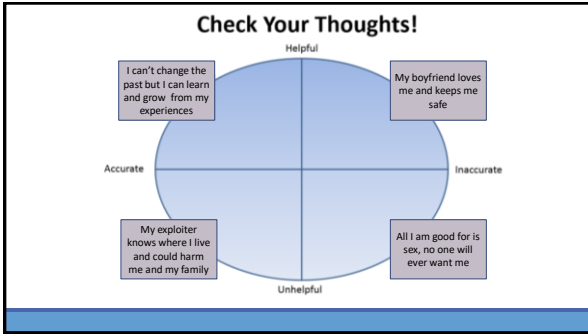
I'm a kind person, and I have all the qualities that I would find lovable in other people

My sister and I have a close relationship

CSEC-related Cognitions



- "I chose to do it"
- "It's all I'm good for"
- "My boyfriend [pimp] is the only one who takes care of me."
- "I'm never going to trust anyone"
- "All anyone will ever want me for is sex."
- "My family/mom won't ever see me as anything but a ho."
- "My exploiter knows where I live—I'll never be safe."
- "If I tell my new boyfriend about my past he will leave me. No one will ever want to be with me if they know I was a prostitute."
- "Everybody will use me just like they have in the past."
- "This is the only way I can take care of myself/my family"
- "The only people who understand and accept me are other girls in the life."
- "I can never be square."
- "He wasn't that bad"



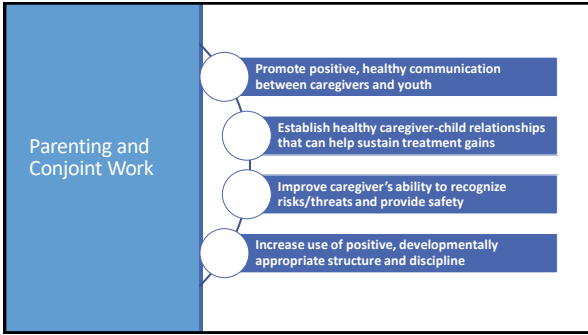
CSEC-related Cognitions

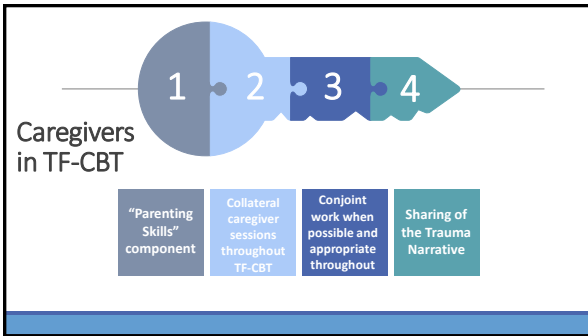
A number of general and CSEC-specific maladaptive cognitions and negative core beliefs contribute to maladaptive functioning and risk of victimization (past and future).

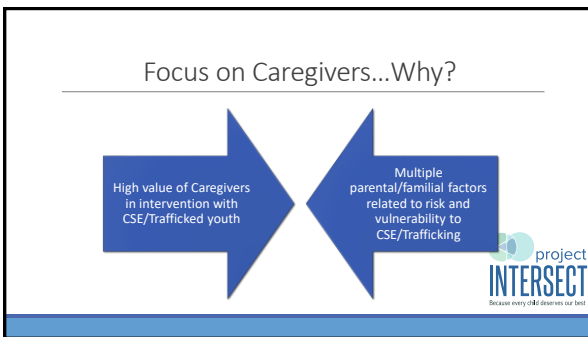
A child with a negative core belief such as "I am unlovable" or "no one can ever keep me safe" may be vulnerable to recruitment efforts by exploiters who show affection and attend to a child's basic safety and protection needs.

A youth who has been exploited may think, "This is all I am good at" and be more likely to stay in the life or be more vulnerable to returning to the life (especially in the absence of any intervention efforts to more fully develop other areas of achievement and positive self-worth)

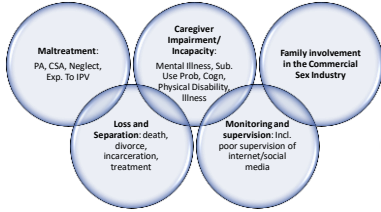
Parenting Skills and Conjoint Work







Family/Parent-related Factors



Maltreatment:
PA, CSA, Neglect,
Exp. To IPV




Multiple studies:
CW Hx 50-90% (PA, CSA, N)
CSA 60-90%
Project Intersect (Georgia)
45% witnessed family member hit/punched, kicked hard at home
26% were punched/hit/kicked very hard at home

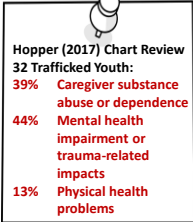
Loss and Separation:
death, divorce, incarceration, treatment




Project Intersect (Georgia)
87% reported death of someone close to them
GA (SOC/SPOA).
65% Hx of Foster Care Placement



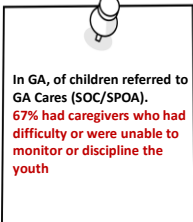
Caregiver Impairment/Incapacity:
Mental Illness, Sub. Use
Prob, Cogn, Physical
Disability, Illness



Hopper (2017) Chart Review
32 Trafficked Youth:
39% Caregiver substance
abuse or dependence
44% Mental health
impairment or
trauma-related
impacts
13% Physical health
problems




Monitoring and supervision: Incl. poor supervision of internet/social media



In GA, of children referred to GA Cares (SOC/SPOA).
67% had caregivers who had difficulty or were unable to monitor or discipline the youth

Familial Trafficking



National Juvenile Prostitution Study (2005)
◦ 12% exploited by a Family Member

National Human Trafficking Resource Center (2007-2012)
15% allegations of trafficking by a parent or legal guardian

Also high rates of family involvement in trafficking/commercial sex, even if not exploiting the child

Familial Trafficking



Sprang and Cole (2018)

- 31 commercially sexually exploited children (CW Sample)
- 82% “drugs as the currency to profit from trafficking of their children”
- 2/3 mothers, 1/3 father 40% assisted by another adult
- “In all cases, caregiver threats, intimidation, and parental authority were used to recruit and maintain the victim”
- 35% had a psychiatric hospitalization subsequent to the trafficking,
- 48% reported they had attempted suicide during their lifetime.
- 80% PTSD

Parenting and Conjoint Work



Parenting is often markedly deficient and Parent-Child relationship very impaired; Caregivers may need more time, support, and coaching than typical. Beginning with collateral (vs. conjoint) sessions especially important.

Implications/Considerations for Intervention

Who is a Caregiver?

- *Biological Parent
- *Step-parent
- *Other caring relative
- *Fictive kin
- *Foster parent
- *Congregate care staff

Caregiver Engagement

What do we mean by engagement?

Engagement = Participation, getting started

Engagement = Buy-in; more than just showing up/dropping off, active participation themselves and active support of youth

- Addressing concrete barriers
- Addressing perceptual barriers
- Making the case for youth treatment
- Making the case for caregiver participation

Caregiver Engagement



Significant engagement challenges

Distrust of system and authority figures-- Often very systems weary and wary

Multiple unsuccessful treatment experiences— Do not believe intervention will help

Do not view themselves as "part of the problem" (contributor to trafficking risk) or part of solution

May have not previously been included or welcomed in treatment

Caregiver Engagement



Significant engagement challenges

Caregiver cognitions related to:

Self-blame

Child "choice"/responsibility

Own trauma/trafficking experiences

Beliefs about what they have "already done"

Caregiver Engagement

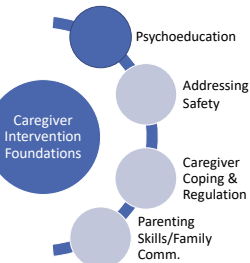


Significant engagement challenges

- May have very limited resources
- May have many other responsibilities (other children in care, aging/disabled relatives, work/business, etc.)

Caregiver Engagement Strategies

- Provide psychoeducation (as often as needed)
- Focus on enhancing caregiver's positive coping skills
- Demonstrate empathy for challenging position
- Understanding of past and current parenting choices
- Validate desire to help and protect their child
- Praise to reinforce positive efforts



- **Normalize and validate feelings and experiences**
(Worried, Ashamed, Guilty, Afraid, Angry, Isolated, Confused, overwhelmed, Hopeless)
- **Educate about Trafficking/ CSEC**, Dynamics of Power and Control; address parent beliefs
- **Educate about trauma** and impact, complex trauma
- **Educate about Treatment**

Caregiver Intervention Foundations

- Psychoed.
- Addressing Safety
- Caregiver Coping & Regulation
- Parenting Skills/Family Comm.

- **Safety of the home** (family conflict and violence)
- **Safety of youth in the home** (suicidal ideation, poor supervision)
- **External threats** (trafficker threats, purchasers know youth location, internet)
- **Unhealthy relationship norms**
- **Rejection, removal, conflict** leading to running away
- **Pressure by family to provide money or goods**

Caregiver Intervention Foundations

- Psychoed.
- Addressing Safety
- Caregiver Coping & Regulation
- Parenting Skills/Family Comm.

- **Manage own stress, dysregulation**
- **Enhance support of youth coping**
- **Improve decision-making, response to youth challenges**
- **Youth AND Caregiver dysregulation → Conflict**

Caregiver Intervention Foundations

- Psychoed.
- Addressing Safety
- Caregiver Coping & Regulation
- Parenting Skills/Family Comm.

- **Adolescent Development**
- **Developmentally appropriate Behavior Management** (Developmentally appropriate consequences, Contracting)
- **Praise and Positive Attention**
- **Active Ignoring**
- **Family Communication**

Parenting Skills:
Common
Elements


- Developmentally appropriate bx management strategies
- Praise and Positive attention
- Active Ignoring
- "Time out"

Parenting Skills:
Common
Elements

- Dev. appropriate bx management strategies
-
-
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**Adolescents:
Contracting and Negotiation
Developmentally appropriate
consequences**

Parenting and
Conjoint Work



Praise and Positive attention is often markedly deficient. Facilitate positive time together but initially in small increments to ensure success.

Parenting Skills:
Common
Elements




Praise and Positive attention

Praise Parenting

- Start small and only make meaningful statements
- Consistency is key
- Specific vs. Global praise
- Practice/Role play


Parenting Skills:
Common
Elements



Active Ignoring

**Behaviorism vs.
Adolescent parent survival strategy**
Normalize adolescent "attitude"
Not condoning disrespect but...
"pick your battles"

Parenting Skills:
Common
Elements



Active Ignoring

**Behaviorism vs.
Adolescent parent survival strategy**
Normalize adolescent "attitude"
Not condoning disrespect but...
"pick your battles"

Parenting Skills:
Common
Elements

- Time out

Who DOESN'T need a time out every now and then?

Parenting Skills:
Common
Elements

- Dev. appropriate bx management strategies
- Praise and Positive attention
- Active Ignoring
- "Time out"

For Adolescents: Consider adding Family Communication

Core Caregiving
Strategies for
Adolescents

- Set limits
 - Avoid ultimatums
 - Be clear and concise
 - Put rules in writing
 - Be prepared to explain, not argue
 - Be reasonable
- Prioritize rules
- Enforce consequences

Parenting and Conjoint Work



Parenting is often markedly deficient and Parent-Child relationship very impaired; Caregivers may need more time, support, and coaching than typical. Beginning with collateral (vs. conjoint) sessions especially important.

Collateral and Conjoint Work

Collateral or Conjoint? Collateral TO Conjoint

- Questionable/Impermissible caregiver
- Exploiter
 - Abuse history
 - Unsupportive, blaming, shaming
 - Exhausted caregiver (has given up, responsible for other children, etc.)
 - Own untreated trauma, PTSD Symptoms

Red, Yellow, Green light caregivers



Case Examples?

Conjoint Work Strategies

Preparing with the Youth

- Collaborate with youth on identifying possible caregiver(s) for involvement
- Allow youth to determine how much information is shared in conjoint sessions
- Don't force caregiver involvement (listen to the youth and the caregiver)

Address unconventional situations

No Caregiver - Distant Caregiver - Unavailable Caregiver

- Involve (Additional/Alternate) Supportive Adults other than parents
- Other Relatives, Fictive Kin
- Older (Adult) Siblings
- CPS Case Workers, other Care Coordinators, etc.
- Milieu Staff

Be Creative, Flexible, Opportunistic

Work with youth to identify and determine appropriate involvement

Collateral to Conjoint Strategies

Ongoing reflective questioning by the clinician:

- What is the primary concern at this moment for this child and caregiver?
- Is each one aware of how he/she is thinking and feeling?
- What are the disconnects between what this youth (or caregiver) wants versus what he/she is actually experiencing?
- How can I communicate meaningful understanding and validation of both the youth's and the caregiver's perspectives and choices?

(Courtois & Ford, 2009)

Collateral and Conjoint Sessions and Phase-Based Treatment

Goals for Initial Phase

- Establish a working relationship
- Develop understanding of the impact of trauma
- Focus on enhancing positive interactions between caregiver and youth
- Troubleshoot concrete barriers to participation in the treatment process



Collateral and Conjoint Sessions and Phase-Based Treatment

Goals for Trauma Processing

- Processing and healing attachment disruptions
- Support youth during the trauma narrative and processing phase
- Develop skills for responding appropriately when youth initiates discussion of traumatic events
- Witness and understand the youth's subjective experience of past traumatic events (if appropriate)



Collateral and Conjoint Sessions and Phase-Based Treatment

Goals for Integration/ Consolidation Phase

- Prepare to support youth's ongoing processing of trauma impact
- Promote positive, healthy communication between caregiver and youth
- Reinforce the use of structure and developmentally appropriate parenting strategies
- Increase ability to ensure ongoing safety



Trauma Narration & Processing


Trauma **N**arration and Processing

- Client's telling of their story (typically in written form) in increasing detail in order to:
- Unpair thoughts and reminders of the trauma(s) with overwhelming negative emotions (Exposure)
- Uncover and process inaccurate or unhelpful thoughts about their experiences. (Cognitive Processing)
- Understand, process, synthesize and move forward in a healthy way from traumatic experiences. (meaning making)

Addressing Dysregulation in **TN**

- Trauma Narration and Processing
 - Can't wait for perfect regulation
 - Done correctly the TN **improves** self-regulation
 - Must carefully attend to the "therapeutic window"
 - Broken windows happen, but can and should be repaired
- Use de-escalation skills (e.g., LOW & SLOW)
- Process in "waves"
- Make it predictable
- Give appropriate control/avoid power struggles
 - E.g. don't insist on defining CSEC as traumatic

TN Key Concepts: Therapeutic Window



Hypothetical psychological midpoint between inadequate and overwhelming activation of trauma-related emotions.

Co-regulation by therapist and use of RAC skills allows youth to manage episodes of intense distress/stress reactions without becoming flooded.

Any form of dysregulation (emotional, behavioral, relational, etc.) in session may indicate a "broken window." Broken windows happen, but can and should be repaired

<p><i>TN</i> Key Concepts: Process over Product</p>	<ul style="list-style-type: none"> ▪The story unfolds within the therapeutic relationship ▪Gradual exposure occurs on two levels: <ul style="list-style-type: none"> ◦ <u>Direct</u>: addresses explicit trauma memories <ul style="list-style-type: none"> ◦ Processing distressing memories of sexual abuse ◦ Cognitive processing of self-blame ◦ <u>Relational</u>: addresses implicit trauma memories <ul style="list-style-type: none"> ◦ Youth gradually realizing you will not ridicule them for mistakes resulting in decreases in lying or denial ▪Relational GE is often critical for complex trauma ▪Possible to address both (to a degree) in TF-CBT
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<p>Process over Product: Managing the Process</p>	<ul style="list-style-type: none"> ▪Make your current interactions fundamentally <u>different</u> from past interactions described in TN ▪The key is to provide “safe containment” for the client’s emotions during TN. ▪Must demonstrate: <ul style="list-style-type: none"> ◦ Acceptance (not judgement) ◦ Empathy (not pity) ◦ Emotional regulation (not too hot, not too cold...) ▪Emphasize active listening skills <ul style="list-style-type: none"> ◦ Paraphrasing ◦ Clarification questions ◦ Validate reactions (past and present) ▪Establish end of session positive ritual
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<p>Process over Product: Get Creative!</p>	<ul style="list-style-type: none"> ▪TN should be a dynamic, interactive process ▪Interaction > Documentation ▪Orient TN around engaging activities <ul style="list-style-type: none"> ◦ Link TN to game plan (e.g., “TN Uno”) ◦ Work together to find pictures for a collage ◦ Work together to find songs for a TN playlist ▪Consider integrating various media into the TN ▪Align TN with client interests
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TN Challenges with CSEC

- May not identify CSEC as a trauma or the most traumatic
- Many CSEC clients have extensive and complex trauma histories in and outside of CSEC
 - Difficulty establishing chronological order
 - Memory may be confused, indistinct, fragmented
 - May not be feasible/appropriate to complete detailed account of early experience or all traumas
 - Tends to be an "interaction effect" between traumatic experiences--CSEC may be connected to prior traumas-directly or indirectly

→ Use of Timeline, Processing "Themes"

Complex Trauma Requires Complex Processing!

Events	Themes
Desensitization Behavioral/Emotional "Trees" Who, what, when, where, how?	Meaning Making Cognitive/Emotional "Forest" Why?

- Traumas tend to be interrelated to some degree
- Humans strive to make sense of experiences and want to "connect the dots" between events
- This results in "themes" that tend to be present across multiple traumatic experiences
- Trauma themes tend to revolve around:
 - Safety
 - Trust
 - Intimacy
 - Power/control
 - Self-worth

"What My Life has Taught me about Safety"
"My History of Trusting People"

- Culminates in processing the connection between trauma themes & present day life -- Validate that these themes served importance purposes in the past, but may need to be updated

Processing Traumatic "Trees"	<p>Even given high number and complexity and CT-related challenges, there are often specific events/ experiences, linked to specific trauma reminders, linked to symptoms</p> <p>"Event-focused" exposure work may (still) be needed to reduce symptoms</p>
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Processing Traumatic "Trees"	<ul style="list-style-type: none">▪ Have client identify most traumatic event(s) ("most upsetting, difficult to talk about").▪ Develop detailed description of this trauma▪ Address additional traumas hierarchically, as needed▪ Symptom reduction is a key indicator of when is "enough."▪ Remember to--<ul style="list-style-type: none">• Elicit deepest feelings, thoughts, bodily sensations• Cognitions at the time of event and "looking back now"• <u>Gently</u> challenge maladaptive cognitions
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Processing Traumatic "Trees"	<ul style="list-style-type: none">▪ Incorporate CSEC, even if not identified as a trauma. ("You haven't included your experiences having sex for money while you lived with James, let's go ahead and put them on the timeline.")▪ Even if they do not initially identify as traumatic and resist addressing directly, as TN develops, symptoms dissipate, and themes are explored, clients often more readily incorporate as TN work progresses
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<p><i>T</i>rauma <i>N</i>arration and Processing</p>	<ul style="list-style-type: none">▪ Include experiences prior to and after the "life"▪ Incorporate positive memories prior to CSE as well as during CSE; Include positive interactions with pimp/ exploiter, others in the "life," small kindnesses of others▪ Identify youth's strengths (what they did to survive, care for or protect others)
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<p>Processing the "Forest" and the "Trees"</p>	<p>Clinical judgement determines the balance between processing trauma details and trauma themes</p> <ul style="list-style-type: none">◦ Address trauma "hot spots" with more fully fleshed out "chapters"
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<p>Processing Traumatic "Forests"</p>	<p>Final Chapter: Encourage themes of hope and strength and positive expectations for present and future in final chapter</p> <ul style="list-style-type: none">◦ What they have learned◦ What they would tell others◦ How they are different
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Timeline

invitation-positive/affirming of life experiences: "There's been a lot that has happened in your life. Sometimes it can be really helpful to make sense of some things with what's called a timeline."

If reluctant or struggling, put a few obvious ones—referral event esp if not CSEC: "We've talked a lot about what happened at the group home let's put that on here, how old were you when you went there?"

Good/positive periods: "you mentioned that you really liked it at the school when you were with your aunt. Let's put that on there. Tell me again what it was you liked. I think you said it was safe there and the teachers listened and said you were smart and no one teased you"

Identify cognitions and core beliefs ("The people who were supposed to protect me and keep me safe, didn't." "I have to look out for myself—no one is going to do that." "Sex is what I am good for—I owe that to people who look out for me.")

later seek to link past experiences to subsequent challenges and actions, even gently challenge ("It makes sense based on your experiences that you might be distrustful ...is there anything different about your current foster mom?")

If introduce early, then can organically add as therapy progresses and new elements are revealed

TN & Processing: Complex Trauma Considerations

- Complex trauma beliefs are COMPLEX!
- Beliefs are developed over years and are influenced by multiple experiences
 - Effective processing may require talking about events spanning their entire lifetime
 - Often working with general themes (e.g., I'm worthless), rather than event-specific beliefs (e.g., It's my fault because I wore that skirt)
- Trauma has **NOT** been an abnormal event and is likely to recur
- Just like everything else, traumatic experiences are often not "black and white"
- Cognitive processing should be focused on developing balanced beliefs that are reality-based (their reality, not ours!)

TN & Processing: Complex Trauma Considerations

- Our goal is to restore balance to core beliefs
- We do not want to try to tip the scales completely to the other side for three main reasons:
1. Tends to increase defensiveness
 2. Even if successful, the new belief is often no more realistic and/or helpful than the original one
 3. Healthy meaning is often found in "gray" thinking, not "black and white" thinking

TN & Processing: Complex Trauma Considerations

Safety
 I'm never safe.....I'm always safe
 All people are dangerous.....All people are safe
 The world is not safe.....The world is safe

Trust
 I can't trust myself at all.....I trust myself completely
 I can't trust anyone.....I trust everybody

Intimacy
 I can't be close to anyone.....Everyone is my best friend

Power/Control
 I'm always weak.....I'm always strong
 It's all my fault.....Nothing is my fault

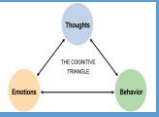
Esteem
 I'm worthless.....I'm perfect

TN & Processing: Complex Trauma Considerations

Balanced Thinking...

- *Has few (if any) absolutes
- *Is flexible
- *Takes a broader perspective
- *Summarizes all available information
- *Is based on facts not assumptions
- *Avoids labeling
- *Considers emotion and reason
- *Focuses on what is, not what could be or should be

CSEC-related Cognitions



Bethany
 People only love me if I am making money for them.
 If I don't make money for my mom, there will be no one to take care of her.
 My mom loves drugs more than me.
 If I had earned enough/been a better daughter my mom would be able to get off drugs.

Yesenia
 I got what I deserved—I disrespected my mother.
 Yesenia's Mom: Yesenia is ruined now. No one will ever want her.
 Yesenia's Mom: This is all my fault. If I hadn't tried to "teach her a lesson" by sending her to her father this would have never happened.

Quiana
 Trey loves me and would never hurt me.
 Any girl who truly loves her boyfriend would do anything to take care of him. (If my mom had, maybe my dad would not have left)
 If I don't do what he asks he will leave me just like my dad did.

CSEC-related Cognitions



Daniel

No point in getting comfortable anywhere—eventually everyone sends me away.

No place is safe. I can't ever let my guard down or show weakness. "Get them before they get you" if you wanna survive. I can never tell anyone what I did—they'll think I'm gay and have diseases.

Timothy

No one will ever accept me for who I am. The streets are the only place I can be myself.

Timothy's dad: If I just "toughen him up" he won't be queer.

Diana

Everybody is just out to use you. No one can be trusted. If my parents had been around more and helped me with my career, none of this would have happened.

TN & Processing: Complex Trauma Considerations

- Remember that challenging deeply engrained, trauma-related beliefs can be highly triggering!
 - Perceived invalidation is a significant risk
- Semantics are important!!
 - "Balancing" beliefs vs. "Correcting" beliefs
- CRITICAL to validate these beliefs prior to challenging them
- Important to help youth derive some sense of purpose or growth from their life experiences

TN & Processing: CSEC Considerations




- Can regret decisions putting them at risk for CSEC without being responsible for CSEC
- Focus on "CSEC survivor" status
- May be able to develop a sense of meaning around helping youth still in "the life"
- May be significant concerns about the possibility of future relationships
- Beliefs about CSEC are likely tied to beliefs about previous trauma(s)

TN & Processing: CSEC Considerations

- Trauma experiences may include harm to others
 - Recruitment
 - Participation in discipline
 - Containment
 - Physical or Sexual violence
- This may have a strong impact on meaning making/ cognitive processing

Sharing of the Trauma Narrative

To share or not to share... 

Red, Yellow, Green light caregivers

- Can be very difficult for caregivers to hear
- Collaboratively determine and negotiate what can and should be shared

Sharing of the Trauma Narrative

Other Options:

Have joint session with parent and child but do not include review of child's TN

Instead focus on general communication, conflict resolution, praising each for what they have done successfully and for persisting with therapy

Enhancing Future Safety

Enhancing Future Safety

Goals:
Develop, enhance, and reinforce knowledge and skills that will promote safety and growth beyond the formal conclusion of therapy.

Enhancing Future Safety

Elements:
Skills and topics typically addressed include:

- Personal Safety Skills: Assertiveness training, Coping with Peer Pressure, Problem-Solving, etc.
- Paying attention to "gut" feelings
- Identifying people and places that are safe
- Body ownership and boundaries

Adolescents:

- Healthy Relationships and Sexual Decision-making
- Human Sexuality
- Internet Safety
- Alcohol and Drugs
- Also LGBTQ (remember topics from Psychoeducation)

Enhancing Future Safety

CSEC Considerations:

- Often have grossly impaired “uh-oh” feeling, lack of danger sensitivity
- Difficulty identifying/differentiating safe persons—may be overly trusting or guarded (“I’ll never trust anyone”)
- Have experienced profound violations of physical body (early experiences and CSEC)
- Often live in high risk families, communities
- May be limited availability of supportive caregivers and systems after treatment is discontinued
- Potential to return to past survival coping skills, esp. running

CSEC at very high risk of future victimization

So... Plan for Future Risks


- Anticipate “triggers” to run (situations that prompted running in the past or that might create vulnerability in the future, e.g., conflict with caregiver, bored, broke, miss friends)
- Anticipate urges/triggers to return to the life
- Develop CSEC specific prevention knowledge & skills, CSEC-specific safety planning :
 - Contact by former exploiter or customer
 - Another girl tries to recruit
 - hanging out with risky people/places
 - Other risk situations (e.g., need money)
- Intensive transition planning for youth exiting out of safe homes or other residential/ restrictive settings

Integration and Consolidation Enhancing Future Safety Strategies

Integration and consolidation of PRAC skills: Psychoeducation

- Identifying/normalizing future life challenges
- Expecting triggering people, situations, places
- Consider life skill training opportunities
- Normalize the need for ongoing supportive counseling and/or a return to therapy

Integration and Consolidation
Enhancing Future Safety Strategies




The diagram shows three phases of PRAC: Identification Phase (top), Theme Narrative Phase (middle), and Integration/Consolidation Phase (bottom, circled in blue). A vertical axis on the left is labeled 'Time: 10-15 minutes'.

Integration and consolidation of PRAC skills: **Relaxation, Affect Regulation, and Cognitive Coping**

- Generalize coping skills to “normal” distressing events, situations, and responsibilities
- Discuss how skills might be used in the future
- Discuss and plan for natural setbacks

Ending TF-CBT




Not necessarily the end of treatment

- Know that this may be the youth’s first healthy goodbye
- Mention early and throughout treatment
- Discuss possible reactions
- Help youth use skills to cope with the transition

TF-CBT Graduation

Preparation for graduation includes reviewing skills and progress, discussing and planning for natural setbacks, encouraging client (and caregiver) confidence in managing setbacks with skills they have learned, emphasizing caregiver’s role (when one is available) as ongoing support and resources.



Special thanks to the TF-CBT developers, Judy Cohen, Esther Deblinger, and Tony Mannarino for their support, encouragement, and guidance and to our TF-CBT Trainers, Advisory Council, and the Project Intersect Team!
