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Willie Borkai

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Trauma Focused-Cognitive Behavior Therapy: An Implementation to Treat Trauma-related Symptoms of a Teenage African American Male

Willie W. Borkai, MS in Clinical Mental Health Counseling

Description of the Intervention

- Trauma Focused-Cognitive Behavior Therapy (TF-CBT) is an intervention/model for children and adolescents who are experiencing clinically significant emotional and behavioral difficulties related to previous traumatic life events
- TF-CBT follows the acronym PRACTICE: Psychoeducation and Parenting skills, Relaxation, Affective Modulation, Cognitive Processing, Trauma Narrative, In Vivo Exposure, Conjoint Child/Caregiver Session, and Enhancing Safety and Future Skills
- The principles of cognitive behavioral therapy are used to help modify negative thinking, reactions, and behaviors. These techniques are used to change distorted thoughts into positive thoughts.
- This intervention is culturally sensitive. TF-CBT has been conducted with participants worldwide. It is available in several languages
- TF-CBT takes about 12-25 sessions for best outcomes

Brief Review of the Research

- TF-CBT has been identified as being one of the most effective treatment models for trauma-related symptoms in children and adolescents. TF-CBT has shown significantly reduce posttraumatic stress symptoms, depression, anxiety, mood, sexual abuse, domestic violence, and behavior problems in children and adolescents^{1,2}
- One of the goals of TF-CBT is to strengthen the family unit. The impact of trauma often affect a child emotional well-being. This in turn impacts their behavior. This bad behavior typically causes turmoil in the family. TF-CBT helps the family treat the child's trauma while repairing the family as well^{1,2}
- TF-CBT allows practitioners to modify the treatment model based on the needs of the clients. Unterhitzenberger and colleagues (2015) modified their study for six participants. Each participant in their study needed to be at a different stage and as a result some spent more sessions on trauma narrative, while some spent more sessions on learning about trauma¹
- In order to assess the effectiveness of the intervention, studies follow a similar model. Common structure includes pre-assessment, pre-therapy, post-therapy, 3-month follow up, and 6-month follow up²
- TF-CBT has shown significant reduction in children's post-traumatic stress from pre-assessment to six-month follow-up³
- Several studies have shown positive outcomes in child-parent relationship/communication^{1,2,3,4}

Clinical Problem Addressed

- Thirteen-year-old African American male
- Client has a history of being defiant with mother, family members and authorities
- Intake: Parent reported angry outbursts and depression, lack of communication with mother/family
- Client behavior is due to the lack of communication with biological father and the trauma related to this relationship
- Client feels "neglected," "forgotten," "false promises," "want to forget the memory of [dad]"

Conceptualization of the Intervention

- TF-CBT is being use with this client because he has several traumatic events that are interfering with his behavior and his communication with his family
- Client traumatic events with father is causing him to misbehave and have communication issues with his mother; psychoeducation needed to be provided
- Communication needs to be improved with client and family and TF-CBT promises to fix that

Implementation

- Session 4: Psychoeducation
 - In session 3, the therapist found out that the client behavior is related to trauma related to his father. In this session, the therapist and the client discussed what is happening to him. The therapist provided the client with some knowledge about trauma. Client was receptive to the information
- Session 5: Conjoint Child/Caregiver Session
 - In this session, the client and his mother discussed the current issues. Group developed a plan of action. Mother shared she had not previously made the connection that client behavior could be related to his relationship with father
- Session 8: Trauma Narrative
 - The client discussed each traumatic events he have had with his father and how he felt. The client had a hard time in this session. He did not want to talk about his trauma. The therapist encouraged him to do it
- Session 9: In vivo Exposure
 - The client is expected to spend the summer with his father. In this session, the therapist made the client imagined his journey to see his father and the months he would spend with his father. The client was reluctant about the activity, but the therapist encouraged him to participate

Evaluation and Outcome

- TF-CBT conducts several benchmark to evaluate the effectiveness of the intervention:
 - Pre-assessment
 - Organically: session 2 when client shared about his father and how he feels about him
 - Pre-therapy
 - Informal: Sessions 4 and 5. Information were gathered about client behaviors and symptoms.
 - In session 10, the therapist will administer a measurement to client: Trauma Checklist-Youth/Child Version. Mother will complete this parenting style survey: Parenting Style Questionnaire t this
 - Post-therapy, 3-month follow-up, and 6-month follow-up
 - These two measures will be administered: Trauma Checklist-Youth/Child Version and Parenting Style Questionnaire
- The client is still undergoing treatment. Client is understanding the impact of the trauma with his father. He voluntarily asked to do two more *In vivo Exposure*: a conversation with his mother and a conversation with his father

References

- ¹Unterhitzenberger, J., Eberle-Sejari, R., Rassenhofer, M. *et al.* Trauma-focused cognitive behavioral therapy with unaccompanied refugee minors: a case series. *BMC Psychiatry* **15**, 260 (2015). <https://doi.org/10.1186/s12888-015-0645-0>
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- ³ Konanur, S., Muller, R. T., Cinamon, J. S., Thornback, K., & Zorzella, K. P. M. (2015). Effectiveness of trauma-focused cognitive behavioral therapy in a community-based program. *Child Abuse & Neglect*, *50*, 159–170. <https://doi.org/10.1016/j.chiabu.2015.07.013>
- ⁴ Knutsen, M., & Jensen, T. K. (2019). Changes in the trauma narratives of youth receiving trauma-focused cognitive behavioral therapy in relation to posttraumatic stress symptoms. *Psychotherapy Research : Journal of the Society for Psychotherapy Research*, *29*(1), 99–111. <https://doi.org/10.1080/10503307.2017.1303208>

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