

Trauma-Informed Cognitive Behavioral Therapy (TF-CBT) for Individuals with Substance Use Disorders

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based on the work of

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Objectives

- ▶ Clinicians will understand the relationship between trauma and substance use
- ▶ Clinicians will understand the philosophy and treatment approaches for Adolescent Community Reinforcement Approach (A-CRA) and TF-CBT in treating substance use and trauma
- ▶ Clinicians will learn how to weave both evidence-based models together in treating adolescents with co-occurring substance use and trauma to achieve positive outcomes for youth

Trauma and Substance Use

- ▶ One in four youth in the US have experienced at least one potentially traumatic event before age 16 and more than 13% of 17 year olds have experienced PTSD at some point in their lives (Kilpatrick, D.G., Saunders, B.E., and Smith, D.W., 2003).
- ▶ About 7.4 million underage people aged 12 to 20 drank alcohol in the past month, which represents 1 in 5 individuals aged 12 to 20. About 1 in 8 underage individuals were binge drinkers in the past month (SAMHSA, 2017).

Trauma and Substance Use

- ▶ In 2017, 6.5 percent of adolescents aged 12 to 17 were current users of marijuana (SAMHSA, 2017).
- ▶ Exposure to any potentially traumatic event before age 11 years is associated with higher risk for use of marijuana, cocaine, prescription drugs, other drugs, and multiple drugs (Cartiner, et.al, 2016).

What is TF-CBT

- ▶ Trauma Focused Cognitive Behavioral Therapy is an evidence based treatment for children and adolescents who have experienced sexual abuse or other traumatic events
- ▶ It was developed and tested by Drs. Esther Deblinger, Judy Cohen, and Anthony Mannarino
- ▶ TF-CBT has been found to be effective in multiple research studies (Cohen, JA, Deblinger, E, Mannarino, AP & Steer, RA, 2004).

Examples of PTSD-level trauma

- ▶ Child abuse: sexual, physical, emotional
- ▶ Experiencing or witnessing violence: domestic, community, school
- ▶ Serious accident e.g. motor vehicle
- ▶ Fire/natural disaster
- ▶ War/terrorism
- ▶ Received traumatic news e.g. death of a family member

Potential Impacts/Resulting Symptoms After a Trauma

- ▶ Depression
- ▶ Anxiety
- ▶ Behavior Problems
- ▶ Shame
- ▶ Substance Use
- ▶ Interpersonal Difficulties
- ▶ Violent/Aggressive Behavior
- ▶ Suicide Risk

Trauma Impact

- ▶ Acute distress almost universal
- ▶ Impact CAN be long lasting
- ▶ Childhood trauma is a risk factor for adult problems
- ▶ Impact varies; most recover over time with/without treatment

Core Components of Trauma Treatment

- ▶ Provide crisis response (usually for parents/caregivers)
- ▶ Triage for priority focus and screen for risk e.g. basic needs, legal processes, suicide risk, substance use
- ▶ Engagement/addressing barriers to treatment
- ▶ Case conceptualization and treatment planning

TF-CBT

- ▶ Content and pace directed by therapist; in context of a collaborative therapeutic relationship
- ▶ Therapist structures sessions such that there is a focus on skill building and direct discussion and processing of abuse experience
- ▶ Adaptable, flexible, respectful of cultural/family values
- ▶ Therapeutic relationship is central

Inappropriate Cases

- ▶ Youth still with perpetrator of abuse
- ▶ No validation of sexual abuse by outside source
- ▶ Imminent safety concerns e.g. actively suicidal, basic needs not met, psychosis, dangerous acting out, active substance use to the point of impairment

PRACTICE Components

- ▶ P sychoeducation and parenting skills
- ▶ R elaxation
- ▶ A ffective expression and regulation
- ▶ C ognitive coping
- ▶ T rauma narrative development/processing
- ▶ I n vivo gradual exposure
- ▶ C onjoint parent child sessions
- ▶ E nhancing safety and future development

What is the goal of CRA (Community Reinforcement Approach)?

“...to rearrange the vocational, family, and social reinforcers of the alcoholic such that time-out from these reinforcers would occur if he began to drink.” (Hunt & Azrin, 1973)

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Volume 4

Adolescent Community Reinforcement Approach (A-CRA)

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Karvinen, T., Dent, G., Passetti, L.L.,
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A-CRA's General Goals

Goals: Sessions with individuals

- ▶ Abstinence
- ▶ Participation in pro-social activities
- ▶ Positive relationships with family
- ▶ Positive relationships with peers

Goals: Sessions with caregivers

- ▶ Motivate their participation
- ▶ Promote the individual's abstinence
- ▶ Provide information about effective caregiving

A-CRA Session Structure

- ▶ 10 individual sessions with the adolescent
- ▶ 4 sessions with the caregiver
 - ▶ 2 individual sessions with the caregiver
 - ▶ 2 sessions with the caregiver and the adolescent
- ▶ In the office or home and community

General Flow of A-CRA Sessions

Session 1:	Rapport and introduction
Sessions 2-4:	Functional Analysis x 2 Happiness Scale Goals of Counseling
Sessions 5-6:	<i>Begin meeting with caregivers</i>
Sessions 6-13:	Everything else, including finishing the caregiver sessions
Session 14:	Progress review/wrap-up or negotiate with individual for additional time

Positive Reinforcer

- ▶ What is a reinforcer?
- ▶ How do I find one?
- ▶ Does everyone have reinforcers?
- ▶ How can I use them to help?

Alignment: A-CRA and TF-CBT

- ▶ Focus is on the therapeutic relationship
- ▶ Flexible, culturally sensitive
- ▶ Focus is on building skills/skill generalization
- ▶ Parent/caregiver involvement
- ▶ Time-limited
- ▶ Structured (yet flexible) approach

Example of Alignment: Problem Solving

- (1) Define problem narrowly
- (2) Brainstorm possible solutions:
- (3) Eliminate undesired suggestions:
- (4) Select one potential solution:
- (5) Generate possible obstacles:
- (6) Address each obstacle:
- (7) Assign task:
- (8) [Next session: Evaluate outcome]:

Skills Training

- ▶ Communications Skills
- ▶ Problem Solving
- ▶ Drink/Drug Refusal
- ▶ Job-Finding Skills
- ▶ Anger Management

Assigning Homework

- ▶ Refer to as “practice exercises”? An experiment?
- ▶ Offer rationale
- ▶ Get individual ’s input
- ▶ Describe agreed-upon assignment that is:
 - ▶ positive, specific, measurable, straightforward (not complex), under individual ’s control
- ▶ Ask about & address potential obstacles
- ▶ Identify time for completing assignment

Reviewing Homework

- ▶ Start session by reviewing homework
- ▶ Get the details! What did the individual do/not do?
- ▶ Regardless: ask about obstacles faced
- ▶ Address problems (modify if indicated)
- ▶ Reinforce any compliance

Alignment: Caregiver Sessions in TF-CBT and A-CRA

- ▶ Talk about the benefits of A-CRA and TF-CBT
- ▶ Provide information to the caregiver about what he/she can do to keep the individual from relapsing (from research); provide psychoeducation about trauma
- ▶ Assess whether the problem appears serious enough to warrant another referral
- ▶ Get the parent or caregiver to commit to some homework (without calling it homework)

Critical Parenting Practices

- ▶ Good modeling
- ▶ Increase positive communication
- ▶ Monitor the adolescent's whereabouts
- ▶ Involvement in adolescent's life outside the home.

Based on the work of R. Catalano, H. Hops, & B. Bry, 1998.

Alignment: Caregiver only sessions

- ▶ Assess caregiver's readiness
- ▶ Caregiver may or may not know details of what happened/explore what they know
- ▶ May share youth's stories, drawings, with youth's permission
- ▶ Role-play
- ▶ Communication Skills, Problem Solving Skills

Family sessions in TF-CBT and A-CRA

TO DO List

- ▶ Give session overview
- ▶ Check on homework (briefly!)
- ▶ Ask about new important issues
- ▶ Do the 3 positive things exercise:
 - ▶ Give rationale
 - ▶ Have them speak directly to each other
 - ▶ Have them repeat the positive comments back to each other
- ▶ Give Relationship Happiness Scales
 - ▶ Select & plan out goals for each to work on

TO DO List (cont'd)

- ▶ Review communication skills
- ▶ Review problem-solving procedures
- ▶ Practice (role-play) communication and problem-solving skills
- ▶ Assign homework
- ▶ Give Daily Reminder To Be Nice form
- ▶ Trauma narrative

Family Session (TF-CBT goals)

- ▶ Therapist models appropriate support of youth
- ▶ Caregiver models skillful coping
- ▶ Facilitates open communication e.g. trauma knowledge, sharing narrative, sex education, personal safety
- ▶ Continuation of gradual exposure
- ▶ Correct cognitive distortions

Relationship Happiness Scale (Caregiver Version)

1. Household responsibilities
2. Communication
3. Affection
4. Job or school
5. Emotional support
6. Time spent with adolescent
7. Home atmosphere
8. General happiness

Relationship Happiness Scale (Adolescent Version)

1. Time spent with me
2. Allowance
3. Communication
4. Affection
5. Support of school/work
6. Emotional support
7. General home activities
8. General happiness

Daily Reminder To Be Nice

Did you:

- ▶ Express appreciation to the other person today?
- ▶ Compliment the other person on something?
- ▶ Give the other person a pleasant surprise?
- ▶ Express affection?
- ▶ Initiate a pleasant conversation?
- ▶ Offer to help?

Case Example: Reggie

- ▶ Reggie is a 16 year old male living with his mother and younger brother
- ▶ He is referred by the court for a substance use assessment due to being charged with possession of marijuana
- ▶ He is doing poorly at school with regard to grades and attendance
- ▶ He enjoys basketball and was on the school team before the legal charge

Case Example - continued

- ▶ Assessment revealed a history of Reggie witnessing domestic abuse between his parents; he also lost a close friend to a shooting about six months ago
- ▶ Started using marijuana at age 13; currently uses daily and reports that smoking is the only way to help him sleep at night

Case conceptualization and treatment planning

- ▶ Assessment collected information from the following domains: substance use, mental/emotional/behavioral, environment/living situation, school, legal, and medical.
- ▶ Based on the assessment, the therapist recommended use of A-CRA and TF-CBT

Case Example continued

- ▶ Session structure:
- ▶ Session 1: Overview of treatment models (with youth and caregiver), psychoeducation
- ▶ Session 2: Functional Analysis of Substance Using Behavior, Happiness Scale
- ▶ Sessions 3-8: Relaxation Skills, Problem Solving/Communication Skills, Affective Expression and Cognitive Coping, Refusal Skills

Case Example - continued

- ▶ Sessions 3-8: Begin meeting with caregiver for caregiver only sessions
- ▶ Sessions 9-12: Trauma narrative development and processing
- ▶ Sessions 12-14: Conjoint parent/youth sessions; enhancing safety and future development

Treatment Closure

- ▶ Check-in with the individual and provide an overview of the session
- ▶ Review the individual 's progress
- ▶ Discuss any unmet goals on the *Goals of Counseling* form and plans for achieving them
- ▶ Talk with the individual about what he/she has gained from treatment
- ▶ Emphasize parent's role as a continued therapeutic resource for the youth

Treatment Closure (cont'd)

- ▶ Reinforce the individual 's efforts and hard work
- ▶ Discuss options for further contact and/or treatment
- ▶ Other: Compare most recent Happiness Scale with earlier ones
- ▶ Celebrate graduation from therapy

Treatment Options

- ▶ Integrated treatment is preferable
- ▶ Prior example demonstrated weaving models together
- ▶ Let's suppose that the assessment indicated that either the trauma or the substance use was primary focus on treatment e.g. client using substances to point of inability to function in activities of daily living
- ▶ Therapist could introduce models in succession

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