Treating Traumatized Girls: An In-School Group Model

Strategies for Creating Trauma-Sensitive Schools:
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Defining Trauma

• An event (experienced, witnessed or confronted with) that overwhelms the person's capacity to cope;
• Involves actual, threatened or perceived death or serious injury;
• Causes intense fear, helplessness, or horror.

Traumatic Loss

• Death of a loved one due to violence, natural disaster or traumatic accident
• Loss of family member due to removal from home
• Trauma symptoms impinge on the natural grieving process
• Complicated Grief due to traumatic nature of loss
Prevalence of Trauma among Children and Adolescents

- National survey: 23% of adolescents reported having been a victim of assault and a witness to violence;
- Another survey: 23% reported having an immediate family member that died in a violent manner, and
- 48% reported having a friend that died in a violent manner. 2003, Saltzman, Pynoos, et al
PTS and PTSD

Victim can experience:

A. Persistent re-experiencing of event;
B. Persistent avoidance of stimuli associated with the trauma and general numbing of responsiveness;
C. Persistent anxiety or increased arousal that were not present before the trauma.

DSM IV
Incidences of PTSD in children

- Natural disasters: 5% - 39%
- Warfare: 27% - 33%
- Cambodian concentration camp: 48%
- Violent crimes: 27%-33%
- Motor vehicle accidents: 23%
- Rape or murder of parent: 100%
- Sexual abuse: 0 to 48%  
  Monahan, C. 2005
## Impact of Trauma

<table>
<thead>
<tr>
<th>Physiological</th>
<th>Emotional</th>
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<tr>
<td>- Hyperarousal</td>
<td>- Dysregulation</td>
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<tr>
<td>- startle response</td>
<td>- unpredictable</td>
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<tr>
<td>- agitation</td>
<td>- emotional environment</td>
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<tr>
<td>- sensitivity to innocuous stimuli</td>
<td>- constant triggers</td>
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<tr>
<td>- Numbing</td>
<td>- Loss of secure base</td>
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<tr>
<td>- Inability to assess risk</td>
<td>- Dramatic shift in world view</td>
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<td></td>
<td>- Hopelessness</td>
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<tr>
<td></td>
<td>- Shame</td>
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<tr>
<td></td>
<td>- Distrust of others</td>
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<td></td>
<td>- Emotional hypervigilance</td>
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<td>- Somatic symptoms</td>
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<td>- Inability to engage in grief process</td>
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“Lack of capacity for emotional self-regulation, so critical to school functioning is probably the most striking feature of these chronically traumatized children”.

Streek-Fisher and van der Kolk in HTCL
Impact of Trauma

Behavioral
• - hyperarousal
• - hypervigilance
• - aggression/passivity
• - withdrawal

Cognitive
• - difficulty concentrating
  *re-experiencing
• - language and processing dysfunction
• - poor memory functioning
• - poorly developed problem solving skills
“Traumatized children’s most challenging behavior often originates in immense feelings of vulnerability.” Cole, S.F, et al in HTCL
Impact of Trauma

Social

- Distrust
- Inability to read social cues
- Aggression/Passivity
- Withdrawal
- Poor impulse control
“They often misinterpret the classroom encounters and then overreact with confrontation and aggression that frightens their peers”. Cole, S.F. et al in HTCL
What does it look like?

• Child can’t sit still
• Can’t concentrate
• Falling asleep in class
• Fighting with teachers and peers
• Impulsive
• Aggressive or Withdrawn
• Defiant
• Frequent illness
• Substance abusing
• Poor GPA
• High absenteeism (including suspensions)
What does it look like?

“More than ½ of children who are victims of maltreatment are school age and an estimated 89% of teachers are in contact with abuse or neglected children.” Berson, I., APSAC 2002
“Studies show that abused children are more likely to be in special education, have below grade-level achievement test scores, have poor work habits and are 2.5 times more likely to fail a grade.” Cole, S.F et al in HTCL 2006

What can we do?

Trauma-Sensitive Schools Initiative

- Collaboration with mental health services
  * referrals out
  * school-based services
“According to school counselors and community mental health providers, as many as one half of the students referred by schools for mental health services in the community do not show up for treatment, and those who do frequently terminate prematurely.” Saltzman, W., et al 2003
School-Based Health Centers

“Adolescents are 10-21 times more likely to come to a SBHC for mental health services than a community health center network or HMO.”

“Decreased absenteeism and tardiness was widely reported amongst adolescents who received counseling services in a school-based health center.”  National Assembly on School-based Health Care
Cognitive Behavioral Therapy

Essential Tenets

• Cognitions, behaviors and emotions are highly interdependent;
• If we target one of these areas it is expected that all areas will be affected.
Emotions
Behaviors
Sensations
Thoughts
Physical Sensations
Behaviors
Trauma-Focused Cognitive Behavioral Therapy

Essential Tenets

• Many abused children suffer difficulties in all of these realms (thoughts, emotions behaviors, and physical sensations);
• It is important to have techniques that target all of these areas;
• CBT gives flexibility depending on the symptom picture at any given time;
• Gradual exposure assists in undoing the conditioning.
Developed by:

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www.tfcbt.org
www.nctsn.org

The Cares Institute
TF-CBT

Design

• A multisite randomized controlled treatment trial for sexually abused children (8-14 years old) with PTSD symptoms and their non-offending caretakers;
• 12 individual treatment sessions
• Rigorous training, supervision and adherence monitoring
• Pretreatment, posttreatment, 6 and 12 month follow-up assessments

The Cares Institute, 2007
### Treatment

<table>
<thead>
<tr>
<th>Supportive Child-Centered (CCT)</th>
<th>TF-CBT</th>
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<tbody>
<tr>
<td>• Rogerian, supportive empowerment model</td>
<td>• Trauma sensitive cognitive behavioral model</td>
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<tr>
<td>• Content and pace of therapy directed by parent/child</td>
<td>• Content and pace directed by therapist in context of a collaborative therapeutic relationship</td>
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<tr>
<td>• Active listening, accurate empathy, unconditional positive regard</td>
<td>• Therapist structures sessions such that there is a focus on skill building and direct discussion and processing of the abuse experience</td>
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<td>• Therapist asks about sexual abuse at specified points but child/parent decide</td>
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The Cares Institute, 2007
Sample

- 229 sexually abused children (8-14 years old) with PTSD symptoms and their non-offending caretakers;
- 79% female, 21% male
- 60% Caucasian, 28% African American, 4% Hispanic American, 7% biracial, 1% Other

The Cares Institute, 2007
Results

Child Outcomes
- Significant improvement in both treatments
- TF-CBT > CCT (medium-large effect sizes):
  - PTSD
  - Depression
  - Behavior Problems
  - Shame
  - Trust and Perceived Credibility

% No Longer meeting PTSD Criteria:
  From 89% to 54% CCT
  to 79% TF-CBT

Parent Outcomes
- TF-CBT > CCT (medium to large effect sizes)
  - Depression
  - Abuse specific emotional distress
  - Positive parenting practices
  - Parental support

The Cares Institute, 2007
Design

- Implemented in 2 junior high schools
- 812 students surveyed for trauma exposure
- 14% reported significant trauma or loss exposure
- Multi-stage, individual screening
- Parental consent
- 5 groups with 5-7 members and 2 group leaders
- Groups met 1X/week for 20 weeks, 50 min. session
- In the school during school hours
Sample

- 26 students
- 11-14 yrs. Old
- 61% boys, 39% girls
- 68% Hispanic, 28% African American, and 4% Caucasian
- All students met criteria for PTSD
  - 14/26 students had severe to very severe PTSD
Treatment

TG-FT

- Psychoeducation
- Increase emotional awareness
- Identification of personal trauma/grief symptoms
- Identification of reminders
- Coping skills
- Processing loss
- Adapting to loss
- Making meaning of the loss (past and future)
- Positive reminiscing

Saltzman, W. et al, 2003
Results

- Post-traumatic stress scores decreased significantly pre-post treatment.
- Of the 7 students reporting significant loss, complicated grief symptoms decreased significantly.
- Pre-post reduction in PTS symptoms was associated with an improvement in GPA.
Treatment Components

TF-CBT
- Psychoeducation
- Relaxation
- Affective expression and regulation
- Cognitive coping
- Trauma narrative development and processing
- In vivo gradual exposure
- Conjoint parent child sessions
- Enhancing safety and future development

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The Cares Institute, 2007
Saltzman, W. et al, 2003
Why Groups?

Benefits of groups:

• Imparting of knowledge
• Instillation of hope
• Universality
• Altruism
• The corrective recapitulation of the primary family group
• Development of socializing techniques
Benefits con’t.

- Imitative behavior
- Interpersonal learning
- Group cohesiveness
- Catharsis

Yalom, I. 1970
Why In-School Groups?

- Few students receiving services in community agencies
- School setting—a natural setting
  - recognizes the impact of trauma on GPA
  - captive audience
  - students referring each other
“[One] aspect to providing appropriate services to adolescents exposed to community violence is to recruit and retain traumatized youths in appropriate treatment. Services must be easily accessible, engage the adolescent, and minimize attrition.”

Saltzman, W. et al 2003
The Beginning

- Collaboration
- Screening
  - inclusion
  - exclusion criteria
- First meeting
- Defining the purpose
- Establishing initial group rules
Stages of Group Development

- Preaffiliation
- Power and Control
- Intimacy
- Differentiation
- Separation

Garland, Jones & Kolodny, 1976
Preaffiliation/Psychoeducation

- Establishing
  - Group Rules
  - Group Purpose
  - Hopes and Fears
  - Goals
  - Mutual Respect
Preaffiliation/Psychoeducation, con’t

• Learning about each other and themselves
  - “Where Do You Stand”
  - 2 Truths and a Lie
  - One Question
• Implicitly and Explicitly Establishing Group Norms
Power & Control/Affect

Identification and Expression

- Testing Authority/Their Position in Group
  - expressing anxiety
  - recapitulation of primary group
- Normalization of Affect
  - identification and expression
  - range of feelings
  - connect with physiological sensations
  - feelings chart
- Developing Universality and Cohesion
Affect Identification and Expression

- Feelings associated with trauma
- Writing exercise
  - I know I am strong because....
  - I feel happiest when....
  - I was most proud when....
Intimacy/Coping Skills

• Response to Feelings
  - elicit coping strengths
  - common coping
  - “Lifeboat”

• Cognitive Coping
  - internal dialogue
  - examine interrelationships between thoughts, feelings, actions and body sensations
Intimacy/Relaxation Skills

• Discuss Stress Response
  - Flight, fright, freeze
  - power of the breath
• Introduce deep breathing
  - use bubbles
• Introduce Mindfulness
Mindfulness

“The practice of being present, in the moment, with curiosity and interest.” Kabat-Zinn, J

- Increased Awareness
- Attentional Control
- Tolerance for Strong Emotion
- Grounding
Intimacy/Trauma Psychoeducation

• What is:
  - Sexual abuse
  - Physical Abuse
  - Domestic Violence
  - Traumatic Loss
  - Dating Violence
  - Community Violence?
Intimacy/Trauma Psychoeducation Con’t

• How do these things impact you?
  - go back to feelings chart
  - connect feelings with thoughts re: trauma

• Emphasize Commonalities

• How have they been coping?

• Share with others
Intimacy/Narrative

• What might be helpful about telling your story?
• What might be hard? Scary?
• Provide rationale
• Review group rules.
• Ask who is interested.
• Ask what the group can do.
Intimacy/Narrative Con’t.

• Use mindfulness practice before narrative.
• Facilitate narrative
  - eye contact, nodding etc
  - allow for silences
  - ask open-ended questions
• Provide positive feedback
• Help member identify thoughts and feelings
• Facilitate group engagement
• Use grounding exercise to end groups
Differentiation/Cognitive Processing

- Discuss themes with group
- Review Cognitive Triangle
- Writing exercises
  - “Best Friend”
  - Letter to themselves
Differentiation/Personal Safety and Problem Solving

- Increase Awareness
  - external/internal
- Improve Problem Solving Skills
  - real life situations
- Counteract shame by enhancing confident body language
  - making communication have meaning
  - stay strong in the body
- Increase assertive communication skills
  - uncomfortable touch
  - abuse/dating violence

The Cares Institute
Separation/Group Ending

• Plan at least 4 weeks ahead
• Project
• Review Skills and progress
• Discuss and plan for natural setbacks
• Refer members to other services
• Evaluate group experience
• Celebrate group ending
Challenges

- COWS
- Extreme need of members
- Taxed school staff
- Containment vs. Expression
- Best with parent/caretaker involvement
Bearing Witness

- Taking care of yourself
  - getting support
  - deep breathing
  - attend to vicarious trauma
“And the day came when the risk to remain tight in a bud was more than the risk it took to blossom.”

Anais Nin