



TF-CBT **Trauma Psychoeducation** for RTF Milieu Staff

TF-CBT Psychoeducation helps children understand the impact that past traumatic experiences have on them in the present. You can support TF-CBT psychoeducation by recognizing when trauma reminders occur, understanding connections between trauma reminders and behavior problems, and preventing trauma reenactment.

Ramon was physically and emotionally abused by his father, witnessed domestic violence, and has a severe learning disability. He is in RTF due to physical aggression. Ramon gets into fights every day before school which he refuses to attend. One of the other kids will call him “stupid” prompting Ramon to become aggressive, requiring you to physically intervene. This enrages Ramon, and he screams, “I’ll kill you, get away from me!” One time you get so frustrated that you yell, “Cut the crap, Ramon!”

When children like Ramon have experienced severe early traumas, they often reenact those traumas in new situations and relationships. These episodes are frequently spawned by children coming into contact with a **Trauma Reminder**. Trauma reminders are things, places, situations, people, words, sounds, smells or other cues that remind children of their past traumatic experiences.

Trauma reminders can be internal to the child. For example:

- the child’s thoughts,
- the child’s memories,
- the child’s feelings,
- the child’s behaviors,
- the child’s own body or body parts
- physical sensations or anything else internal to the child

Trauma reminders can also be external to the child. For example:

- another person
- a place
- a situation
- a smell
- a certain type of food
- a song
- a word
- a color
- a time of day
- a physical characteristic, mannerism, or behavior of another person
- anything else external to the child that reminds the child of the traumas they experienced.

Trauma reminders provide an important link between past trauma and current behaviors problems. Understanding the impact of trauma reminders and preventing trauma reenactment will allow you to help children to learn new ways to cope and to move forward.

Children work with their TF-CBT therapist to identify their personal trauma reminders. Therapists may write a child’s trauma reminders on a TF-CBT Coping Card, which the child will carry on the unit. However in the moment the children may not understand or forget that they dealing with a trauma reminder. You can help children by being familiar with their trauma reminders, helping

them appropriately manage them when they are encountered and therefore, reduce trauma reenactments in the milieu.

When Ramon was living at home he was afraid to go to school because every day after school his father would call him a “retard”. When mother intervened, father beat her, then would sit on Ramon and punch him and make Ramon say “I’m a piece of crap”.

Working with his therapist, Ramon identified the following as trauma reminders:

- being called names,
- being held down,
- being hit
- going to school

Now it is easier for you to understand Ramon’s behavior as trauma reenactment. You thought he was being non-compliant in refusing to go to school, but the thought of going to school is really scary to Ramon. The other kids taunting him served as a second trauma reminder of his father’s past emotional abuse, and triggered his past fear of being beaten up. He began to **reenact his past trauma by acting in the way most likely to prompt the abusive adult behavior he has come to expect**. You and other staff members unknowingly fulfilled these expectations by holding him down and yelling at him. You feel awful about this, but how could you know that this was trauma reenactment rather than bad behavior?

You can’t always know every trauma reminder for every child. However, you can be calm, fair, and firm, to ensure that all children are treated with respect, and to implement the rules consistently. **If you are aware of each child’s trauma reminders, you will be in a good position to recognize and prevent trauma reenactment.**

Here are some clues that trauma reenactment is occurring:

- Child’s emotional response is extreme for the situation, e.g., a minor situation triggers extreme rage.
- Child’s behavioral response is extreme for the situation, e.g., a minor disagreement prompts an immediate violent reaction.
- Child seems “out of it,” unresponsive, or dissociative
- Child seems to be responding to someone other than the person present, e.g., yelling “I’ll kill you” did not seem directed at you in the above example.
- Child is engaging in “strange” behavior, things that don’t seem to make sense under “normal” circumstances.

Once you understand trauma reminders and can connect these to behavior problems, you are in a better position to intervene and prevent trauma reenactment.

For example, now that you and Ramon’s therapist have identified his trauma reminders, how can you help him prevent trauma reenactment every morning before school?

Idea #1 -- Change the routine.

Together, his therapist, you, Ramon and the teacher need to replace his current negative routine (get ready for school, refuse to go, get teased, get into a fight, get restrained) with a positive one. The routine can include elements such as, some 1:1 time with staff he likes, acknowledgement and labeling by him of his feelings, use of his TF-CBT Coping Card strategies, and a special activity with the teacher when he arrives at school. These activities will make going to school more enjoyable or at least less upsetting, less of a trauma reminder. Changing his morning routine will

likely take some time to accomplish, and will require a team effort until it becomes established, so be persistent.

Idea #2 – Change peer interaction.

Be on the lookout for peers who tease Ramon at breakfast or anytime before school. This behavior should not be acceptable at any time, but knowing that this is a trauma reminder, it should be followed immediately by consequences so that Ramon does not feel threatened or left to deal with it alone.

Idea #3 – Reinforce positive coping strategies.

Help Ramon recognize when he copes positively with trauma reminders. For example, if he is able to restrain himself from fighting when you give consequences to a peer who teases him, use this episode as an opportunity not only to praise his control, but also to educate him that trauma reminders are likely to occur in unexpected places, and he gets to be in charge of how he responds to trauma reminders, them rather than trauma reminders controlling him.

Information about additional TF-CBT PRACTICE skills will also be helpful in supporting children to master trauma reminders and avoid traumatic reenactment.



TF-CBT **Relaxation Skills** for RTF Milieu Staff

TF-CBT Relaxation Skills help children “turn down the volume” of physical hyperarousal due to trauma. Common relaxation skills are listed below, but often TF-CBT therapists and children create individualized relaxation strategies for specific settings. You can support children in using these strategies in RTF settings by encouraging children to use relaxation skills before hyperarousal gets out of control.

Tracy was physically and sexually abused and neglected during early childhood. Tracy’s mother was a drug addict and often absent. At 6 years old Tracy came to school with bruises and was placed in a series of foster homes where she experienced sexual abuse by older foster siblings. Tracy is in the RTF due to aggressive and self-injurious behavior. She is extremely jumpy, irritable, can’t sleep and has angry outbursts towards males.

Chronically traumatized children like Tracy are like war veterans. Visible wounds include physical injuries and emotional or behavioral problems. **Trauma also causes less visible wounds to children’s brains and bodies.** These may include:

- Elevated heart rate and blood pressure
- Smaller brain volumes
- Impaired immune functioning and increased physical illness
- Trouble sleeping
- Increased startle response
- Increased irritability and anger
- Impaired ability to distinguish between danger and safety
- Inability of brain to extinguish learned fear responses
- Dysregulated biological response to stress and trauma

Even when they are safe, traumatized children like Tracy function as if they were still in danger. Their bodies and brains remain “on alert”.

“Every night when I got ready to go to bed, I never knew whether this was a safe night or a bad one. If it was a bad night, my father would be coming in to hurt me. If I cried he’d put his hand over my mouth and nose until I couldn’t breathe. The worst feeling was not being able to breathe when he’s tearing me up inside down there. I thought I was going to die. I couldn’t get any breath. I still feel that way. Every night when I go to sleep it comes back on me. I thought foster care would be better but I was never safe.”

Tracy’s body reacts pretty much the same whether she is scared or angry—she becomes short of breath, her heart is pounding, her gut shuts down, and her muscles tense. She is ready to fight. To you she looks aggressive, but inside she is a scared kid. How can you help her calm the storm inside her body?

Supporting TF-CBT Relaxation Skills

Some common TF-CBT relaxation skills that therapists will work with you to support children in using include the following:

- Focused (yoga) breathing
- Progressive muscle relaxation
- Visualization (“perfect day”, ocean, sky, cloud, butterfly, etc)
- Music
- Dance
- Going to room to relax or calm down
- Talking to you or another staff person
- Drawing, journaling, reading
- Going outside for a walk
- Nature
- Sports
- Blowing bubbles (younger children)

TF-CBT relaxation skills are individualized to meet the needs of each child. Therapists work with each child to identify what relaxation strategies work best in different situations. The child’s therapist will communicate with you to keep you up to date about this as strategies change during therapy. This may be through writing the child’s relaxation strategies on the child’s TF-CBT Coping Card; through regular unit meetings; or other systematic ways of communicating with you.

Ask the child, “*What relaxation skills are you using to cope with stress?*” If the child says he or she is not using any or the child doesn’t know what you are talking about, ask to see the child’s TF-CBT Coping Card. If no relaxation skills are on the card, you might suggest that the child use one of the strategies in the list above in the moment. Check-in with the child’s therapist to let them know how this strategy worked and whether other relaxation skills should be added to the child’s TF-CBT Coping Card.

If specific relaxation strategies are marked on the child’s TF-CBT card, encourage the child to use these skills. If you aren’t familiar with the particular skill on the card, ask the child to show the skill to you. This approach is a great way for the child to show you that they have special “expertise” in something, to potentially share this skill with you, and for you to praise them for remembering, demonstrating, and using it. Providing positive feedback (e.g., “*Wow, I never saw that before. That’s a great idea. I’m going to try that myself when I’m stressed out*”) is a great way to show appreciation for the child’s special knowledge and skill and reinforce their use of effective strategies in daily life.

You also can model appropriate relaxation skills by staying calm and “keeping your cool” in the milieu setting, even when things get stressful. When you model “walking the walk”, children may ask you how you manage to stay so relaxed and easy-going under pressure. Then you can share some of your personal favorite stress reduction strategies with them.



TF-CBT **Affect Regulation Skills** for RTF Milieu Staff

TF-CBT Affect (feeling) Regulation Skills help children recognize and talk about their upsetting feelings rather than showing these feeling through problematic behaviors. Often therapists and children create individualized affect regulation skills during TF-CBT treatment. In the moment, it may be especially helpful to validate, acknowledge and inquire about the child's feelings as described below.

At 5 years old Anthony witnessed his father's death from community violence. Two older brothers died in gang-related shootings. Last year his sister was raped. Anthony was sent to the RTF after stabbing one of the brothers of his sister's rapist.

Many children in RTF settings have experienced repeated traumas like Anthony. These children often have severe difficulty with emotional and behavioral regulation. That is, they cannot appropriate manage their feelings and related behaviors. When something reminds traumatized children of their past traumatic experiences — a **trauma reminder** — they often decompensate. The process that typically occurs is that a trauma reminder causes significant negative feelings, which lead to acutely agitated, dissociative, self-injurious, disorganized, aggressive and/or destructive behaviors. However this process may occur very quickly with seemingly little warning between the reminder and the behavior. This diagram illustrates the process:

Trauma reminder → **Negative feeling** → **Negative behavior**

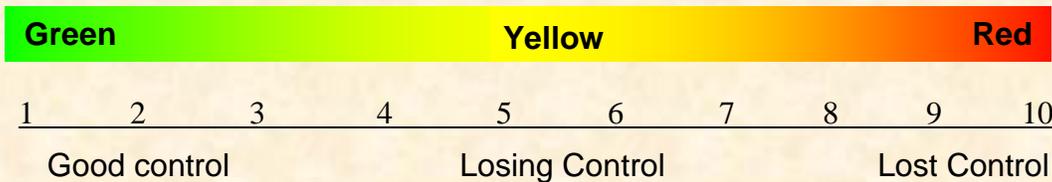
Anthony overheard two boys talking while watching TV, shouting to the TV character, "Kill him!" Anthony became enraged, and with narrowed eyes and clenched fists, stomped over and started punching the boys.

Your goal is to prevent children's negative feelings from progressing to negative behaviors, that is, to interrupt this progression **as early as possible in the process**. It is helpful to:

- Recognize and intervene when trauma reminders occur in the milieu (e.g., when Anthony's peers said "Kill him!")
- Recognize early signals of emotional distress or dysregulation (e.g. Anthony's narrowed eyes and clenched fists)
- Help children recognize their distressing feelings (e.g., Anthony's anger, grief)
- Help children use affect regulation skills to "turn down the volume" of distress before it leads to out-of-control behavior (use TF-CBT skills described below)

Recognizing early warning signals of distress

The higher a child's emotional response, the more out of control their behavior usually is and the less able they are to listen, reason, think clearly, or use coping skills. When rating behavior problems on a scale of 1-10, with 1 = perfect behavior control and 10 = behavior totally out of control, interventions are more effective when children's emotional and behavior responses are at 4-5, not at 8-9. Using the analogy of traffic signals, green (1-3) is "safe"; yellow (4-7) is "warning—slow down" and red (8-10) is "danger—STOP!". You need to put on the brakes when problems are in the yellow zone. By the time they are in the "red" zone it is too late.



Some things to look for in trying to detect **early warning signs** are:

- Trauma reminders that may set off the above process
- Changes in facial expression or body language suggesting increased distress
- Changes in verbal expression suggesting distress: increased volume, change in tone, increased irritability, escalation of arguing, etc.
- Changes in physical agitation level, e.g., increased shaking of extremities, fidgeting, pacing, tapping feet or fingers, etc.
- Angry face, clenched lips or fists, muttering, narrowed or rolling eyes
- Requests or demands for staff attention, stomping away when requests are not granted
- Increase in silent, withdrawn, moody behavior, seeming more “out of it”, talking to self, seeming more confused, dissociative or psychotic than previously

You may be thinking, “*This describes every child in RTF. What am I supposed to do, pay attention to every early warning sign in every child?*” You can’t be perfect at recognizing early warning signs of emotional or behavioral regulation problems. However waiting to intervene until *severe* problems occur is “the squeaky wheel gets the grease” model. That is, the children with the most severe problems get the most staff attention. Since staff attention, even negative attention, is often reinforcing for children, this approach will result in children developing more, not less, severe behavior problems. The RTF will become crisis-driven rather than focused on developing children’s coping skills.

The goal is to interrupt the process early, in the green or early yellow periods, when interventions will be most effective. When you instead focus on identifying problems at a lower level of intensity, children learn to use coping skills earlier in the process. The milieu will become skills-focused, not crisis-driven. Over time children will have less severe behavior problems. Everyone in the RTF milieu benefits from this approach—children, families, administration, and you, the front line milieu staff.

Interrupting escalation using TF-CBT feeling identification skills

Imagine you see the early warning signs of Anthony’s distress in the above example (i.e., his clenched fists and angry face) before he stomped over to the boys watching TV and started punching them. How could you interrupt this process? Here are some ideas:

- **Acknowledge and inquire.** Ask the child about the feelings you are observing. “*Anthony, you look really mad. What’s going on?*” Anthony will hopefully respond to your acknowledgement with a response that shows just how angry his is. This response is exactly what you hope for, a verbal response instead of angry behavior. He may say something like, “*F—king right, I’m mad. My brothers are dead. They f—ked with my family. How the f—k do you think I feel?*”

- **Validate the feeling.** Tell the child you understand why he is feeling the way he is what he believes is going on: *“Of course you’re angry. You’re thinking about your brothers and how they died. You’re right, I’d be mad too if that had happened to my family.”*
- **If the child denies the feeling, ask what he is feeling.** If instead of describing their feelings, the child denies a feeling such as, *“I’m not mad, leave me alone”*, reflect what you see, as if you were holding up a mirror: *“I only asked that because your fists are clenched and your face looked angry. I guess I’m way off base. What are you feeling?”*

Using TF-CBT affective modulation skills to “turn down the volume”

Once children have acknowledged feelings you have already started to defuse the situation. However it is still not a “done deal” that the child won’t escalate to out of control behavior. At this point it is crucial to help children use affective modulation skills to “turn down the volume” to prevent further escalation. At this point you can:

- **Model affective modulation skills.** Continue to keep your voice calm. Speak slowly and softly even if the child is yelling. Raising your voice to match his volume will not help the child to calm down. Raising your voice will only make him angrier and escalate the situation. Do not reprimand him for swearing. This is the time to model affective regulation, not to establish your authority.
- **Offer options for affective modulation.** Offer the child options for affective modulation, for example, offer distraction options such as asking if he would like to play a game with you, go to a quiet place and talk with you, take a walk, or whether there is another affective modulation skill on his TF-CBT Coping Card he would like to use. Your knowledge of the particular child, his interests and mood, and your intuitive judgment of what will work best to defuse a given situation, is critical to success in the moment.
- **Offer praise for not escalating.** Once the child is able to respond to you calmly, praise him for successfully avoiding further escalation: *“Anthony, you’ve done a great job of keeping your cool even though you’re really angry. That’s hard to do and I hope you’re really proud of this.”*



TF-CBT **Cognitive Coping Skills** for RTF Milieu Staff

TF-CBT Cognitive Coping Skills help children understand connections between maladaptive thoughts and negative feelings and behaviors. By helping children to examine and change unhelpful or inaccurate thinking patterns, children learn to modify their negative feelings and behaviors.

Maladaptive thoughts may be factually inaccurate. For example, Anthony from the Affective Modulation handout may think, *“I should have been able to save my father’s life.”* Maladaptive thoughts may also be somewhat accurate, but unhelpful. For example, Anthony may think, *“You can never tell who belongs to the gang that raped my sister.”* Either one of these thoughts may contribute to negative emotions, increased physiological arousal, and to Anthony quickly going from zero to ten in behavior problems when triggered by a reminder of gang behavior.

TF-CBT therapists work with children to examine such thoughts and replace them with more accurate and helpful thoughts, and how this might affect their feelings and behaviors. The idea is that less upsetting thoughts lead to less upsetting feelings, which prevent negative behaviors. The connections between thoughts, feelings, and behaviors are usually shown as a triangle, but they can just as accurately be shown this way:

More accurate/helpful thoughts → **Less negative feelings** → **Less negative behaviors**

- A more accurate thought for Anthony might be, *“Even the EMT and the doctors couldn’t save my father’s life. I wish I could have done something to save him, but I was only 5 years old. It was really painful to see him die.”*
- A more helpful thought might be, *“Most guys do not rape girls.”*

Therapists will work closely with you to keep you informed of each child’s cognitions and how they are addressing them in therapy. This information will help you to reinforce more adaptive cognitive coping by the child in daily life situations.

Often kids in a RTF have negative thoughts about non-trauma-related things as well. For example, they may assume that other kids are laughing at them, that their peers don’t like them, or that staff is angry at them. Instead of doing a “fact check” (e.g., asking the kids why they are laughing, asking the peer if there is a problem, or asking the staff member if they have done something wrong), kids will typically get angry, isolate, explode, or withdraw without bothering to see whether their assumptions are accurate. You can help children in the milieu examine these negative cognitions by checking with children when you see this sort of situation happen and helping them to check out the facts and examine the evidence rather than jumping to conclusions.

When kids learn to have more accurate and helpful thoughts about non-trauma-related issues, this practice will help them to “turn down the volume” of their negative feelings, which in turn will decrease their negative feelings.