

# Trauma-Focused CBT for Childhood Traumatic Grief

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## Death as Trauma Leading to PTSD/PTSS

- A: Person was exposed to: **death**, threatened death, actual or threatened serious injury, or actual or threatened sexual violence,
  - B: Intrusion symptoms, e.g., intrusive thoughts, memories, dreams, with physical and/or psychological distress
  - C: Avoidance of reminders or cues
  - D: Negative trauma-related mood or cognitions
  - E: Hyperarousal, e.g., irritability, poor attention, disrupted sleep, increased startle, risk taking
- > 1 month, functional impairment

## Many Traumatic Deaths Including...

- 70,000 opioid deaths/year, mostly young people, many of whom have children or child siblings
- Suicides, homicides primarily impact young people
- Motor vehicle, other accidents
- Mass disasters—natural, violence: e.g., Tree of Life shooting in Pittsburgh
- Sudden medical illnesses
- Pandemic—witness sudden, frightening death, cannot observe mourning rituals, personal threat

## COVID-19 Circumstances Contribute to CTG

- Fear conditioning: children trained to fear contagion; any mask, distancing, hygiene mistakes may be fatal
- Death preceded by traumatic separation from ill loved one; may unable to say goodbye or observe usual mourning rituals
- Traumatized therapists— provide optimal care to children and families and also care for ourselves
- Making a family disaster preparedness plan becomes more complicated if your family member died.
- Educating teachers/classmates how to interact with/support children with CTG

## COVID-19 Circumstances Contribute to CTG~2

- COVID-19 has differentially impacted communities of color, front line workers, health care workers
- COVID-19 has increased suicide and substance abuse-related deaths
- COVID-19 and “excessive deaths”, e.g., medical deaths that do not “count” as COVID-19 deaths but would not have occurred without the pandemic
- Estimate: the number of “excessive deaths” are  $\geq$  50% of the official number of COVID-19 deaths

## Tasks of Childhood Bereavement

- Experience the deep pain associated with death.
- Accept the permanence of death (varies according to developmental level).
- Reminisce about the deceased person—good and bad.
- Incorporate important aspects of the deceased into own identity
- Convert the relationship from one of interaction to one of memory
- Commit to new relationships
- Regain healthy developmental trajectory

Wolfelt (1996); Worden (1996)

## “Typical” Childhood Grief

- Children are able to engage in these tasks
- Emptiness, sadness, longing for the deceased, but without guilt, ↓self-esteem, death preoccupation
- Intensity: intense “pangs” (sadness, longing) interspersed with ~normal functioning
- Duration: self-limited; diminishes over the course of several weeks-months

## Childhood Traumatic Grief

- Similar terms but somewhat different: Maladaptive grief, complicated grief, Prolonged Grief Disorder (DSM-5-TR)
- After a death the child associates with threat, sense of danger, child develops trauma symptoms that interfere with typical bereavement tasks.
- Trauma symptoms: PTSD intrusion, avoidance, negative emotions/cognitions, hyperarousal
- Interference with grief tasks: role confusion, persistent yearning, difficulty accepting the death, avoiding reminders, numbness, etc.
- COVID-19: already fear-conditioned, threat/danger is ongoing and real. Shame, guilt, fear, anger are common

## Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- Evidence-based treatment for traumatized children, adolescents and their parents/caregivers
- Short-term (12-20 sessions)
- Provided in parallel to child and surviving parent or caregiver, with several conjoint sessions for both

## Who is TF-CBT For?

- Children 3-18 years with known trauma history and non-offending parent or caregiver
- Any traumas—single, multiple, complex
- Prominent trauma symptoms (PTSD, depression, anxiety, with/without behavioral problems)
- Parental/caretaker involvement is optimal but not required
- Settings: clinic, school, residential, inpatient, refugee, home
- Format: individual or group; face-to-face or telehealth

## Evidence That TF-CBT Works


- 23 RCT comparing TF-CBT to other conditions
- TF-CBT → greater improvement in PTSD, depression, anxiety, behavior problems vs. comparison or control conditions
- Parents participating in TF-CBT also experienced greater improvement vs. parents participating in comparison conditions

## TF-CBT for Childhood Traumatic Grief

- CTG: trauma symptoms interfere with child's ability to engage in typical grieving tasks
- Provide trauma- and grief-focused interventions:
- Trauma-focused components to resolve trauma symptoms
- Grief-focused components to engage in typical tasks of grieving
- Describe sequentially here for clarity; in practice, they are often integrated together

## TF-CBT Components-Based Treatment: **PRACTICE** Phase- Based Treatment

- **Psychoeducation**
- **Parenting Component**
- **Relaxation Skills** STABILIZATION PHASE
- **Affective regulation Skills**
- **Cognitive processing Skills**
  
- **Trauma narration and processing** TN PHASE
  
- **In vivo mastery of trauma reminders**
- **Conjoint child-parent sessions** INTEGRATION PHASE
- **Enhancing safety**

**NCTSN**  The National Child Traumatic Stress Network

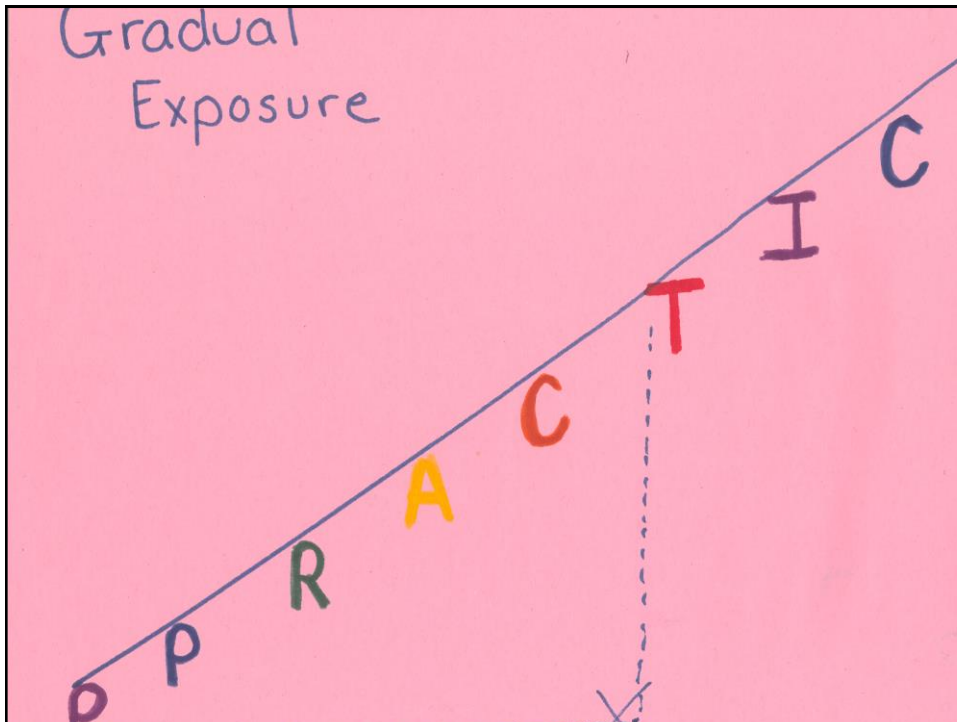
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## TF-CBT for CTG: Grief-Focused Components

**Grief Psychoeducation**  
**Naming the Loss (What I miss and don't miss)**  
**Preserving Positive Memories**  
**Committing to New Relationships**  
**Treatment Closure**

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## Psychoeducation

- Educate about trauma reminders and common reactions to the death/other traumas
- Provide information re: trauma and grief symptoms
- Identify child's reminders/ connections to symptoms:  
Trauma: reminders of the traumatic death  
Loss: reminders of losing the person  
Change: reminders of how life has changed
- Validate the child's and parent's reactions.
- Provide hope for recovery.
- Pandemic may be traumatic reminder: ask, validate


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I want you to know that:	You can help when you:
1. I may have a lot of feelings but am not able to identify them or why I have them.	Acknowledge it is ok to feel sad, angry, hurt, lonely, etc. Understand when I get upset out of the blue about things that do not seem related. Help me label my feelings with words and talk about what is happening.
2. I am afraid when my loved one who is sick must be isolated from me at home or away from home.	Explain that isolating my loved one protects me from getting sick and helps the sick person to recover. Tell me the isolated person cares about me very much and does not want me to get sick. Remind me how you or other helpers take care of our sick loved one and me. Help me to find ways to stay in contact with my sick loved one (call, text, make a card).
3. I am afraid that my loved one, who is a health worker or emergency responder, will get sick or die.	Explain that health professionals and emergency responders get special training on how to stay safe at work to care for people. Tell me ways I can stay in touch with my loved one if I can't see them all the time or if they have to stay close to work for a period of time. Explain the important work they are doing to care for people.
4. I am sad that I can't see my sick loved one in the hospital and I worry that they are alone.	Assure me that my loved one wants me to stay safe, so they do not want me near sick people in the hospital. Explain how people in the hospital make sure my loved one is not alone. Help me communicate with my loved one, through calls, cards, pictures, songs, prayers, texts, and virtual communication when possible.
5. I am scared that my sick loved one is in the hospital and might die.	Give me accurate information about how my loved one is doing in words I can understand for my age. Help me understand that most people get better and come home. Tell the truth if my loved one won't recover and help me find a way to say goodbye.
6. I am scared, sad and mad that I can't say goodbye in person if my loved one is going to die in the hospital, and we can't go.	Explain that health care workers are with my loved one, so they are not alone. Find out if you can send a message for me or I can say goodbye remotely.

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<p>7. I am angry and sad that I did not get to say goodbye to my loved one and cannot have a funeral or gathering with family and friends.</p>	<p>Assure me my loved one knew how special they were to me. Talk about ways we can share our feelings and memories virtually with family and friends until we can meet in person. Explore how we can have a funeral or memorial with people I live with now or later when it is safe. Help me find an object or picture that connects me to my loved one and reminds me of positive times. Guide me in engaging in spiritual practices that we use.</p>
<p>8. Watching or hearing the news makes me afraid someone else will get sick or die.</p>	<p>Limit my media viewing and talk to me about what I am watching or seeing on the Internet. Go to trusted sources for accurate information, give the facts, and correct misinformation and rumors. Practice activities like handwashing with me and talk to me about how this helps us to stay healthy. Point out what else we are doing as a family to stay safe. Limit your own media viewing to a time and place where I can't see it.</p>
<p>9. It is hard to stay at home where things remind me of my loved one who is still sick or who died.</p>	<p>Understand that things at home remind me of the person who is sick and make me worry. Recognize it is upsetting to see things that remind me of a person who died and is not coming back. Find ways for me to do things that help me feel better, like doing activities, exercising, face timing with friends, playing games, doing yoga, art, or reading.</p>
<p>10. I am afraid I will get sick too.</p>	<p>Tell me how you will care for me if I get sick. Remind me that most sick people recover, especially children. Comfort me to calm my worries.</p>
<p>11. I have upsetting thoughts or remember scary scenes from when my loved one was taken to the hospital, or I remember other upsetting events, or losses I experienced in the past.</p>	<p>Be available for me to share my thoughts or memories with you. Let me know these types of thoughts and memories are normal after experiencing an upsetting event. Provide me comfort and remind me I am currently safe. Help me do relaxing or distracting activities when I have upsetting thoughts or memories.</p>
<p>12. Social distancing makes it hard to get a break from upsetting thoughts or worries, and to do the things that normally help me cope with stress.</p>	<p>Set up consistent routines for my usual bedtime, meals, school, and chores. Help me connect with friends, family, and support figures by phone or video chat. Help me find new ways to stay involved in hobbies and physical activities I used to do.</p>

traumatized children. You can also access additional resources for childhood traumatic grief and traumatic separation at: <https://www.nctsn.org/what-is-child-trauma/trauma-types/traumatic-grief>

**NCTSN**

The National Child Traumatic Stress Network

Suggested Citation: Cohen, J., Goodman, R., Klithemes, M. D., & Epstein, C. (2020). Helping Children with Traumatic Separation or Traumatic Grief Related to COVID-19. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

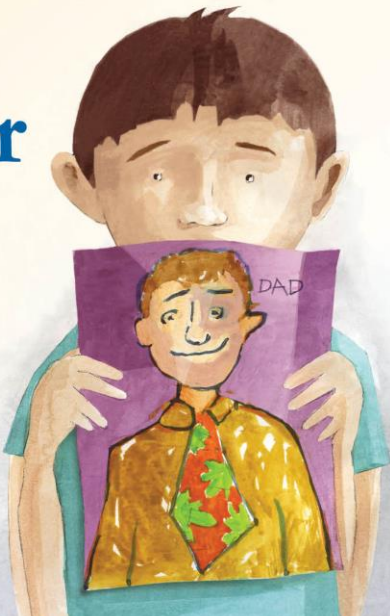
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www.nctsn.org

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# Ready to Remember

## Jeremy's Journey of Hope and Healing



DAD

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## Parenting Component


























- Parents receive individual sessions for all PRACTICE components.
- Parenting skills to enhance child-parent interactions including:
  - Praise, effective attention, contingency reinforcement
  - Help parent connect the child's behavioral problems to child's CTG symptoms
  - Validate parent's own trauma/grief responses

## Relaxation Skills

- Reverse physiological arousal CTG effects via:
  - Focused breathing, mindfulness
  - Progressive muscle relaxation
  - Exercise
  - Yoga
  - Songs, dance, blowing bubbles, reading, prayer, other relaxing activities
  - Use relaxation strategies when reminders occur




























## emotional BINGO

 angry	 frustrated	 grossed out	 mischievous	 nervous
 amused	 excited	 grumpy	 loved	 proud
 surprised	 suspicious		 happy	 sad
 confident	 disappointed	 guilty	 hurt	 shy
 confused	 contented	 happy	 hopeful	 sneaky

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## emotional BINGO

 burned out	 confused	 depressed	 desperate	 embarrassed
 excited	 grossed out	 isolated	 out of it	 wiped out
 broken out	 guilty		 angry	 trapped
 frightened	 in love	 amused	 anxious	 empowered
 frustrated	 indifferent	 mellow	 traumatized	 turned-off

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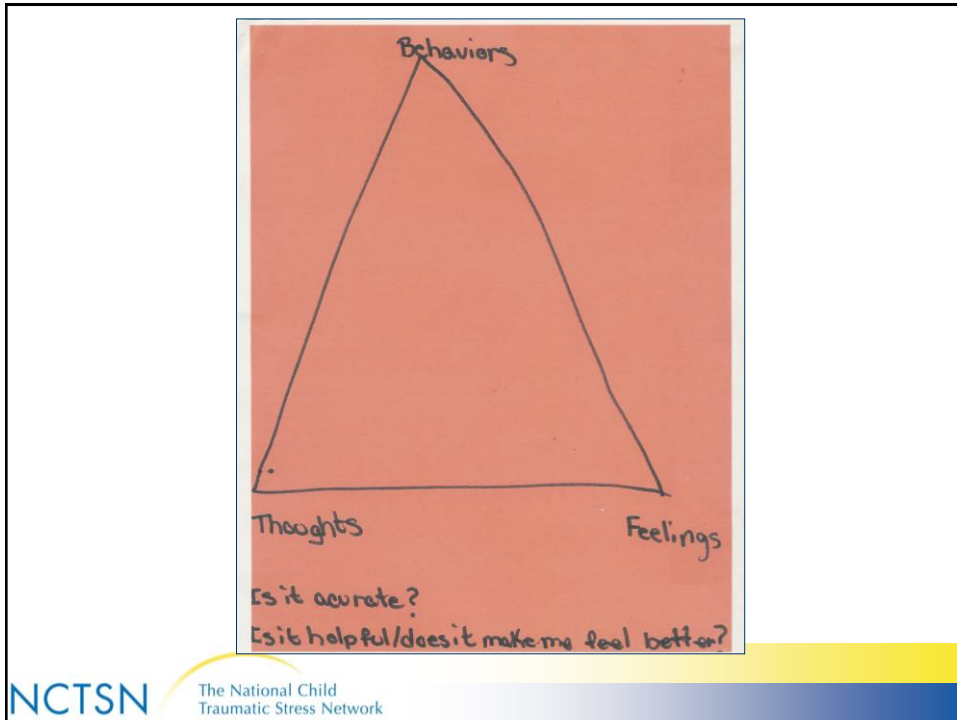
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## Cognitive Processing Skills

- Recognize connections among thoughts, feelings and behaviors
- Replace thoughts with more accurate/ more helpful ones
- Child's cognitive processing of personal trauma experiences typically occurs during trauma narration
- Free TF-CBT Triangle of Life app available at Google+ and Apple Store

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## Trauma Narration & Processing

- Gradually develop a detailed narrative of child's traumatic grief experiences.
- Cognitively process, including how I've changed re: myself, relationship with others, my view of the world, beliefs (e.g., faith) and hopes for future
- Share with parent during individual parent sessions as child is developing TN
- For complex (chronic interpersonal) trauma: timeline to:
  - Identify overarching "theme" of different traumas
  - Identify important chapters to include
  - Recognize resiliency and strength

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## In Vivo Mastery of Trauma Reminders

- Only optional TF-CBT component—for ongoing avoidance of generalized reminders
- Develop fear hierarchy, gradually master increasingly feared stimuli
- May start during stabilization phase—takes several weeks
- May be especially difficult during pandemic (e.g., may not be able to expose child to feared situation while staying at home).
- Many children may need in vivo mastery to return to face-to-face school after virtual X several months

## Conjoint Parent-Child Sessions

- Child shares trauma narrative and processing directly with surviving parent/caregiver during conjoint session
- Share their new cognitions about traumatic death (potentially also about complicated grief)
- May also develop a family safety plan (e.g., who will take care of me if you die, etc.); improve general communication; or build other skills

## Enhancing Safety and Future Development

- Safety plans continued for individual situations
- Social skills, problem solving, drug refusal, etc.
- Additional skills as individual child/family need

## TF-CBT Grief-Focused Components

- **Grief Psychoeducation**
- **Naming the Loss (What I miss and don't miss)**
- **Preserving Positive Memories**
- **Committing to New Relationships**
- **Treatment Closure**



## Grief Psychoeducation

- Assist the child in talking about death (start bereavement tasks after resolution of trauma reminders)
- Correct misconceptions about death, particularly disaster-related deaths, which may pose special issues (e.g., bodies not recovered, don't see deceased after death, cannot engage in mourning rituals due to pandemic)
- Cultural issues especially relevant with CTG

## Naming the Loss: Part 1: What I Miss

- Naming what the child has lost with the death helps to concretize the death
- Can be done in several ways, drawing, naming special and everyday activities the child misses doing with the deceased
- Things in the future that the child hoped to share with the deceased that can no longer (e.g., graduation, learning to drive, etc.)

## Naming the Loss, Part 2 (Resolving Ambivalent Feelings, or “What I Don’t Miss”)

- May be because of conflict in the relationship (e.g., abuse, normal parent-child conflict, unresolved anger)
- May be due to stigma or shame over the way the person died (e.g., drug OD, drunk driving, suicide, AIDS)
- May be because of anger at “unnecessary death”, e.g., didn’t get medical care, “was a hero for others, didn’t think of me”—relevance to pandemic responders
- Write an imagined letter to/from deceased

## Preserving Positive Memories

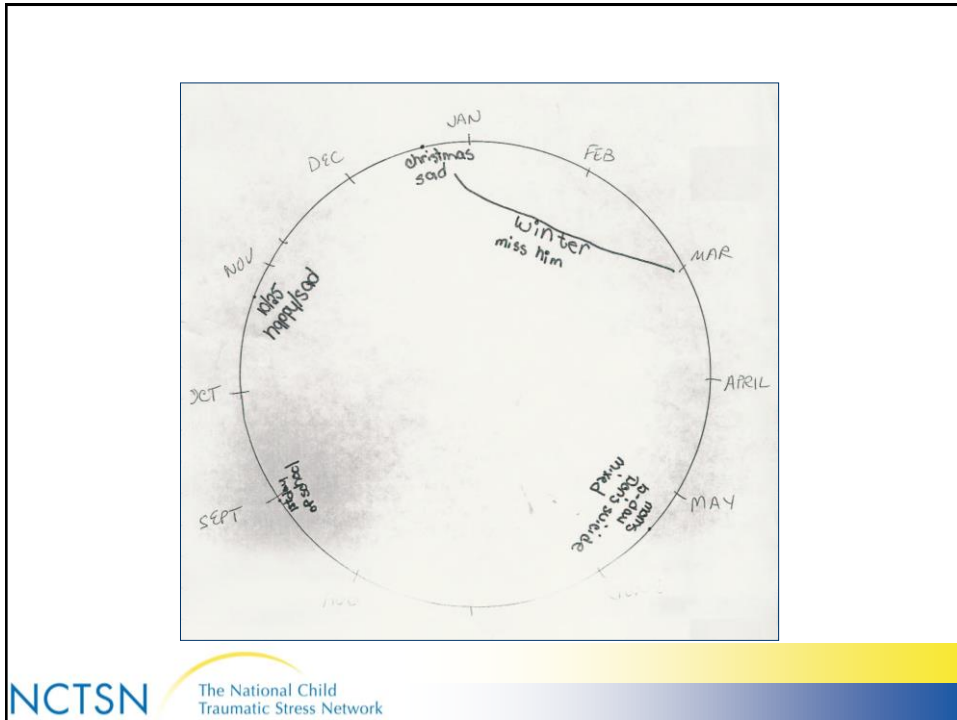
- Once resolve trauma and ambivalence, can tolerate memories and reminisce more fully
- Make something enduring to preserve positive memories (collage, video, etc.).
- May make name anagram
  - M**: made the best mac n cheese
  - A**: always in my heart
  - R**: loved rock music
  - Y**: yellow was her favorite color
- In pandemic or disaster may not have had memorial service, child may design alternative service.

## Transforming the Relationship and Committing to New Relationships

- Helping the child transforming the relationship from one of interaction to one of memory
- Use the past tense when referring to the deceased; encourage the parent to do so and help the child to also
- Balloon exercise
- Identify what the child still can hold onto in the relationship and what the child must let go of.
- Addressing challenges to the child and parent in committing to present and future relationships
- Helping child and parent move forward in this regard

## Treatment Closure Issues

- Preparing for future trauma and loss reminders: perpetual calendar
- Making meaning of traumatic grief: What would you tell other children; how do you think you have changed; what have you learned from this person's death?
- Death is different from other endings: treatment closure issues for CTG.



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## TF-CBT Research for Traumatic Grief

Effectiveness studies

Cohen, Mannarino & Krudsen (2004)

Cohen, Mannarino & Staron (2006)

O'Donnell et al (2015)

All showed positive outcomes for PTSD and CTG

Randomized Controlled Trial:

Dorsey et al (2020): positive outcomes for PTSD and CTG in Kenya and Tanzania

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TFCBT *Web*2.0 is a self-directed, asynchronous, distance-learning course for mental health professionals and students .

The course provides an overview of basic TF-CBT principles, techniques, and strategies.

The course costs \$35 per learner and provides 11 CEUs.

[www.musc.edu/tfcbt2](http://www.musc.edu/tfcbt2)

MUSC Medical University of South Carolina

HOME INTRODUCTION RESOURCES CONTACT US REGISTER LOGIN

**TF-CBT *Web*2.0** | A course for Trauma-Focused Cognitive Behavioral Therapy

Foundations of TF-CBT      Trauma Narration and Processing I

Psychoeducation              Trauma Narration and Processing II

Parenting Skills                In Vivo Mastery

Relaxation                        Conjoint Parent-Child Sessions

Affect Identification & Regulation      Enhancing Safety & Future Development

Cognitive Coping

Allegheny Health Network      RowanMedicine CARES INSTITUTE      NCTSN The National Child Traumatic Stress Network

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# CTG *Web*

[www.musc.edu/ctg](http://www.musc.edu/ctg)

**CTG *Web* is a follow-up course that teaches how to apply TF-CBT to cases of child traumatic grief**

**CTG *Web* is offered free of charge.**

**6 hours of CE**

MUSC Medical University of South Carolina  
Allegheny General Hospital  
CARES INSTITUTE  
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**CTG *Web***  
A web-based learning course for  
Using TF-CBT With Childhood Traumatic Grief

- Adapting TF-CBT to CTG
- Grief Psychoeducation
- Grieving and Ambivalent Feelings
- Preserving Positive Memories
- Redefining the Relationship
- Treatment Review
- Evaluation

A Strategy to Help

System Requirements | Credits

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**CTG *Web* was launched on September 1, 2008.**

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## TF-CBT National Therapist Certification

<https://tfcbt.org>

- Licensed therapists eligible for 5 year certification
- TF-CBTWeb2.0,
- Live 2 day training,
- 12 consultation calls,
- 3 completed cases with standardized assessment instrument
- Pass online TF-CBT knowledge test

## TF-CBT via Telehealth

- 2 pilot studies (Stewart et al, 2015; Stewart et al, 2020): high acceptability, feasibility, low dropouts, high effectiveness for PTSD symptoms
- Tip sheets, webinars, other resources are available for implementing TF-CBT via telehealth at:  
<https://tfcbt.org/telehealth-resources>

## TF-CBT CTG Resources

TF-CBTWeb 2.0: <https://tfcbt2.musc.edu>

Helping Children with Traumatic Grief or Traumatic Separation  
Related to COVID-19:

<https://www.nctsn.org/resources/helping-children-with-traumatic-separation-or-traumatic-grief-related-to-covid-19>

Ready to Remember: Jeremy's Journey of Hope and Healing:

<https://www.nctsn.org/resources/ready-remember-jeremys-journey-hope-and-healing>

Rosie Remembers Mommy: Forever in her Heart:

<https://www.nctsn.org/resources/rosie-remembers-mommy-forever-her-heart>

Treating Trauma and Traumatic Grief in Children and Adolescents,  
2<sup>nd</sup> Edition: [www.guilford.com/p/cohen](http://www.guilford.com/p/cohen)



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## Summary

- After the death of important attachment figures, children may get “stuck” on traumatic aspects of the death and develop traumatic and problematic grief reactions (“childhood traumatic grief”, CTG)
- COVID-19 specific circumstances may increase children’s risk of developing CTG
- Integrating TF-CBT trauma-focused PRACTICE components with grief- focused components can effectively improve children’s trauma and problematic grief reactions



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Maya Angelou:

**“The world is changed one child at a time”.**

Thank you for all you do to help children and families!