**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 ≥ 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

TN PHASE
- Trauma narration and processing
- In vivo mastery of trauma reminders
- Conjoint child-parent sessions

INTEGRATION PHASE
- Enhancing safety

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
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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HELPING CHILDREN WITH TRAUMATIC SEPARATION OR TRAUMATIC GRIEF RELATED TO COVID-19

The COVID-19 pandemic has reached thousands of children being separated from their loved ones who require isolation and/or hospitalization due to a known rising positive for COVID-19 or because of potential exposure for mental health. For some children, the separation may result in distress or a traumatic reaction. If a loved one dies from the virus, a child may experience traumatic grief and the sudden nature of the death and bring reality to my problem or observe cultural or religious mourning rituals. This tip sheet is for caregivers, or others who are supporting children with traumatic separation or traumatic grief related to COVID-19. To download the full document, in addition to the suggestions here, all children benefit from ongoing and accessible mental health treatment.
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
Affective Modulation Skills

- Identify and modulate upsetting affective states including:
  - Problem solving
  - Anger management
  - Present focus
  - Obtaining social support
  - Positive distraction activities
  - Use skills in relation to reminders
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
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
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.
TF-CBT Research for Traumatic Grief

Effectiveness studies
Cohen, Mannarino & Staron (2006)
   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
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.

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

CTG Web was launched on September 1, 2008.
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:
Ready to Remember: Jeremy’s Journey of 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, 2nd Edition: www.guilford.com/p/cohen

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
Maya Angelou:

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

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