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: Hyperarousal 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
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: Maladaptive grief, complicated grief, Prolonged Grief Disorder (DSM-5-TR)
• Child develops trauma symptoms and complicated grief symptoms after death of important attachment figure
• Trauma symptoms: PTSD intrusion, avoidance, maladaptive cognitions and emotions, hyperarousal— that interfere with being able to engage in/resolve:
• Complicated grief symptoms e.g.: role confusion; persistent yearning; difficulty accepting the death; avoiding reminders, numbness, etc.
• May have one without the other, but with both, trauma- and grief-focused components are helpful
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

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

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.
- Cognitive processing, 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 (e.g., if child avoids using bathroom after discovering parent dead in bathroom)
- 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).

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 for CTG: Grief-Focused Components

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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)
• Cultural issues especially relevant with CTG
Naming the Loss, Part 1 ("What I Miss")

- Naming what has been lost with the death—helps the child to concretize permanence of death
- May accomplish this in many ways: describe different things that did with deceased, special things, everyday things, favorite characteristics, etc.
- What will miss in the future (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

- After resolving trauma and ambivalence, can tolerate memories and start to reminisce more fully.
- Make something enduring to preserve positive memories (collage, video, etc.).
- May make name anagram here
  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 access to mementoes: computer technology, narratives can help fill in these gaps.
- Child may want to have another memorial 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.

CTG Issues During Community Disasters

- Pandemic: unable to say goodbye, practice usual mourning rituals, may be no gravesite, addressing safety
- Therapists who are traumatized—provide optimal care to children and families and also care for themselves
- Making a family disaster preparedness plan becomes more complicated if your family member died.
- Educating teachers/classmates how to optimally interact with children with 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 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](https://tfcbt.org)
- Licensed therapists eligible for 5 year certification
- TF-CBTWeb 2.0,
- Live 2 day training,
- 12 consultation calls,
- 3 completed cases with standardized assessment instrument
- Pass online TF-CBT knowledge test
- Fee: $250/5 years
- Recertification (no test): $100/5 years

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**TF-CBT via Telehealth**

- 2 pilot studies (Stewart et al, 2015; Stewart et al, in review): 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](https://tfcbt.org/telehealth-resources)

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**TF-CBT CTG Resources**

- TF-CBTWeb 2.0: [https://tfcbt2.musc.edu](https://tfcbt2.musc.edu)
- CTGWeb: [www.musc.edu/ctg](http://www.musc.edu/ctg)
  - Rosie Remembers Mommy: Forever in her Heart: [https://www.nctsn.org/resources/rosie-remembers-mommy-forever-her-heart](https://www.nctsn.org/resources/rosie-remembers-mommy-forever-her-heart)
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”)

• 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!