



TFCBT RELAXATION COMPONENT

Donna Potter, LCSW and Ashley Fiore, LCSW

1. **What are the primary goals we're trying to address re: relaxation?**
 - a. **Symptom Reduction**, and incorporating parents/caregivers as coaches outside of session
 - b. **Distress tolerance**: We want the client to have tools to get symptom reduction, but sometimes we will need to make them uncomfortable – initially they may need distraction techniques, but we need to be able to talk to them about specific memories. For some of them, the idea is get mind off trauma memories and to calm their body down first.

Distress tolerance is being able to handle more of that discomfort: like lifting weights -- start with smaller weights, and build up over time so able to lift more and more weight over time. So when the client gets to the Trauma Narrative, he/she can handle it.

2. **Which coping strategies would build distress tolerance?**
Mindfulness.

Difference between mindfulness and grounding:

Grounding: If you've got a kid getting lost in a trauma memory and they feel like it's happening now, you want to do grounding. Scary thing not happening now. Dissociation: gone, eyes glazed, staring off: now is a time for grounding: 4321, trying to bring them out of that state.

Mindfulness: Help kid learn how to invite the scary thought in, notice heart beating fast, not going to push away or hold onto it, observe it and sit there with it. Sitting there with it is the ultimate distress tolerance. It's like being in the ocean and letting a wave wash over you, and then you'll be able to come up for air.

2. **How do we decide which relaxation skill we will try with a kid?**

Remember: What's our ultimate goal? Symptom relief.

- a. **Tailor the relaxation skills you teach to this child's particular symptoms, rather than throwing everything you've got at the**



kid and hoping something sticks.

Some possible words:

(Remember Psychoeducation, Part 1: How do you build on what you taught the child and caregiver about how symptoms are adaptive and expected?):

- “These symptoms were how your brain and body survived something really scary that happened to you.”
- “These symptoms (name what they are – look to the 4’s on UCLA) are your brain’s way of keeping you safe. Now, we have to convince your brain that now you are safe. The trauma memory is like your bully. Some kids have lots of different bullies (e.g. different trauma memories) and they may come at different times.”
- “I’d like to teach you some new ways of bossing back your trauma memories, just like you would a bully, so your brain doesn’t have to try to protect you anymore with nightmares, intrusive thoughts, etc. (insert the symptom causing this kid distress.)

Remember: Symptoms can be Internalizing and externalizing symptoms! Don’t forget to consider what’s the effect of these on the parent.

3. **Conduct a Functional Behavioral Analysis (FBA): What’s causing these symptoms? What’s keeping them going?** You get to be detectives with kids and caregivers; initially separately, potentially together with preparation later.

Our mission is to get them better. “My job is to get rid of your symptoms while working with you and to make it fun. Your job is work really hard and have fun.”

- **Imagine a bullseye: the center is the symptom, surrounded by the child’s response, the middle is parent’s response, the outside is the environment’s response.** (when symptoms are happening, where they’re happening)



Example Questions you might ask in an FBA for a 17 year old client who is having suicidal thoughts: (Consider this to be her current coping strategy -- my escape from thinking about the scary stuff that's happened to me)

How would you figure out what's starting this symptom at any time and what is keeping it going?

- What happened in the past when you threatened suicide?
- How did people respond before when you threatened suicide?
- What effect did people's responses have on client?
- When is it happening? How often?
- What led up to it? What thoughts were you having before?
- Exceptions? When don't you feel suicidal?
- What's the environment you're in when start having these thoughts?

4. **Consider the child's preferences**, what has he/she tried before that worked – see if you can build on it (example, exercise; log the number of minutes the kid runs and have them rate SUDS before and after running for example).
5. We want to **build that child's competence** by helping them:
 - 1) Recognize when they're having a symptom – this is why we operationalize it well with them and help them track its frequency, intensity and duration
 - 2) See that they have choices about how they will reduce that symptom and
 - 3) Notice their success reducing it and eventually tolerating it. This is why it's helpful to check suds, do a relaxation skill, and check suds again. We are helping them build mastery even at this early stage of the model.
6. We do this masterfully in TFCBT if we **help the caregiver to be a part of that process** all along the way – we want them to partner in reducing the symptoms, help the child recognize when they're having them, use their parenting skills to support symptom reduction and their relationship to help co-regulate the child, and give the parent and child repeated shared positive experiences with gradual exposure to the trauma memory and their successful partnership at reducing symptoms.



You achieve this goal by having a separate parallel process with the caregiver:

1. Operationalizing symptoms with the caregiver
2. Doing the FBA with them separately
3. Helping the caregiver strategize *and practice* parenting

approaches that would support the child practicing coping skills (like practicing the strategies *with their child*, planning when they will practice the skill when it's not needed, role playing how they'll engage the child in practicing the skill – check suds, offer 2 choices of skills to try, check suds again, separately teaching the parent the skill you're teaching the child, and role playing how they will specifically praise the child when he/she uses coping skills.)

