

Psychoeducation for Pre-Treatment Assessment Feedback

We want to use early psychoeducation to accomplish 2 main things prior to beginning treatment: normalizing the child's symptoms and giving the child/caregiver hope that TF-CBT will help quickly.

Normalizing Symptoms:

- *Wound* – how not treating trauma and allowing avoidance can make things worse
- *Snake and stick* – how trauma affects the brain, behaviors, cognitions, and emotions
- *Parka/Winter coat* – hyper arousal and avoidance symptoms that once were protective but are now no longer necessary
- *Jack in the box* or *Beach Ball* under water – symptoms pop up on you when you try to avoid them

How TF-CBT Works + Instilling Hope:

- TF-CBT has helped kids all over the world
- EBT + 80% of kids get better
- *Pool* -- Gradual exposure (rationale and explanation)
- PRACTICE components
- Session structure – 1/3 time with caregiver, 1/3 with child, 1/3 in joint
- Difference in confidentiality
- Crucial nature of caregiver involvement
- Expect resistance/avoidance
- Agenda driven/focus is on symptom reduction
- Time limited; 12-18 sessions
- Sequential model builds on itself (symptom reduction/stability, trauma processing, consolidation/moving on, e.g., *baking a cake* – components go in a particular order in a particular dose)
- *Surfing* -- gradual exposure and building distress tolerance while decreasing symptoms

**Options for possible analogies you can use as needed are in italics as a reminder. You likely will not use them all with the same client!*

Trauma and the Brain Video:

Watch “Explaining the Brain to Children and Adolescents” on Vimeo: <https://vimeo.com/109042767?ref=em-share>

