Trauma-informed Incredible Years Approaches and
Trauma-Focused Cognitive Behavior Therapy (TF-CBT) Approaches
To Help Children Exposed to Adverse Childhood Experiences (ACEs)

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What is childhood trauma? What is ACEs (Adverse Childhood Experiences)?

An increasing body of research identifies the long-term impact and health harm that can occur because of chronic stress on children in childhood. Collectively such childhood stressors are called Adverse Childhood Experiences ACEs. ACEs experiences can include physical and sexual abuse or neglect, witnessing domestic abuse and violence due to drug and alcohol problems, incarceration of a parent, severe accidents, natural and human-made disasters, violent or accidental death of a parent, sibling or important relationship figure, parental separation or divorce and exposure to terrorism, or refugee conditions. Children who experience these traumas may develop PTSD responses such as overgeneralized fear, anxiety or inappropriate cognitions, or aggressive behaviors. These children may also be experiencing the concurrent loss of a primary attachment figure. For example, a child who is removed from the home because of maternal neglect and abuse by her mother's boyfriend is separated from siblings and placed in foster care. This child faces the trauma of both the physical abuse as well as the loss of her home and relationship with her mother and siblings. Research has shown that greater exposure to ACEs can alter how children's brains develop and ultimately lead to their own health harming and anti-social behaviors in adulthood. Children who experience 3+ ACEs are more likely to develop health harming behaviors such as drug or alcohol problems, to be involved in violence, and to be incarcerated. Thus, these children exposed to ACEs are at increased risk of exposing their own children to ACEs. Data suggests that nearly one in eight children (12%) have had 3 or more ACEs associated with stress that could harm their health and development.

Helping families and children prevent ACEs and cope in healthy ways with ACEs when they do occur can have a major impact on the long-term emotional and health outcomes for children.

What is TF-CBT?

TF-CBT is an empirically validated treatment approach (J. A. Cohen, Mannarino, & Deblinger, 2017) for children, adolescents and their families that combines humanistic, trauma-sensitive interventions, cognitive behavioral principles as well as relationship building and family involvement to overcome the negative effects of traumatic experiences. The TF-CBT treatment targets children who have trauma-related emotional and behavioral problems related directly to the traumatic experience. Symptoms can include dysregulated affect (fear reactions, sadness, anger, anxiety), aggressive and defiant misbehavior, inaccurate and unhelpful cognitions (self-blame, guilt, shame, negative self-image), self-injury and interpersonal difficulties (avoidance of trauma reminders, withdrawal from peers). Trauma symptoms often

occur in response to *trauma reminders or triggers,* that are internal or external cues that remind children of their original trauma experiences. These can include people, voices, objects, situations, smells, or internal sensations that the child associates with the traumatic event. However, it is important to note that not every behavioral or emotional symptom expressed by a child is related to a child's trauma experience. Careful assessment and screening for trauma is critical in planning the appropriate treatment. Children who had significant conduct or emotional problems prior to the trauma may see greater improvement with approaches that first help them overcome these difficulties.

One documented factor that significantly impacts children's response to trauma is the amount and quality of trauma-related emotional support that they receive. Parent support has been found to be a significant predictor of children's mental health outcomes in several TF-CBT outcome studies (Cohen 2000).

How the TF-CBT Model Works

TF-CBT treatment is short-term and generally lasts up to 16 sessions. It consists of a series of components provided separately to parents and children in individual sessions with some con-joint parent-child sessions at the end focusing on interactive practice. The skill-based components of PRACTICE are tailored to individual needs and include the following sequenced order:

Psychoeducational and **P**arenting skills
Relaxation
Affective modulation
Cognitive coping
Trauma narration and processing
In-vivo mastery of trauma reminders
Conjoint child-parent sessions
Enhancing future safety and development

Phase One of TF-CBT. Phase One is referred to as the *stabilization and skill-building phase* begins with a focus on general education of the parent and child about the frequency of the specific trauma, who typically experiences it, and common causes and symptoms. Also it includes information about the normal psychological and physiological responses to trauma and reinforces accurate cognitions about what occurred. This phase includes helping the child and parent to be aware of trauma reminders and how they are connected to the misbehavior so they can develop more adaptive responses. It is important that families are offered hope and reassurance that the child will get better and that there are well-validated studies attesting to positive outcomes with this approach (J. Cohen, Mannarino, & Iyengar, 2011; J. A. Cohen et al., 2017; J. A. Cohen et al., 2016). Talking about the trauma is a gradual and supportive process and is typically not initiated until the child has learned some phase one skills to help him cope with the stress. During this stabilization phase of the treatment parents learn appropriate parenting skills and the importance of normal routines and consistency of limits.

Three other aspects of TF-CBT Phase One include relaxation, affective modulation and cognitive coping. Relaxation skills such as focused deep breathing, progressive muscle relaxation and guided imagery are taught early in the treatment. Affective regulation involves helping children to identify their feelings and developing feelings literacy to be able to talk about their feelings with their therapist and parents. Parallel sessions with parents help them to understand the importance of listening and validating their children's feelings. Cognitive coping helps children to stop their negative, inaccurate and unhelpful thoughts with replacement thoughts by "changing the channel", or using the STOP sign signal as well as positive self-talk. Young preschool children with vivid imaginations are prone to inaccurate thoughts so it is important to help them learn they can control their thoughts. Helping the child come up with a clear safety plan also helps children regulate their emotions. Teaching children social skills and problem solving is also part of Phase One goals because of the benefits for self-regulation.

Phase Two of TF-CBT: This phase of therapy includes trauma narration and processing. Each phase builds on the prior phase and assists in gradually introducing trauma over the course of treatment. The trauma narration and processing is unique to TF-CBT and is designed to unlink thoughts, reminders or discussions of the traumatic event from overwhelming negative emotions. Over the course of a number of sessions the child is encouraged to gradually describe more and more details of what happened before, during and after the traumatic event. This has been described as an exposure procedure whereby repeated discussion, writing and drawing of what happened during the trauma serves to desensitize the child to trauma reminders and begin to integrate the experience into his or her total life. This trauma narrative is usually finished before it is shared with the parent.

Phase Three of TF-CBT: This phase includes *invivo* mastery of trauma reminders, conjoint-parent-child sessions and enhancement of safety and future development. The *invivo* mastery component is optional and only used for children with extreme ongoing avoidance of situations or cues and in which the avoidance is interfering with optimal development. The other sessions in this phase include sessions with the parents and children together once the parents have control over their own emotions. These can include sharing the trauma narrative but is not mandatory. Other discussions can include safety planning, sharing of emotional reactions to the experience and how they have changed during the treatment.

Can Incredible Years ® (IY) parent and child programs be used to help families whose children have experienced trauma? Is the Incredible Years Program a Trauma-Informed therapy?

As described above, the primary focus and goal of TF-CBT relates to outcomes related to stress-reactions from trauma. Although TF-CBT can successfully address and resolve certain behavioral problems related to the traumatic event, it may not be ideally suited for children whose primary difficulties reflect preexisting behavioral problems such as conduct problems, ADHD, language delays, and inappropriate parenting skills. In these instances it may be clinically appropriate to use another evidence-based program such as the Incredible Years (IY) Parent and Child Programs for emotional and behavioral problems followed by or in conjunction with TF-CBT. It is important to note that the IY interventions are not meant to take the place of

Trauma Focused Cognitive Behavior Therapy for parents or children who are experiencing Post Traumatic Stress Disorder. Rather the IY programs were originally designed for children who have or are at risk for developing behavior problems such as Oppositional Defiant Disorder, Conduct Disorders and ADHD.
We suggest that the IY Parent Program may be used in conjunction with TF-CBT to help support parents in learning ways to parent effectively as well as to build a parent support group designed to strengthen their parenting confidence and increase their empathy, understanding and patience when managing their children's misbehavior. In turn the IY *IY Dina Dinosaur's Social, Emotional, Academic and Problem Solving Curriculum for Young Children* (4-8 years) program was designed to teach children self-regulation methods, emotional literacy, social skills and problem solving skills. The small group format helps children make friends and build a peer support network. While neither the IY parent or the child program covers trauma narration and processing directly the IY child program does provide opportunities for children to talk about traumatic events if they want to by having the puppets bring up common trauma theme scenarios similar to what the children may have experienced. The Small Group Dinosaur Program is designed to be used in conjunction with the IY parent program wherein both parents and children have weekly home practice activities designed to reinforce what they are learning in their sessions in other settings.

The rest of this document will provide a summary of how the IY Parent and Child Programs (4-8 years) are "trauma-informed" and weave many of the Phase One TF-CBT trauma-focused cognitive, affective and behavioral elements throughout the program and are tailored according to the developmental and cognitive status of young children and their particular experiences. (see table at the end of this document for a summary of these approaches)

What are the IY Parent and Child Programs?
The IY evidence-based parent and child programs have been used and evaluated for decades as treatment for children diagnosed with conduct problems, oppositional defiant disorder and ADHD (A T. A. Menting, B. Orobio de Castro, & W. Matthys, 2013; Webster-Stratton & Reid, 2017; Webster-Stratton, Reid, & Beauchaine, 2013). In addition these programs have been evaluated as selective and indicated prevention interventions for high risk, economically disadvantaged families, foster parents, and families referred because of abuse and neglect (Webster-Stratton, 1998; Webster-Stratton & Reid, 2011; Webster-Stratton, Reid, & Hammond, 2001) and even for incarcerated parents (A.T.A. Menting, B. Orobio de Castro, & W. Matthys, 2013b). Within these populations are many families whose children's behavioral problems are a manifestation of their emotional and psychological difficulties because of single or multiple traumatic family life experiences. Multiple randomized control group studies have indicated the success of the IY parent programs in promoting more responsive and nurturing parent-child interactions, reducing child externalizing and internalizing problems and promoting positive child social competence and emotional regulation (A.T.A. Menting, B. Orobio de Castro, & W. Matthys, 2013a).

IY Parent Programs
The "trauma informed" IY parent basic program begins with parents learning ways to build a

sensitive, responsive, nurturing relationship with their children through child-directed play. Parents learn the importance of using emotion and social coaching with their children to build their children's emotional literacy and capacity to communicate about their feelings and problems. Throughout the program, parents are helped to understand the triangle relationship between thoughts, feelings, and behaviors for themselves as well as their children. In addition to learning developmentally appropriate parenting skills, IY parent programs, especially the treatment protocol, which includes the IY Advance parenting program, (Webster-Stratton, 1994) help parents to regulate their own emotions and affect, improve their positive communication and listening skills, and build support networks in their communities. These goals are achieved using strategies such as challenging self-negative talk, modifying inaccurate thoughts and guilt or shame about trauma, using deep breathing, relaxation methods, positive imagery and the importance of self-care. Building support networks is integral to the group-based approach to delivering the IY programs.

The group-based parent program is designed to have therapists work collaboratively with each family in the group to address the life-context, child presenting problems, family situation, and culture. Please see parent therapist book for further information about the collaborative therapeutic process (Webster-Stratton, 2012). Therapists help families set realistic short term and long term goals based on their particular situation. So for these families where children (or parents) have experienced trauma, this would constitute a huge part of their life-context and would need to be addressed in every session as part of the tailoring group leaders do for each family. Parents are helped to understand the impact of trauma on their children's emotional or behavioral problems, what situations are trauma reminders or triggers for misbehavior and how to help them feel safe and loved with consistent child-directed play that incorporates social and emotional coaching, praise and rewards, predictable routines, household rules, clear limit setting and teaching of self-regulation strategies. Many parents feel guilty about disciplining, especially after their child has experienced something traumatic. Parents are helped to understand the importance of not being either overly protective with their children or too permissive and are helped to appreciate their children's strengths as well as to be aware of possible triggers for misbehavior and how to cope with them. Please see a chapter that talks about some of the ways that the material can be presented for children with attachment or neglect problems and families who are divorced or who have experienced loss. http://www.incredibleyears.com/wp-content/uploads/tailoring-the-incredible-years-parenting-program_9-19-07.pdf

This collaborative way of using the IY parent program can also apply to other types of trauma that children or families have experienced. So, all the information that the therapist has about each family would influence the way that the program is delivered throughout each session. Therapists working with these families in the parent group start from the life-context that these families are living with and their goals and then help parents apply each of the new skills and principles to their own unique situations. More than half of the program content time is spent on the foundation of the parenting pyramid in terms of building relationships, attachment, and parent-child bonding particularly in cases where those bonds are not strong to begin with. Parents in these groups share their own experiences of being parented (which may have

been abusive) and talk about how this has impacted their parenting choices with their own children. They also identify their goals for their relationships with their children and what parenting choices they want to make to achieve these goals.

With the context of prior trauma in mind, some topics (such as ignoring and Time Out) are sometimes delayed and extra sessions offered initially to establish more secure attachment and parent-child bonding. When the ignoring, Time Out, and discipline strategies are eventually presented to address child destructive behaviors that cannot be redirected or self-regulation methods prompted, discussion around these strategies focuses on how these strategies are meant to encourage child and parent self-regulation. Parents learn to use them briefly, respectfully and non-punitively without jeopardizing the child's sense of safety. Following a planned ignore or Time Out to calm down experience, parents then reunite with their child in a positive way to provide their child with new learning opportunities to use other solutions to the problem situation (such as communication about feelings, or getting help, or walking away, or finding a friend or safe person to talk to). For families where there is a history of trauma discussion time is spent talking about the difference between the positive use of these strategies and punitive or neglectful parenting behaviors. Time Out strategies may be modified in certain circumstances to reduce trauma reactions. When used thoughtfully, patiently and calmly, these strategies are important skills for all parents to learn as part of non-violent, proactive and positive discipline.

It is also important for parents to assess and understand the reasons for and functions of children's misbehavior. They consider whether their child's misbehavior stems from needs for parental attention which the child can't get consistently and regularly with positive behaviors, or whether the child's misbehavior occurs because of prior modeling and the fact that s/he hasn't been taught other more prosocial behaviors to get what s/he wants, or whether the child is acting out because of fear and insecurity in their relationship due to triggers of prior traumatic experiences of being abandoned, neglected or abused. Parents then work with the therapists to tailor intervention strategies that are most appropriate to the situation.

The minimum number of sessions recommended for the parent treatment protocol based on our research is 2-hour weekly sessions for 18-20 weeks. However, with the added attention needed for trauma informed situations where more time is spent on parent interpersonal issues (e.g., depression, marital conflict, thoughts of guilt and shame), safety issues and relationship building as well as the added inclusion of the Advance program content, more sessions are often needed. In one study where the full advance program was combined with the basic parent program the average number of sessions was 24-26 sessions (Webster-Stratton, 1994).

Key Points about Delivering IY Parent Programs that are Trauma-informed

• Help parents and children to normalize their responses to traumatic events, by providing information about typical psychological and physiological responses to trauma and reinforcing accurate cognitions about what occurred

• Parents learn the importance of listening and supporting their children's ability to

communicate their thoughts and feelings by using child-directed play and emotion and social coaching methods
• Parents are encouraged to be aware of potential trauma triggers or reminders that can result in the child's misbehavior and understand how to manage and help children cope with these responses
• Parents learn how to help their children self-regulate by modeling and teaching deep breathing methods, positive imagery, positive self-talk and how to ask for what they need in order to feel safe and loved
• Parents understand the importance of staying calm, patient and predictable in their responses to their children's misbehaviors
• Parents learn the value of developing their own support networks through their group experience and IY weekly buddy assignments. This support helps them cope with the stress of managing their children's trauma reactions
• Understand how the IY program is similar to and different from TF-CBT and consider whether the family may need a referral to TF-CBT prior to or after participating in an IY treatment.

IY Small Group Treatment Programs

Therapists delivering the child dinosaur small group treatment program to help children to learn and practice emotion language, to manage their anger, fears and depression through self-regulation strategies such as deep breathing, positive self-talk and positive imagery (happy places), to problem solve and to develop social skills in order to build supportive friendships (Webster-Stratton & Reid, 2005, 2008). Strategies in both the IY parent and child programs include cognitive, affective, and behavioral strategies which are also key elements in trauma-focused therapy. In essence, trauma-informed elements are woven throughout the IY parent and child programs. Frequently the child dinosaur program is offered alongside the parent program so that the language and methods used in the child program can be reinforced at home by the parents using similar strategies.

In the small group Dinosaur treatment program therapists using large life-size puppets develop scenarios (such as a trauma event) for the puppets that mirror some of the children's problems. For example, one puppet might be living with his grandmother or is in foster care because his mother is unable to care for him safely. This puppet talks to the children about what s/he does to stay safe and who s/he can talk to feel loved and then asks the children for their ideas about what to do when s/he feels unsafe when she visiting her mother. Or, a puppet might talk about her worries when s/he hears her parents fighting and ask the children for help knowing what to do when this happens. Recently, in a school that experienced the death of one of the students, the therapist prepared a lesson on loss and grief. The puppet shared with the children his sad and confused feelings about the recent loss of his grandfather. This allowed the children to develop an emotional vocabulary for talking about grief and sadness when they lose someone, realize the normality of these feelings, and learn things to do to cope with these feelings and ways to keep the memory of a loved person going. While all the children learn emotion vocabulary and the basic steps of problem solving, anger management and self-regulation strategies, they are helped by therapists to practice these strategies. Frequently the puppet is used either to model strategies or to ask for help from the children. By teaching the puppet

how to use a self-regulation strategy or to solve a problem, the children gain mastery over the material.

The children also learn coping skills such as using positive self-talk, positive imagery, behavioral practices, and methods or plans to stay safe. In the group they make friends who are supportive and may have had similar experiences. Video vignettes are another method of providing positive coping models for children. Children watch videos of other children who are expressing a variety of different emotions or who are interacting with peers, parents, and teachers in common every-day settings. Group leaders also model these positive cognitive self-talk and emotion language. Please see a chapter for more details about how the IY Child Social, Emotional and Problem Solving Curriculum prepares children to cope with trauma on our web site.

Summary

The table below summarizes the differences and similarities between the IY Trauma-informed IY program approach and the Trauma-focused treatment. For children whose primary difficulties reflect preexisting emotional and behavioral problems the IY programs may be sufficient. For those children whose primary behavior difficulties are triggered by trauma reminders then using the TF-CBT may be more appropriate. Some children and families may benefit from participating in both programs. Using the IY parent and child programs together offers promise for helping those children who have experienced multiple ACEs to develop supportive, nurturing relationships within a family that models developmentally appropriate parenting skills, emotional regulation, and effective problem solving. In turn, this leads to the development of children who feel safe, socially and emotionally competent and supported to cope in healthy ways with life's challenges.

Table I: Comparison of Content of IY Trauma-informed and TF_CBT

IY Trauma-informed	Trauma-focused TF-CBT
Psychoeducation In the IY parent program parents receive education about the causes of child misbehavior. They learn about the coercive cycle of misbehavior and the ABC's of functional analyses of how the antecedent (A) stimulus results in a particular misbehavior (B) that may or may not be reinforced by the consequences (C). They are taught the cognitive triangle connection between feelings, thoughts, and behaviors as well as how to develop behavior plans for targeted misbehaviors. They are encouraged to be aware of possible trauma reminders (A) that may result in inappropriate behavior. They learn there are many	**TF-CBT Phase one: Psychoeducation** Parents receive general education about the frequency of the specific trauma, who typically experiences it, what causes it and what common trauma related symptoms children exhibit as a way to obtain relief. This education reinforces accurate parent and child cognitions about what occurred, helps normalize their responses and helps them be aware of their child's trauma reminders that may trigger their trauma symptoms.

reasons for child misbehavior such the need for attention, because of negative behaviors modeled by parents, because other more prosocial behaviors have not been taught, or because of dysregulated emotional states (anger, frustration, anxiety, fear). Throughout the IY program parents learn about the importance of having a positive, nurturing, responsive relationship in terms of enhancing their children's social, emotional and academic development. The groups provide them with a support network which normalizes and validates their experiences while providing them with alternative coping approaches.	
IY Parenting Program IY parent program provides extensive training on being child directed, how to use persistence, social and emotion coaching, predictable routines, clear and consistent limits, proactive and patient ways to manage misbehavior, and approaches for teaching children emotional self-regulation, social skills and problem solving. Parents learn about effective communication skills and the importance of listening and validating their children's feelings. The benefits of developing a parent support team is an on-going theme. The family's life-context is also considered throughout the program and parent and child-interactions are considered in the context of the family's goals, needs, and circumstances.	**TF-CBT Phase one Parenting Skills** TF-CBT recognizes the difficulty of parenting effectively when a child or family has experienced trauma**.** TF-CBT promotes positive, nurturing parent-child relationships, differential attention to appropriate behavior, predictable routines and appropriate discipline responses to misbehavior.
Relaxation Methods **IY Parent Program** Focuses on helping parents to both model and teach self-regulation strategies for children such as use of deep breathing, positive self-talk, positive imagery and muscle relaxation. Additional attention is given to self-care methods for parents to refuel their energy and ability to stay calm. **IY Child Program**	**TF-CBT Phase one: Relaxation** Relaxation skills are taught early in TF-CBT therapy to help both parents and children manage stress. This includes focused breathing, and muscle relaxation exercises.

Therapists through the use of child-size child puppets teach children self-regulation strategies such as deep breathing, muscle tension relaxation and positive imagery.	
Promoting Feelings Literacy & Emotional Regulation **IY Parenting Program** Focuses on persistence, emotion, social and narrative language coaching with children and self-regulation strategies both for parents themselves to model as well as for ways parents can teach these self-regulation and problem solving skills to children. Parents learn about the importance of stopping and challenging their own negative thoughts and replacing them with coping thoughts, positive forecasting and self-praise. **IY Child Program** Therapists through the use of child-size puppets model emotional language and how to identify feelings in self and others. Children learn to use the calm down thermometer to manage their anger and stress through deep breathing, positive self-talk and positive imagery. The puppets help the children to learn how to ask for what they need in order to feel safe and loved by modeling this skill themselves. They model positive coping thoughts when describing their problem situations and asking for help. .	**TF-CBT Phase one: Affective Modulation** TF-CBT helps children express and modulate their feelings more effectively through the use of games and activities. Parents are helped to work through their own feelings about the trauma and to understand the importance of managing their own emotional regulation and to support their children's expression of their emotions verbally.
Social Skills and Problem-Solving **IY Parent Program** Focuses on helping parents learn how to teach their children social skills and to problem solve through the use of coached parent-child play times and during peer interactions. Parents focus on positive thinking about behaviors they want to see more of when working with children and challenge their negative thoughts about misbehavior by understanding the reasons for the misbehavior. **IY Child Program** Therapists, with the help of their child-size puppets,	**TF-CBT Phase one: Cognitive Coping** TF-CBT works on helping families make sense of the traumatic event. The therapist works to correct inaccurate or unhelpful cognitions about the traumatic event and parents are helped to understand the connection between thoughts, feelings and behaviors.

teach and coach children's problem-solving and friendship skills. Children make some of their first meaningful friendships in these groups. Cognitive coping is integrated in these sessions by helping children use alternative thoughts for a particular conflict situation. For example, understanding a child's action might have been a mistake or misunderstanding versus a deliberate attempt to blame or reject or hurt the child.	
Because the Incredible Years works with young children (ages 4-8 years) with a variety of behavior problems due to a variety of causes there is no separate program component that is includes a direct trauma narration exposure. In the child program the puppets mirror trauma or life events that have been experienced by the children in the group. The purpose of this is to allow the children to talk about their feelings or experiences with similar events if they desire. Frequently the puppets ask the children for solutions to help them manage sad thoughts or feelings about particular stressful events. The children inevitably want to help these the puppets learn to cope with their problems. The puppets and children act out some of these solutions to see how they will work.	**TF-CBT Phase Two: Gradual exposure through trauma narration and processing** Over the course of several sessions children are helped to describe more and more details of what happened before, during and after the traumatic event. The goal is to desensitize the child to traumatic reminders and decrease their withdrawal or avoidance or anxiety behaviors. During this interactive process of unweaving the trauma event, there is some type of book or poem or drawing that is created from the child's trauma story.
IY Parent-Child Practice Sessions The IY parent groups typically occur at the same time as the child groups (6 per group) but in separate rooms. At the end of some sessions one child will come in to the parent group with the child therapist to share what they have learned. Each week both parent and children have home practice child directed assignments designed to practice and reinforce the particular skill they have worked on during the weekly session. So parent-child interactions are worked on at home throughout the program and are debriefed at the start of every session. Parents and children practice these skills first in the separate parent and	**TF- CBT Phase Three: Integration and Consolidation** **Conjoint Parent-Child Sessions** In TF-CBT parents and the child meet at the end of each of their separate sessions to review review information, practice skills, share the child's trauma narrative and enhance their comfort in talking to each other. These sessions are not scheduled until parents have sufficient emotional control to participate in a positive way.

child groups and then are asked to try them out at home. Parents turn in home record diaries of these experiences so that therapists can determine the progress or difficulties parents are having. .	
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