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## Child Abuse & Neglect



# Giving a voice to traumatized youth—Experiences with Trauma-Focused Cognitive Behavioral Therapy<sup>☆,☆☆</sup>

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### ABSTRACT

The efficacy of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) has been shown in several randomized controlled trials. However, to our knowledge no one has studied the TF-CBT model from a user's perspective. The objective of this study was to explore traumatized youths' experiences of receiving TF-CBT. Thirty youths between 11 and 17 years old ( $M = 15$ ,  $SD = 1.8$ ) were interviewed using a semi-structured interview guide after they had received TF-CBT as part of an effectiveness trial. The interviews were analyzed according to thematic analysis. The youths' responses were grouped into four themes: (1) expectations, (2) experiences of talking to the therapist and sharing information, (3) experiences of trauma narrative work, and (4) experiences of change and change processes. Findings showed how an initial fear of talking about traumatic events and not knowing what to expect from therapy was reduced when the youth experienced the therapist as empathetic and knowledgeable. Talking to the therapist was experienced as positive because of the therapist's expertise, neutrality, empathy, and confidentiality. Talking about the trauma was perceived as difficult but also as most helpful. Learning skills for reducing stress was also perceived as helpful. Important change processes were described as resuming normal functioning and getting "back on track," or as acquiring new perspectives and "moving forward." Because TF-CBT is recommended as a first line treatment for traumatized youth and treating posttraumatic stress may entail special challenges, understanding more about how youths experience this mode of treatment contributes to our knowledge base and may help us tailor interventions.

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### Introduction

In recent years an increasing amount of literature documenting children's views of the services they use has been published (Armstrong, Hill, & Secker, 2000; Dance & Rushton, 2005; Lightfoot & Sloper, 2003; Young, Nicholson, & Davies, 1995). In a literature review of adolescents' views of doctors, other healthcare professionals, educational psychologists, mental health, and social workers, Freake, Barley, and Kent (2007) identified 12 themes that emerged concerning the youths' experiences of receiving help from such professionals. Some of the important themes for the youths were: "What I

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tell them is confidential”; “They explain things and give me advice”; “They listen to me”; “They are kind, caring, sympathetic, understanding”; “I can trust them”; “They are competent, experienced, and qualified”; “They are nonjudgmental”; and “I feel comfortable and it’s easy to talk.” In this review, a large range of professional settings were examined, and the results give us important insights into how youths would like to be treated by adult professionals. However, none of the reviewed studies were with traumatized youths in therapy.

Although some such studies are emerging, research into children’s experiences with psychotherapy is still limited (Davis & Wright, 2008; Freake et al., 2007). Importantly, studies show that children can convey important information about how they experience therapy when asked. For instance, some studies have shown that many children did not know why they were coming to therapy or how they were supposed to act in the sessions, leaving them anxious in the first meetings (Jensen et al., 2010; Lobatto, 2002). Day, Carey, and Surgenor (2006) found that children thought it was important that the therapist was sensitive to when they were ready to talk about difficult topics. In a recent study, Donnellan, Murray, and Harrison (2013) examined adolescents’ experiences with cognitive behavioral therapy. In this study, the youths highlighted the importance of engagement and the therapeutic relationship in addition to issues related to change factors and deliverance. Such research is important because it can help us understand how to deliver therapy in a way that is useful and meaningful to these children. Listening to children can improve the quality of therapeutic work with children. Studies examining traumatized youths’ perceptions of therapy are nonetheless virtually nonexistent.

For children who have experienced trauma and suffer from post-traumatic stress symptoms, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is recommended as a first line treatment both in the practice parameters of the American Academy of Child and Adolescent Psychiatry (Cohen et al., 2010) and in the UK (NICE, 2005). TF-CBT is a component-based, manual-guided, short-term intervention. The treatment consists of psycho-education about trauma and trauma reactions, stress-management training, work with affect expression and modulation skills, creation of a trauma narrative and alteration of maladaptive appraisals. The parents are involved in the therapy process to a large degree through conjoint and separate sessions (Cohen, Mannarino, & Deblinger, 2006).

Despite the fact that several studies have documented the effectiveness of TF-CBT for reducing a range of symptoms in children suffering after traumas (Silverman et al., 2008), no one has yet studied the TF-CBT model from a user’s perspective. Therefore, we know little about what children themselves experience as helpful. Because therapeutic work with traumatized children who struggle with posttraumatic stress symptoms may entail specific challenges, gaining greater knowledge from the children themselves about what is experienced as difficult or helpful in therapy may bring the field a step closer to helping the many children who suffer from traumatic experiences.

One specific challenge facing therapists working with traumatized children is how to get children to collaborate in the necessary therapeutic tasks. One core component considered necessary in the treatment of posttraumatic stress reactions is working through the child’s trauma history. However, this is often challenging because talking about the trauma can result in re-experiencing the trauma and is therefore something children try to avoid. Additionally, Creed and Kendall (2005) found that children who were pressured by their therapist to talk about something that caused anxiety subsequently evaluated the therapeutic working alliance as poor. Because several studies have shown that a good therapeutic working alliance between the therapist and the client is a key factor in ensuring good outcomes in therapy (Shirk & Karver, 2003), including youths receiving TF-CBT (authors’ own publication), it is essential for a therapist to know how to balance the need to address troubling issues with the child’s avoidance of these issues. Better knowledge of how this is experienced from the child’s perspective may give valuable insights into this dilemma.

Another challenge for therapy with traumatized children is that they have often experienced what Pynoos (1994) depicts as “a fracture of the protective shield.” In other words, the children experience a reduced confidence in their parents’ and other adults’ ability to protect them from danger. In line with this, Janoff-Bulman (1992) describes how experiencing a traumatic event can lead to changes in people’s core assumptions about themselves and the world so that they no longer feel that the world is a safe place, that other people are good and trustworthy, or that they can control negative events. Reduced trust in other people can create challenges for the therapist’s work in establishing a good therapeutic alliance, because the therapist cannot assume that the child will have positive expectations of therapy or trust the therapists’ good intentions (Jensen et al., 2010). Thus, understanding more about traumatized children’s expectations of therapy may be important in guiding therapists during the initial phase of treatment.

We also know little about how youths perceive change and change processes. In the previously mentioned study by Donnellan et al. (2013), the youths described changes as an absence of difficulties or as changes in their sense of self. Some youths also described change as allowing them to do things they used to do as opposed to developing new perspectives and moving forward in their lives. In the psychotherapy literature, agreement on goals and on the therapeutic tasks needed to achieve these goals is often described as pivotal for treatment outcomes (Shirk, Karver, & Brown, 2011). Understanding more about what youths consider to be important therapeutic changes and achievements may aid therapists in attaining a good therapeutic collaboration and in enhancing treatment outcomes.

This paper seeks to bridge knowledge gaps and enhance therapy methods by exploring traumatized children’s experiences with receiving TF-CBT.

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