Original Research Article

Trauma- Focused Therapy on adolescent post-traumatic stress: A Case Study

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ABSTRACT

Trauma exposure, especially in growing age has been known to have unwanted short term and long-term effects on an individual's personality. Childhood trauma increases the likelihood of developing posttraumatic stress disorder symptoms, as well as depression and behavioural issues in later life. Approximately 5% of children and adolescents will experience posttraumatic stress disorder (PTSD) in their lives. However, posttraumatic stress disorder symptoms are experienced by 20% to 50% of children who have been exposed to trauma. The intervention plans tailored specifically to meet the needs of children and adolescents in the wake of trauma has been a significant advancement in the field due to the high rates of trauma among children and the potential long-term impact of PTSD and related conditions. Trauma-focused Cognitive Behavioral Therapy is known as one of the best empirically supported interventions for childhood trauma. This case study investigates the usage and efficacy of Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) on a 15-year-old female adolescent, presented with severe trauma and grief after her sibling was killed violently. The case study examines how TF-CBT affects affective dysregulation, unhelpful behaviours, physical complaints, intrusive thoughts about past trauma, harmed relationships, and general wellbeing. The 12-session intervention plan was centred on stabilization, cognitive coping and processing, trauma narration and processing, integration and consolidation. Results show that post-traumatic symptoms were significantly reduced. In addition, emotion regulation of the client also improved. Overall findings suggest TF-CBT to be effective in improving the trauma related emotional and behavioural symptoms in the indexed case.
Keywords: Trauma Focused Cognitive Behavior Therapy; Adolescents; Post Traumatic Stress Disorder; Mental Health

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INTRODUCTION

According to the American Psychological Association (APA) [1], trauma is an emotional reaction to a very bad incident. Even while trauma is a common response to a terrible incident, the effects can be so severe that they make it difficult for a person to lead a regular life. Help could be required in this situation to treat the stress and dysfunction brought on by the traumatic event and returns the person to a level of emotional well-being. An extremely negative occurrence that has a long-lasting effect on the victim's mental and emotional health might create trauma. While many traumatising events are physically violent, some traumatising events are psychological in origin. Being there during a traumatic occurrence might cause trauma, however it is not always the case. It is also possible to experience trauma after distantly observing something. To secure their emotional wellbeing following a stressful occurrence, young children should be psychologically assessed [2]. They are particularly susceptible to trauma. There are some basic markers of trauma that can be seen, even though the causes and symptoms of trauma vary. People who have been through terrible experiences may appear disturbed and confused. They frequently appear distant or

unresponsive even when speaking, and they might not react to conversations the way you would expect them to.

Anxiety is another hallmark of a trauma survivor. Trauma-related anxiety can cause issues including night terrors, jitters, irritability, poor focus, and mood changes. These signs of trauma are widespread, however they are not all present [3]. Different people react differently to adversity. Even the victim's closest friends and family might at times hardly detect trauma. These incidents highlight the value of talking to someone after a stressful occurrence, even if they first display no signs of distress. Days, months, or even years following the traumatic occurrence, trauma symptoms may appear. One of the most frequent ways that trauma emerges is through emotion. Denial, rage, grief, and emotional outbursts are a few of the frequent emotional signs and symptoms of trauma [4]. Trauma victims may channel their intense feelings away from themselves and toward other people, including friends or family. Trauma is challenging for loved ones as well, and this is one of the reasons why. Understanding the emotional signs that follow a traumatic experience can help make it easier to support someone who pushes you away [5]. Trauma frequently takes both physical and emotional forms. Paleness, lethargy, exhaustion, poor focus, and a rapid heartbeat are a few prominent physical indicators of trauma. The victim may have anxiety or panic attacks and find it difficult to handle certain situations. After a traumatic occurrence, it's important to take precautions to control stress levels since the bodily symptoms of trauma can be just as real and disturbing as those of physical injury or illness. All the effects of trauma might manifest themselves either quickly or gradually over days, weeks, or even years. To avoid lasting repercussions, any trauma-related symptoms should be treated very away. The possibility of a victim making a successful and complete recovery increases with the speed at which the trauma is addressed. Trauma can have both short-term and long-term impacts, but the latter are typically more severe. After trauma, short-term mood changes are very common, but if the changes persist for more than a few weeks, a long-term effect may develop [6].

A manualized technique called Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is available for children and adolescents who have been exposed to trauma and are showing signs of trauma-related mental illness [7]. The Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) was initially created for non-offending carers of sexually abused children. The negative cognitions (thoughts and beliefs) of traumatic situations that cause upsetting feelings and psychopathology are easier to recognise and improve with CBT. Encouragement to stop behaviours and debunking of the incorrect interpretations are the main goals of cognitive techniques. Cognitive therapy focuses on rumination and overly cautious behaviour. A family-centered approach is used in TF-CBT. Treatment for TF-CBT is component- based and phase-based. Average length of the TF- CBT is 12 Sessions [8]. It places a focus on proportionality and incorporates each component's gradual exposure. Parents and children can communicate privately during concurrent individual sessions. TF CBT aids in addressing and resolving the emotional repercussions of trauma in both children and adults.

METHODOLOGY

Case Introduction

The indexed client, a 15-year-old female, is a Hindu student, studying in class 9. She hails from an urban area of West Bengal, India. She comes from a middle socio-economic background, living in a nuclear family with parents.

Presenting Complaints

The indexed client was presented with the complaints of recurring nightmare, panic symptoms, fear of load noises, behaving aggressively, and self-harm and withdrawal behaviours. These symptoms emerged two months ago following a traumatic event in the client's life. She tragically witnessed her elder sister's violent death in a road accident. The client's relationship with her sister was exceptionally close.

History

Symptoms were precipitated two months back when she witnessed her elder sister died violently in a road accident. It was mentioned during clinical interview, that the client used to share cordial relationship with her parents and was most close with her sibling who died in the accident. In the first session, the client was reluctant to express and hesitant to communicate with the therapist. In second session, when she was motivated to talk, she became emotionally overwhelmed and crying at times. Gradually she started expressing and was engaged in the interactive process during which the client discussed about the triggering event and experiences including associated thoughts and feelings. She also mentioned about somatic symptoms i.e., headache, feelings of nausea that usually present during the period of time. Before the traumatic event, the indexed client shared a warm and cordial relationship with her parents. However, her

strongest bond was with her elder sister, who she tragically lost in the accident. This loss had a profound impact on the client's emotional well-being.

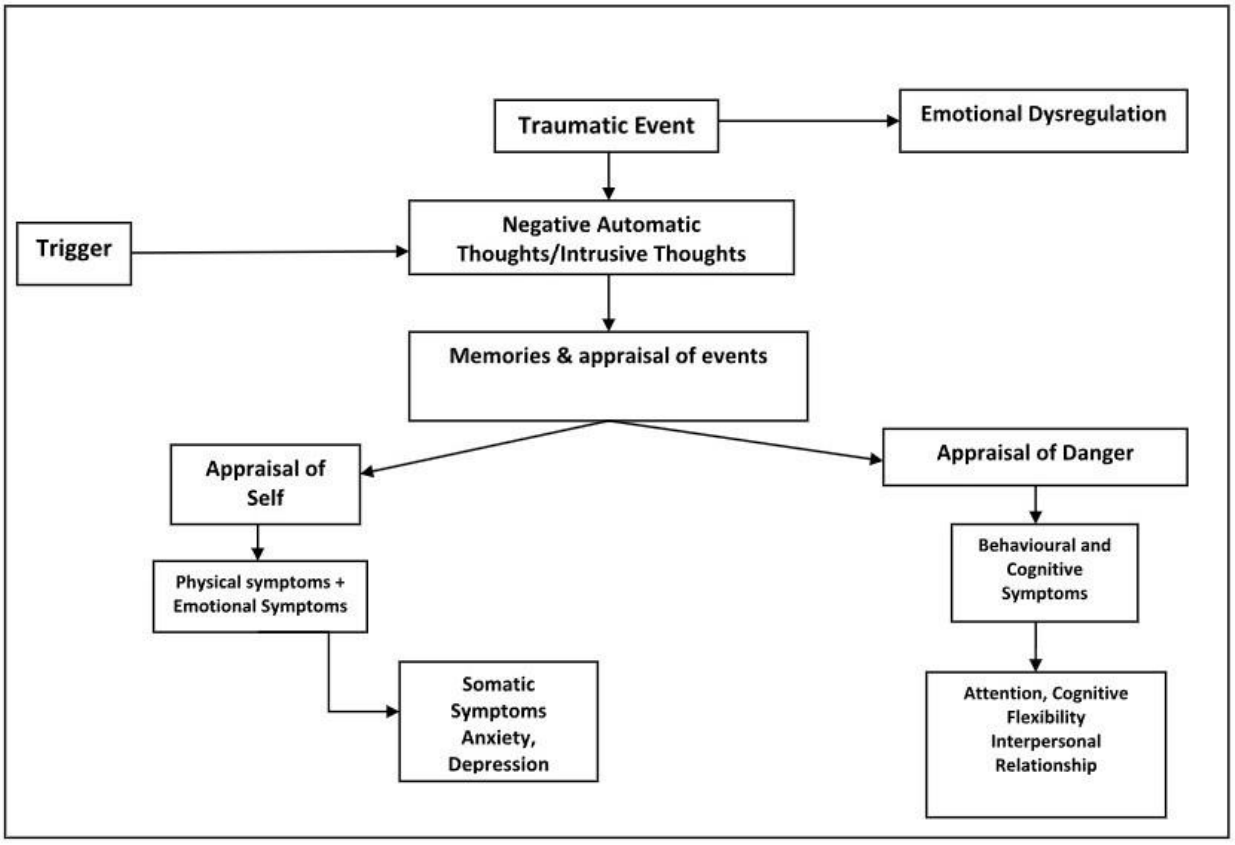
Assessment

After conducting an extensive clinical assessment, which encompassed a detailed clinical history and a thorough mental status examination, a comprehensive baseline interview was conducted. Qualitative assessment of content of thoughts suggested presence of negative self-beliefs; apprehensions were present in the client. Intrusive thoughts and memories related to the event were also found to be present.

Clinical Case Conceptualization

The client's presenting complaints can be comprehensively conceptualized within the framework of Cognitive Behavioral Therapy (CBT) for trauma [9]. The traumatic life event, specifically her sister's tragic death, served as the precipitating factor that initiated the client's emotional dysregulation. This event triggered a cascade of negative automatic thoughts and intrusive thoughts, which are common features in trauma-related distress. The cognitive appraisal of the traumatic event, encompassing both primary and secondary appraisal, was a crucial aspect of her emotional response. During this process, the client evaluated the significance of the event, her perceptions of threat, the associated memories, and the expected outcomes. These cognitive appraisals subsequently influenced her beliefs about herself and her understanding of the traumatic experience. Within the CBT framework, it is important to recognize that the traumatic event led to the development of various cognitive distortions, such as catastrophic thinking, self-blame, and overgeneralization. These cognitive distortions perpetuated her emotional distress and contributed to the development of symptoms associated with post-traumatic stress disorder (PTSD), including recurring nightmares, panic symptoms, and an aversion to loud noises [10]. The therapeutic process, informed by CBT for trauma, will focus on identifying and challenging these negative automatic thoughts and cognitive distortions. Additionally, the treatment will involve helping the client reprocess the traumatic memories in a safe and structured manner, thereby reducing their emotional intensity and distressing impact. Overall, the CBT model provides a robust framework for understanding the cognitive processes, emotional responses, and symptomatology related to the traumatic event and guides the therapeutic approach toward symptom reduction and emotional healing.

Figure 1: Case Conceptualization



Treatment:

Table 1: Intervention plan & Management Goals:

Domain	**Target behavior**
Affective	Anxiety, sadness, anger, affective dysregulation
Behavioural	Avoidance of trauma reminders, self-injurious behaviors, Maladaptive behaviors
Biological	Hypervigilance, poor sleep, increased startle, stomachaches, headaches
Cognitive perceptual	Intrusive trauma-related thoughts & memories; maladaptive trauma-related beliefs
Social	Impaired relationships with family, friends, peers, Social withdrawal

The intervention plan was based on affective modulation and replacement of negative thoughts and feelings to adaptive thoughts. The sessions were initiated with the aim of rapport establishment. Following are the gradual steps focused in the present therapeutic plan:

A. Stabilization Phase (1- 4 sessions)

- **Psychoeducation**
  In present case, psychoeducation was one of the pioneering stages to establishment of rapport with the client. In initial sessions, the client was resistant and was having difficulty to express her feelings. Psychoeducation was focused on assuring hope and recovery. Information about the effect of trauma was explained to her and facts about the trauma events and reactions were discussed with her. In the sessions, normalizing her emotional and behavioural reactions was intended. Educating the family members regarding her complaints was also done in the sessions.
    - Therapist: *"I understand that it may be difficult for you to express your feelings right now. I want you to know that there is hope for recovery, and we are here to support you through this journey."* The therapist explains the effects of trauma to the client and discusses the specific trauma events and reactions.
    - Therapist: *"It's normal to have strong emotional and behavioral reactions after experiencing a traumatic event. You're not alone in this."*

- **Parental Counselling**

In initial sessions, parents themselves were in poor psychological conditions as they lost their child. Not many sessions were done with the parents, only it was focused on the consequences of client's current mental conditions and dos-don'ts. During the initial sessions, providing parents with psychoeducation about their child's mental health condition can be crucial. It helps parents understand the impact of trauma on their child and provides them with knowledge about common reactions and symptoms.

Areas to be included in Psychoeducation:

- Effects of Trauma on Child's Mental Health
- Understanding Trauma Reactions
- Normalizing Emotional and Behavioral Responses
- Supporting Recovery and Resilience

i. Emotional Support:

Parents are also dealing with their own grief and trauma following the loss of their child. Providing them with emotional support and a safe space to express their feelings is important. This included validating their emotions, offering empathy, and normalizing their experiences.

Emotional Support Strategies:

- Active Listening
- Validation of Emotions
- Empathy and Understanding

ii. Coping Skills:

Parents needed effective coping skills to manage their own emotions and support their child. Introducing coping strategies such as relaxation techniques, positive imaging, self-care practices, and stress management was helpful.

iii. Communication and Boundaries:

Improving communication between parents and their child was essential for understanding their needs, concerns, and progress. Setting healthy boundaries and establishing open and supportive channels of communication to strengthen the parent-child relationship.

iv. Collaborative Problem-Solving:

Collaborative problem-solving involved working together with parents to identify challenges their child may face and developing effective solutions. It empowers parents to actively participate in their child's therapeutic journey.

- **Relaxation Skills:**

Relaxation skills were individualized to meet the need of the client. The client was having panic-like symptoms and she was becoming agitated at times. learning the relaxation skills were difficult for her at first but gradually she became emotionally and physically comfortable with the process. In the sessions, relaxation was practiced, and it was asked to monitor regularly. Rationale for the skills was also explained to her. During the relaxation skills phase, the therapist focused on individualizing the relaxation techniques to meet the specific needs of the client. The client was experiencing panic-like symptoms and agitation, indicating a high level of anxiety. Initially, the client found it challenging to learn and implement the relaxation skills. However, with consistent practice and guidance from the therapist, she gradually became more comfortable both emotionally and physically. The rationale behind the relaxation skills was explained to the client. The therapist highlighted how anxiety can manifest in the body, leading to increased physiological arousal and discomfort. By engaging in relaxation exercises, the client learned to activate body's relaxation response, which counteracts the stress response associated with anxiety.The outcome of the relaxation skills phase was positive. As the client continued to practice and integrate relaxation techniques into her daily routine, she reported a reduction in her panic-like symptoms and a greater ability to manage her anxiety. The client experienced a sense of calmness and improved emotional well-being. Furthermore, she developed a greater understanding of the connection between her thoughts, emotions, and physical sensations, which empowered her to utilize relaxation skills as a coping mechanism in various situations.

B. Trauma Narrating and processing Phase (5- 8 sessions)

- **Affective Expression and Modulation:**

To begin the process, the client engaged in a trauma narrative, a therapeutic technique that allows individuals to give meaning to their traumatic events and process their painful memories through exposure. The therapist created a safe and supportive environment for the client to openly share her thoughts and feelings related to the trauma. The client was encouraged to describe the sequence of events leading up to the trauma, starting from what happened before the day of the traumatic incident. This included narrating the events that occurred from the start of the day before the traumatic event took place. In sessions, emotional vocabulary was expanded with the client, she was asked to identify and learn how to express her emotions. The association between thoughts, feelings and behaviour was made clear to her. Conflicting feelings related to the trauma event was tried to be normalized. In the session, trauma narrative was taken from the client. Trauma narrative is a technique used to give meaning to the trauma, and it is a form of sensing and experiencing the painful memories through exposure. The client was encouraged to share the thoughts and feelings during the event. She discussed about the most difficult part of the trauma as well.

Process includes

- What happened before the day of trauma
- Narration about the events from the start of the day before the event
- Present condition
- The work backward

The process involved employing various technical terms and techniques, including:

i. Affective Expression: The therapist helped the client expand her emotional vocabulary and encouraged her to express her emotions related to the trauma. This involved identifying and labeling specific emotions experienced during the traumatic event and its aftermath.

Therapist: *"Can you tell me what emotions you felt during the traumatic event?"*
Client: *"I remember feeling terrified, shocked, and overwhelmed."*

ii. Emotional Regulation: The therapist assisted the client in developing strategies to modulate and regulate her emotions effectively. This involved teaching her coping skills such as deep breathing exercises, grounding techniques, and self-soothing activities.

Therapist: *"When you find yourself overwhelmed by these intense emotions, we can practice deep breathing together. It can help you feel more grounded and in control."*

iii. Normalizing Conflicting Feelings: The therapist acknowledged and normalized the client's conflicting emotions related to the trauma. This process helped the client understand that experiencing a range of emotions simultaneously or having mixed feelings about the traumatic event is a common response.

Therapist: *"It's understandable to feel both sadness and anger about what happened. Your conflicting emotions are valid, and it's important to explore and process them."*

Table 2: Techniques Used and Therapy Process:

Techniques	Process	Statements
Cognitive Distortion Identification	Identifying and recognizing cognitive distortions, faulty or irrational thought patterns. Challenging and modifying them.	*"When you think about the traumatic event, are there any thoughts or beliefs that feel exaggerated or unrealistic?"*
Cognitive Restructuring:	Challenging and replacing negative or distorted thoughts with more accurate and balanced ones. Using examining evidence, considering alternative perspectives, and generating more helpful thoughts.	*"Let's examine the evidence for and against your belief that you were completely responsible for the traumatic event. Are there any other explanations or factors we need to consider?"*
Cognitive Reappraisal	Reevaluating perceptions and interpretations of the trauma-related events. Promoting more realistic and adaptive understanding of the experience.	*"You mentioned feeling intense guilt about not being able to prevent the traumatic event. Let's challenge that belief and explore whether there were factors beyond your control that contributed to the outcome."*
Other CBT techniques	Thought records, cognitive reframing, and behavioral experiments. Promoting positive behavioural change	*"Let's work on creating a thought record together. We'll identify a triggering situation,*

		examine your automatic thoughts, and find alternative ways to interpret the situation."

C. Integration and consolidation Phase (9 -12 sessions)

- **Cognitive Coping & Processing:**

During the Cognitive Coping & Processing phase of TF-CBT, the therapist focuses on identifying and correcting cognitive distortions and beliefs associated with the trauma. The goal is to help the client and their parents understand accurate and inaccurate cognitions related to the traumatic experience and to correct cognitive errors that contribute to unhealthy thought processes. Several techniques are employed to address cognition and promote healthier thinking patterns.

- **Conjoint Child parent session**

During the integration and consolidation phase, the therapist conducts a number of joint sessions with the child and the parents. This offers chances to practise and improve direct communication between family members before the end of treatment regarding the child's traumatic experiences and other crucial subjects.

- **Enhancing safety and developmental trajectory**

In the domain of enhancing safety and developmental trajectory, the final component of the PRACTICE skills focuses on maintaining and optimizing safety for the individual, as well as helping the child regain their developmental trajectory. In the case study mentioned earlier, where a child experienced trauma after the loss of a sibling in an accident, this component becomes crucial in addressing risk-seeking behaviors and providing additional safety skills. To address risk-seeking behaviors, the therapist in the case study would work with the child and the parents to develop strategies and interventions aimed at ensuring the child's safety. This may involve setting clear boundaries, teaching the child about potential risks, and helping them develop effective coping mechanisms when faced with triggering situations.

Treatment Process-related factors

Several complicating factors are intertwined in this case. Firstly, the client's traumatic experience of witnessing her sister's violent death has led to complex grief and post-traumatic stress symptoms, exacerbating her emotional distress. Additionally, the client's reluctance to communicate her emotions initially hindered the therapeutic process, necessitating a more delicate and gradual approach to establishing rapport and facilitating emotional expression. Furthermore, the client's somatic symptoms, such as headaches and nausea, present during periods of distress, add an additional layer of complexity to her overall symptomatology. Her profound attachment to her late sister, a primary figure in her life, intensifies her grief and complicates the process of adaptation and healing. Lastly, her young age and developmental stage as an adolescent require special consideration in tailoring therapeutic interventions that are developmentally appropriate and sensitive to her unique needs and challenges.Several reasons are impeding access to care in the current situation. The client's adolescent age and early reluctance to share her feelings make establishing a good therapeutic relationship difficult. Her socioeconomic status and geographic location may further limit her access to specialised mental health care. The cultural stigma associated with mental health concerns, as well as the necessity for trauma-informed therapy, hinder her road to recovery. To overcome these hurdles, a complete strategy will be required; including psychoeducation, greater access to specialised services, and culturally relevant interventions to ensure the client receives the essential care and support.

Follow-up

After the initial treatment, the client experienced a substantial reduction in symptoms, and this progress remained consistent throughout a six-month period. Monthly follow-up sessions were conducted during this time to closely monitor the client's status and ensure the sustainability of her improved well-being. After a total of six months of psychotherapy, it was determined that the client had made significant strides in her recovery, leading to the decision to conclude formal treatment. However, the client was reassured that she could request follow-up sessions whenever necessary, preserving the ongoing connection and support for any potential future needs or concerns.

Table 3: Qualitative Analysis of Pre and Post intervention

Symptoms	**Pre-intervention**	**Post-intervention (After 12 sessions)**	**Follow up (after 6 months)**
Anxiety symptoms	Panic like symptoms	Decreased	Absent

Sadness	Low mood	Can regulate effectively	At normal level
Affective dysregulation	Dysregulation High	Decreased	Can control effectively
Intrusive trauma related thoughts and memories	Present	Rare	Mostly not present
Social withdrawal	Not interacting	Started interacting with others	Significantly improved

DISCUSSION

Treatment Implications of the Case

The case study described the application and efficacy of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in a child who experienced trauma after the loss of a sibling in an accident. TF-CBT is a flexible component-based therapy approach that incorporates both individual child sessions and joint child-parent sessions. It aims to address the affective, behavioral, and cognitive issues that arise in children following traumatic experiences. Affective dysregulation is a common issue seen in children who have experienced trauma. This can manifest as sadness, fear, worry, or anger. Children may struggle to control or regulate their emotions, leading to mood swings or difficulties in managing their emotional reactions. It is essential for therapists to identify the underlying causes of affective dysregulation to effectively address the child's issues. Behavioral issues in traumatized children often involve avoidance of traumatic memories or a desire to avoid discussing upsetting topics. TF-CBT recognizes the importance of addressing avoidance behaviors and encourages open communication about challenging or distressing experiences. The therapy model includes individual child sessions and joint child-parent sessions to facilitate effective parenting and enhance parent-child communication.

Research has supported the effectiveness of TF-CBT with various populations, including children who have experienced sexual abuse, domestic violence, natural disasters, neglect, and traumatic grief. Studies have shown positive outcomes in reducing post-traumatic stress disorder (PTSD), depression, anxiety, and externalizing behaviours in children who receive TF-CBT [11-15]. Children who are experiencing complicated grief in which posttraumatic stress symptoms develop after the traumatic death of their loved ones [16] and it include unresolved grief and PTSD symptoms together [17-18]. Cohen and others [18] describe an adapted version of TF-CBT for traumatic grief (also known as Traumatic Grief Cognitive-Behavioural Therapy; TG-CBT), which incorporates a manualized four-session traumatic grief protocol in addition to the normal TF-CBT model. The four grief components are as follows: providing grief-focused psychoeducation; resolving negative and/or ambivalent feelings about the deceased; consolidating and maintaining positive memories of the deceased; and placing the deceased's relationship in the appropriate context while focusing on present relationships with others. TF-CBT also addresses feelings of guilt and blame that children often experience following trauma. By improving parent-child communication and providing support to both the child and the parent, TF-CBT promotes positive parenting practices and creates a supportive environment for the child's recovery [19].

CONCLUSION

The effectiveness and application of TF-CBT in group settings are topics of significant interest. TF-CBT has shown efficacy in treating PTSD, depression, anxiety, and externalizing behaviors. The active involvement of nonoffending caregivers is crucial in TF-CBT, and various creative activities such as picture books, play, painting, singing, and role-playing are incorporated into the therapy process. TF-CBT has demonstrated effectiveness in treating young children who have experienced trauma and their caregivers. It is important to consider the developmental stage of the child and tailor the therapy approach accordingly to achieve successful outcomes. TF-CBT actively involves caregivers and incorporates creative activities to engage children in the therapeutic process and promote healing. Continued research and exploration of TF-CBT in group settings further contribute to understanding its application and effectiveness in various contexts.

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