Trauma-Focused CBT for Children After Community Disasters: Katrina and 9/11

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TF-CBT Components: PRACTICE

- Psycho-education/Parenting
- Relaxation
- Affective expression/modulation
- Cognitive coping
- Trauma narration/processing
- In vivo mastery of trauma reminders
- Conjoint child-parent sessions
- Enhancing safety and future developmental trajectory
Is TF-CBT the Right Treatment?

- Target symptoms: PTSD, depression, anxiety, and behavioral symptoms secondary to any type of trauma.
- TF-CBT treats children ages 3-18, with and without parental participation, schools, group home, foster home and in-home, camps, etc.
- After disasters access to treatment may be a crucial factor--provide it where kids are.
Evidence That TF-CBT Works

- Six RCT for sexually abused/multiply traumatized children comparing TF-CBT to other active treatments
- One study for children in foster care with various traumas compared to TAU
- In all studies children receiving TF-CBT experienced significantly greater improvements in a variety of symptoms
- PTSD symptoms consistently improved significantly more in the TF-CBT groups.
How we started working with children affected by disasters

TF-CBT for Children Exposed to Disasters

- Two open studies of TF-CBT for Childhood Traumatic Grief (CTG)
- Project Fleur-de-lis™ after Hurricane Katrina used a stepped care model; in 3 schools compared TF-CBT to Cognitive Behavioral Interventions for Trauma in Schools (CBITS)
- Child and Adolescent Trauma Treatment and Services (CATS) Project after 9/11: matching model using TF-CBT and UCLA CBT model for children affected by terrorism
Childhood Traumatic Grief

• CTG definition is in flux: PTSD symptoms after a death the child experiences as traumatic
• CTG components:
  • Grief psycho-education
  • Grieving the loss; resolving ambivalent feelings about the deceased
  • Preserving positive memories
  • Redefining the relationship; committing to present relationships
• Closure issues
Hurricane Katrina

• Hurricane Katrina: October 29, 2005 made landfall, levees breached forcing evacuation of >500,000 inhabitants of New Orleans, more than 1000 fatalities.
• Many couldn’t leave, took refuge in two large shelters where children witnessed additional adversity (lack of basic needs) and traumas (serious illness, deaths, emotional familial separations, acts of violence).
• New Orleans: “Murder Capital of US”
What You Should Know About the Emotional Impact of Hurricanes

A hurricane is a tropical storm with strong winds, heavy rains, and very high tides. The most severe weather is centered around the eye of the storm, which can be up to thirty miles wide. Hurricanes move slowly and cover vast areas, up to four hundred miles. A hurricane can last for more than two weeks and can travel up the entire length of the eastern coast. The hurricane season lasts from June 1 to November 30 with August and September being the peak months. Approximately five hurricanes make landfall every five years, two of which are major storms.
• Sisters of Mercy of New Orleans and several private organizations funded PFDL
• Model for screening children in schools and providing stepped care for those in need of MH services
• 3 interventions used: Classroom Based Intervention (CBI), CBITS, TF-CBT in stepped fashion.
• AGH, RAND and Mercy Family Center collaborated to conduct a study in 3 PRDL schools.

• Screened 197 children for PTSD symptoms (125 met criteria)

• Randomized to CBITS in schools or TF-CBT at MFC

• Plan: develop an algorithm for assigning children to optimal intensity of treatment post-disaster
Results

• Most common trauma = traumatic death
• Access was a major barrier to receiving TF-CBT: distance from home or school to MFC was a significant predictor of receiving TF-CBT, not CBITS (provided during school).
• 20 came to TF-CBT assessment; 14 qualified and completed treatment versus 54 for CBITS
• TF-CBT was more effective at improving PTSD symptoms
Outcome graph

S_PTSDTOT

Baseline 4-month 8-month

- CBITS: Y (57)
- NO RISK (74)
- TF-CBT: Y (15)
• Predictors of worse outcome in CBITS group:
  higher initial PTSD score; higher initial depression score; additional exposure to trauma during treatment

• Conclusions: after a disaster like Katrina, a co-locate services in schools. Optimally provide both CBITS AND TF-CBT (CBITS cost-effective for mild symptoms; TF-CBT optimal for higher symptoms, co-morbidity).
My name is Hayla. I am 10 years old. I live with my mother in New Orleans, I go to school at 8:30.

Now I live in a trailer with my mother, my mother's boyfriend, my brother, and my grandmother. I like to sing in the show and play with my friends. I used to go to a different school and live in a different place.

When I was little, I lived with my mom and my dad. They always fought. My dad would call my mom bad names. Sometimes he would hit her. It made me feel sad. I would make me think they didn't love each other. Sometimes I thought it was because of me. One time my dad hit my mom so hard she fell down and hit her head on the floor. She was bleeding. Her face was covered with blood. I was afraid. I started crying. My body was sick inside. I thought she might die and I wouldn't have a mom. My dad told me to shut up and call 911. I called and said please hurry my mom is bleeding. Please Jesus hurry. They came and brought her to the hospital in the ambulance.
my dad said she tried and fell down. I was scared. I thought my mom would die and I was afraid of anything happening to my dad. Why did this happen? My grandma came and prayed with me. My dad said everything would be ok. I prayed to Jesus for my mom to come back to me. The doctor came and said that she would be okay. I cried and cried and said thank you dear Jesus.

I thought after that things would be ok. But it just kept getting worse at my house. The boy was living with us leaving. I thought what will dad do? What will happen when he finds out? Where will we live? I felt scared and confused. But also relieved. No more fighting. No more worrying about my mom getting hurt, and that seemed like it was a good thing. So we moved to a different place (our old apartment) where my grandma lived. What happened then was that I started to visit my dad on the weekends. I really missed him in away for I
I wanted to wait, but the waiting wasn't always good.

The visit my mom called. She wanted to come and get me. She said there was a big storm coming on New Year's Day, 2005. She said we had to leave New Orleans and she wanted to pick me up and take me with her. My dad said that it was his weekend with me, and she couldn't take me during his weekend. I felt scared. I was thinking that I wanted my mom and grandma. My body felt shaky. I heard on TV that people were supposed to leave. I asked my dad when we were leaving, and he said, "We're not going anywhere." I was afraid to pay anything but he could tell I wanted to because he called me a greedy cat. He said everyone who left was a bad name that didn't
My mom called again and she called her the B-word and hung up on her. I felt all alone. I was prying to myself that I could change his mind.

After a long time water started coming into the floors. My dad got really mad. I thought he was mad at me. He water came up to my ankles and then up to my legs.

Finally my dad said we should go. We went to the basement. We walked through the water. It smelled bad. Our bodies and our time I fell down and the dirty water got all over me. I was afraid. I thought I would never see my mother again. My father yelled at me to come on and not be a baby.
The hardest part of it all was the smell. The toilets were broke and everything smelled terrible. It was so hot I felt weak, my dad kept yelling and I was afraid of what he might do. At night I heard people scream and cry. There was one nice lady next to me who reminded me of my grandma. She told me everything would work out okay. I heard her singing a song one time that I knew from school and I asked my dad if I could sing with her for a minute. He said it was okay and I listened to her sing. It made me feel safer.

Finally the buses came and took us to Texas. I didn't know if my mom was there or how I would ever find her. It took two weeks before I found my mom and grandma and brother. When I...
Finally, I saw my mom—I never wanted to let go ever again.

Now I am back in New Orleans with my mom and grandma. I still see my dad. I have learned a lot of things from going through Hurricane Katrina and living through my family's problems. This is what I would tell other kids about these things.

Domestic violence is hurting people in the home. It hurts everyone in your family. Don't do it.

If you're living with parents with domestic violence, it's not your fault. You are only a kid and you can't change grown-ups. Try to get to a safe place. Call 911 if you can.

Have a safety plan for disasters. It's better to be safe than sorry. Go to therapy; it will help if you are scared.

If you have a mom who loves you, you are the luckiest kid in the world.

THE END ❤
After 9/11, 173 therapists of diverse backgrounds were trained in TF-CBT and UCLA Trauma/Grief model.

More than 1000 children were screened, resulting in a final sample of 589 primarily low income Latino children with PTSD symptoms.

Diverse traumas (like PFDL)
• Children with moderate-high symptoms received one of the CBT models (N=445)
• Children with mild PTSD symptoms received “Enhanced Services”: PRAC components (N=112)
• Children with low PTSD symptoms received TAU (N=32)
• Regression discontinuity analyses to correct for initial differences.
• Both groups experienced significant improvement \((p=.0000)\)
• CBT experienced greater reliable change \((9.7 \text{ vs. } 3.8)\) over 6 months despite more severe trauma, multiple trauma and family adversity
• Matching symptom severity to intensity of intervention can work post disaster.
Risk Factors for Children Having PTSD or Depression Post Disaster

- Increased exposure to the event (e.g., death of family member)
- Feeling that one’s own or one’s family’s lives were in danger
- Delayed evacuation
- Peri-traumatic panic
- More disaster-related TV
- Lack of parental support; parental PTSD
- PAST PTSD UNDETECTED
Next Steps

• We need to do better at figuring out who needs what level of intervention, when they need it, how to conduct optimal early screening.

• No WELL DESIGNED early treatment studies after disasters.

• How can we do this better?
• Book: “Treating Trauma and Traumatic Grief in Children and Adolescents” will soon be published in German
• Web-based course: TF-CBTWeb: www.musc.edu/tfcbt
• COMING SOON: CTG WEB
• www.NCTSN.org
TF-CBT Web is a web-based, distance education training course for learning Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT).
• TF-CBT has evidence of effectiveness for disaster-exposed children
• Some of the most affected children post-disaster have PTSD from other traumas
• Some children do well with less (PRAC; CBITS) so need to understand who needs what.
• Access is a critical issue after disasters.
THANK YOU!

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• ALL OF THE CHILDREN AND FAMILIES—THANK YOU!!!
THANK YOU!

- Allegheny General Hospital
- Center for Traumatic Stress in Children and Adolescents therapists and staff
- Ann Marie Kotlik
“The world is changed one child at a time.”

Thank you for all you do for traumatized children!

Maya Angelou