



Trauma-Focused Cognitive-Behavioral Therapy for Childhood Traumatic Grief

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Many Traumatic Deaths Including...

- 70,000 opioid deaths/year, mostly young people, many of whom have children or child siblings
- Suicides, homicides primarily impact young people
- Motor vehicle, other accidents
- Sudden medical illnesses
- Mass disasters—natural, violence:
6 months ago: Tree of Life shooting in Pittsburgh
Utoya mass shooting July 2011

Tasks of Typical Bereavement

- Experience the deep pain associated with death.
- Accept the permanence of death (varies according to developmental level).
- Reminisce about the deceased and accept the totality of this person—good and bad.
- Convert the relationship from one of interaction to one of memory



Tasks of Typical Child Bereavement~2

- Incorporate important aspects of the deceased into the child's own self-identity.
 - Commit to new relationships.
 - Reestablish a healthy developmental trajectory.
-
- Wolfelt (1996) and Worden (1996)



Childhood Traumatic Grief

- Disruptions in being able to complete typical tasks of bereavement
- Trauma symptoms (PTSD or other trauma symptoms) impinge on ability to complete these tasks
- May occur after a death from traumatic (shocking, sudden , unexpected) circumstances
- Also after “expected” deaths (e.g., after an illness)



Childhood Traumatic Grief~2

- In addition to trauma symptoms:
- Unresolved grief symptoms (intense yearning; can't accept the death)
- Depressive symptoms (emptiness, meaninglessness)
- Functional impairment
- Child is “stuck” on the traumatic aspects of the death and unable to reminisce without trauma symptoms impinging.



Trauma, Loss and Change Reminders

- Trauma reminder: triggers memories of traumatic cause of death
- Loss reminder: triggers memories that the person is no longer here
- Change reminder: triggers memories of changes that have occurred due to death
- Can renew trauma or grief when believed were “over it” → despair, confusion, yearning

Survivor Guilt

- Another common issue in CTG
- Associated with:
 - Negative trauma-related mood, e.g., sadness, anxiety, guilt, anger
 - Negative trauma-related cognitions, e.g.,
 - Why did I live when my parent/sibling died?
 - I don't deserve anything good in life
 - I am an imposter
 - I have to be perfect to make up for surviving
 - I'm responsible for my surviving parent/siblings

Assessment of CTG

- Significant trauma symptoms related to death that child experienced as traumatic that
- Impinge/interfere with typical bereavement tasks
- Measurement of CTG focuses on evaluating death-related trauma (PTSD) symptoms
- May also assess children's maladaptive/complicated/traumatic grief, but there is ongoing controversy about how to define and measure this

Persistent Complex Bereavement Disorder

- At least 1 of 4 “separation distress” (symptoms):
 - Yearning/longing
 - Intense sorrow
 - Preoccupation with the deceased
 - Preoccupation with the death’s circumstances
- 2 other clusters: trauma & role loss, i.e.:
 - At least 6 out of 12 of these:
 - Shocked/stunned/numb
 - Difficulty positively reminiscing
 - Bitterness/anger
 - Self-blame
 - Avoidance of reminders
 - Difficulty trusting
 - Wanting to join the deceased
 - Loneliness/detachment
 - Meaningless/emptiness
 - Role confusion
 - Feeling part of oneself died
 - Difficulty pursuing interests or plans

Melhem et al Research

Inventory of Complicated Grief-Revised for Children (ICG-RC)

- Dimensional (continuous) rather than categorical approach
- 3 distinct trajectories after 36 months post death (maladaptive grief, depression and PTSD)
 - a) 65%: early grief reactions, recovered by 21 months: “normal grief”
 - b) 10%: symptoms ↑ through 36 months: “prolonged grief reaction”
 - c) 25%: symptoms ↑ at 21 months, ↓ at 21-36 months
- Groups b and c could benefit from treatment

Development of TF-CBT for CTG

- Initially developed after Pittsburgh plane crash 1994
- Following 9/11/01 terrorist attacks, revised with community input from NYC therapists.
- 1st NCTSN pilot study, 16 sessions (Cohen, Mannarino & Knudsen, 2004)
- 2nd NCTSN pilot study, 12-sessions, (Cohen, Mannarino & Staron, 2006)
- Pilot RCT for children who lost uniformed service fathers in 9/11 (Brown, Goodman, Mannarino & Cohen, in submission).



Results of Research Studies

Effectiveness studies:

- PTSD and CTG improved significantly during trauma components; only CTG during grief
- Depression, anxiety, behavior, adaptive functioning and parental depression, PTSD

RCT:

- TF-CBT vs. CCT; only parents symptomatic
- TF-CBT superior for parents, no differences for children → need to assess child and parent symptoms prior to treatment

Group Pilot and RCT Testing in Africa

- Whetton, et al: Tanzania pilot study: 64 orphaned children, 12 group TF-CBT sessions for CTG
Results: Significant improvement in PTSD and TG, sustained at 3 and 12 months
- RCT in Tanzania and Kenya, 640 youth rural vs. urban: TF-CBT vs. Usual Care, task sharing training
Results: TF-CBT significantly superior to UC in $\frac{3}{4}$ sites for PTS and TG (in rural Tanzania both highly effective)

Pathway to Trauma Treatment

- Why consider trauma treatment?
- Resolve trauma difficulties, improve adaptive functioning, reduce unnecessary suffering
- What is typical grief and when do children cross the border into trauma symptoms?
- Most bereaved children do not require clinical treatment
- About 25% have clinically significant problems → ID and treatment is important

TF-CBT Components and Phases

Psycho-education; Parenting Skills

Relaxation Skills

Affective regulation Skills

Cognitive processing Skills

STABILIZATION PHASE

Trauma narration and processing

TN PHASE

In vivo mastery of trauma reminders

Conjoint child-parent sessions

Enhancing safety

INTEGRATION PHASE

TF-CBT for CTG: Grief-Focused Components

Grief Psychoeducation

Naming the Loss

Preserving Positive Memories

Committing to New Relationships

Treatment Closure

Ben

- 13 years old, found mother dead of heroin OD.
- Experienced several years of neglect related to mother's substance abuse disorder, took on parental role to care for younger brother, Joey, 10 years old.
- Now living with M aunt Amy and Joey.
- Presents with significant PTSD symptoms re: mother's traumatic death: intrusive memories, avoidance, DFA, irritable, angry, oppositional with Amy, self-blame, does not trust Amy, other negative cognitions

Enhancing Safety

- Many children with CTG have dangerous behaviors
- Address safety first, throughout TF-CBT
- Validate that risky behaviors may have had a purpose in the past, may not be useful now
- **GE: Identify trauma, loss, change reminders that serve as antecedents to risky behaviors**
- Work with youth and parent to minimize these
- Develop, practice, adjust new skills
- Be patient, move forward—safety develops gradually

Psychoeducation

- Educate about trauma reminders and common reactions to the death/other traumas
- Provide information re: trauma and grief symptoms
- Identify child's reminders/ connections to symptoms:
Trauma: reminders of the traumatic death
Loss: reminders of losing the person
Change: reminders of how life has changed
- Validate the child's and parent's reactions.
- Provide hope for recovery.

Psychoeducation (Cont'd)

- Provide information about cause of death if needed
- Provide information about CTG including **trauma reminders**
- Provide information about the child's symptoms/diagnosis
- Emphasize positive coping
- Sources for psychoeducation:
- www.NCTSN.org
- GE: death psychoeducation, refer to “death”, don't use euphemisms



Trauma Types

- Trauma Types
- Physical Abuse and Neglect
- Sexual Abuse
- Traumatic Grief
- Domestic Violence
- Community / School Violence
- Complex Trauma
- Medical Trauma
- Refugee Trauma
- ▶ Natural Disasters
- ▶ Terrorism

Childhood Traumatic Grief

From the [Childhood Traumatic Grief Task Force Educational Materials Subcommittee](#).



In order to view and print some of the materials provided, you will need Acrobat Reader 5.0. If it is not loaded in your computer, you can download it for free by visiting www.adobe.com and clicking on Downloads.

Page Contents:

- [Childhood Traumatic Grief Educational Materials](#)
- [The Courage to Remember Videos and Curriculum Guide](#)

Childhood Traumatic Grief Educational Materials

Entire Package

In-Depth General Information Guide to Childhood Traumatic Grief

Brief Information on Childhood Traumatic Grief

Information for Pediatricians and Pediatric Nurses on Childhood Traumatic Grief

Information for Parents on Childhood Traumatic Grief

In-Depth Information on Childhood Traumatic Grief for School Personnel

Brief Information on Childhood Traumatic Grief for School Personnel

Information for the Media on Childhood Traumatic Grief

Childhood Traumatic Grief Reference and Resource List



Ready to Remember

Jeremy's Journey
of Hope and Healing



Ben

- Information re: PTSD, heroin addiction
- Identify his trauma reminders: Amy, Joey, mom (discussion, pictures, etc.)
loss and change reminders: living with Amy, new school, new friends, Joey liking Amy, etc.
- Connecting his anger to trauma/CTG reactions
- Educating Amy re: PTSD, CTG, Ben's reminders, helping her to make connections between his anger at her and PTSD

Parenting Component

- Parents receive individual sessions for all PRACTICE components.
- Parenting skills to enhance child-parent interactions including:
- Praise, effective attention, contingency reinforcement schedules
- **GE: Help parent connect the child's behavioral problems to child's CTG symptoms**
- Ben: continue to educate Amy, learn, practice skills, understand differences between Joey's and Ben's trauma and grief experiences in context

Relaxation Skills

- Reverse physiological arousal CTG effects via:
- Focused breathing, mindfulness
- Progressive muscle relaxation
- Exercise, yoga
- Songs, dance, blowing bubbles, reading, prayer, other relaxing activities
- **GE: Use relaxation strategies when reminders occur**
- Ben: used sports, visualizing playing sports, PMR
- Showed Amy, she supported him in using and practicing these skills daily and with reminders

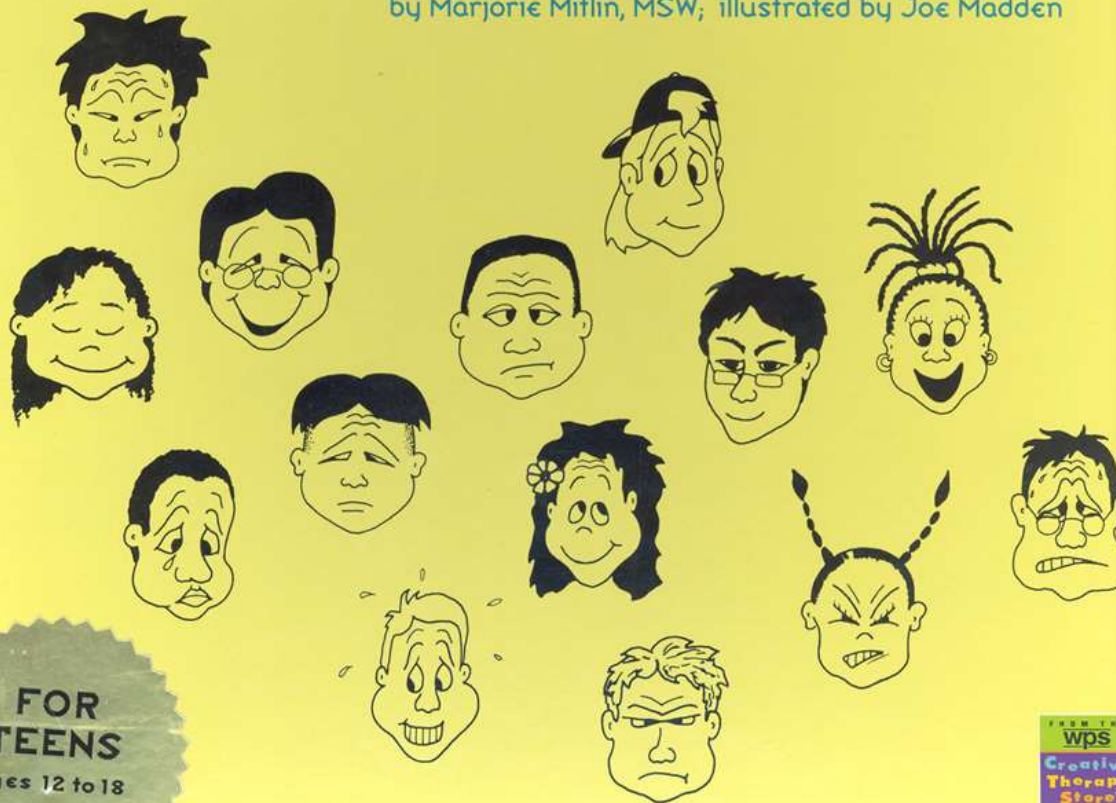
Affective Modulation Skills

- Identify and modulate upsetting affective states including:
 - Problem solving
 - Anger management
 - Present focus
 - Obtaining social support
 - Positive distraction activities
- GE: Use skills in relation to trauma, loss, change reminders

emotional

BINGO™

by Marjorie Mitlin, MSW; illustrated by Joe Madden



**FOR
TEENS**
Ages 12 to 18

W-335



IN ENGLISH AND SPANIS

emotional BINGO



W-334(2)

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emotional BINGO



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Ben

- Practiced, role played expressing negative feelings, e.g., “I’m sad”, “I’m mad at you” to Amy
- With Amy: practiced tolerating hearing, praising, supporting Ben’s expression of negative emotions and thoughts, rather than showing these via oppositional behaviors
- Amy expressed, continued to struggle with her own frustration with differences between Joey and Ben

Before dad died...



When dad died...

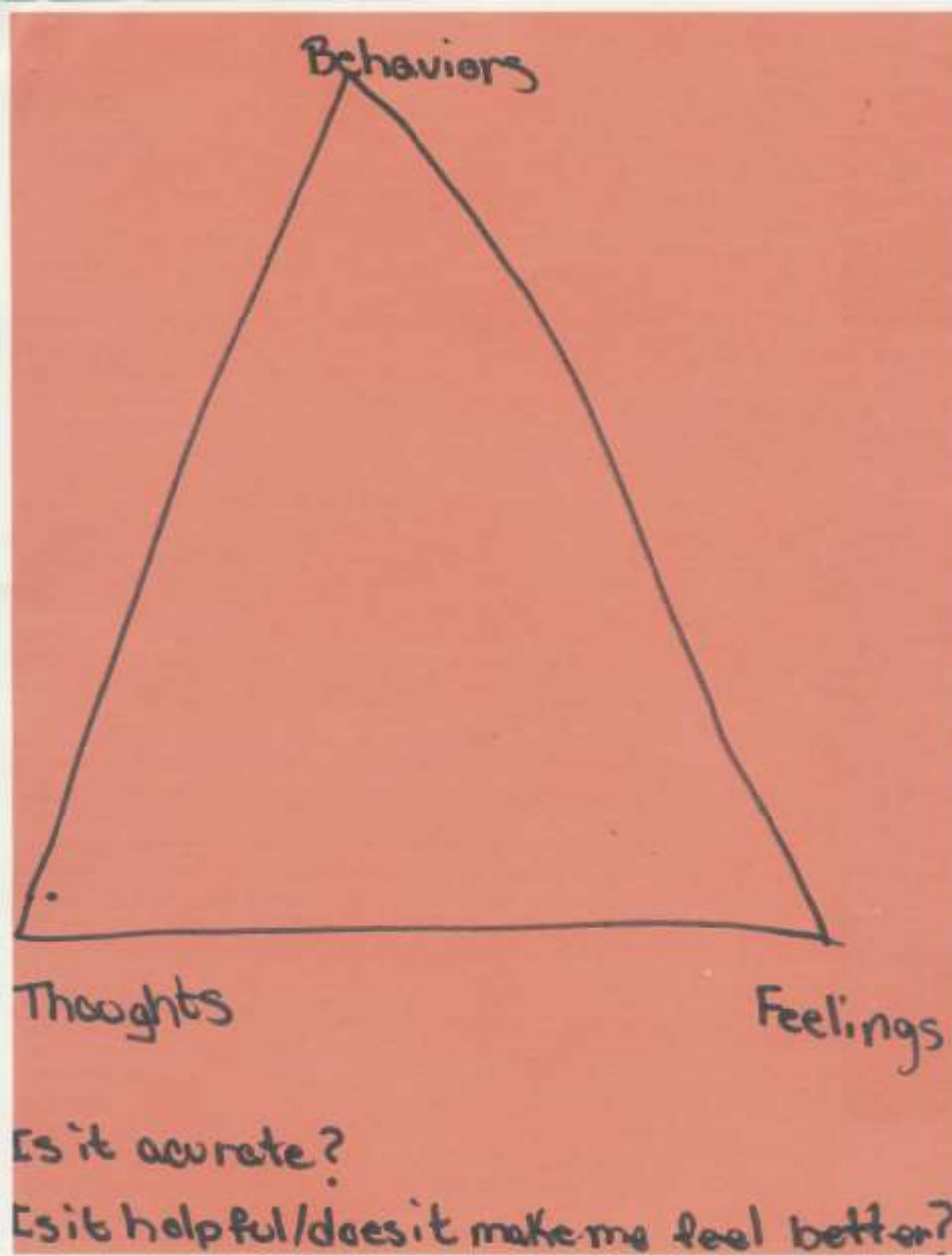


Now...



Cognitive Processing

- Connections between thoughts, feelings and behaviors, related to everyday events
- View events in more accurate, helpful, balanced ways
- Encourage parent to assist child in cognitive processing of upsetting situations, and to use this in their own everyday lives
- GE: use processing related to maladaptive cognitions about the death (parents now, children in TN)



- Situation: Fight with friends at school
Thought: I don't fit in anywhere
Feeling: Angry
Behavior: Isolate
- New Thought: They've been friends since kindergarten and I just moved here. It'll take time to get as close to them as they are to each other.
Feeling: Sad, lonely, but a little hopeful
Behavior: Hang out with a few guys I like at school and try to get to know them better

Trauma Narration & Processing

- GE: Gradually develop a detailed narrative of child's personal traumatic grief experiences.
- Process using cognitive strategies learned earlier (changing inaccurate/unhelpful thoughts about the traumatic death).
- Share with parent during individual parent sessions as child is developing TN
- For youth with complex trauma (chronic, interpersonal trauma): life timeline often helps to:
 - Identify overarching “theme” of different traumas
 - Identify important chapters to include
 - Recognize resiliency and strength

CTG Trauma Narration

- Can introduce the TN by reading a book
- Many children's books about death/CTG, e.g.:
 - Ready to Remember: Jeremy's Journey
 - Rosie Remembers Mommy: Forever in her Heart
 - After a Suicide Death
 - After a Homicide Death
 - Samantha Jane's Missing Smile (general death)
 - A Terrible Thing Happened (general)

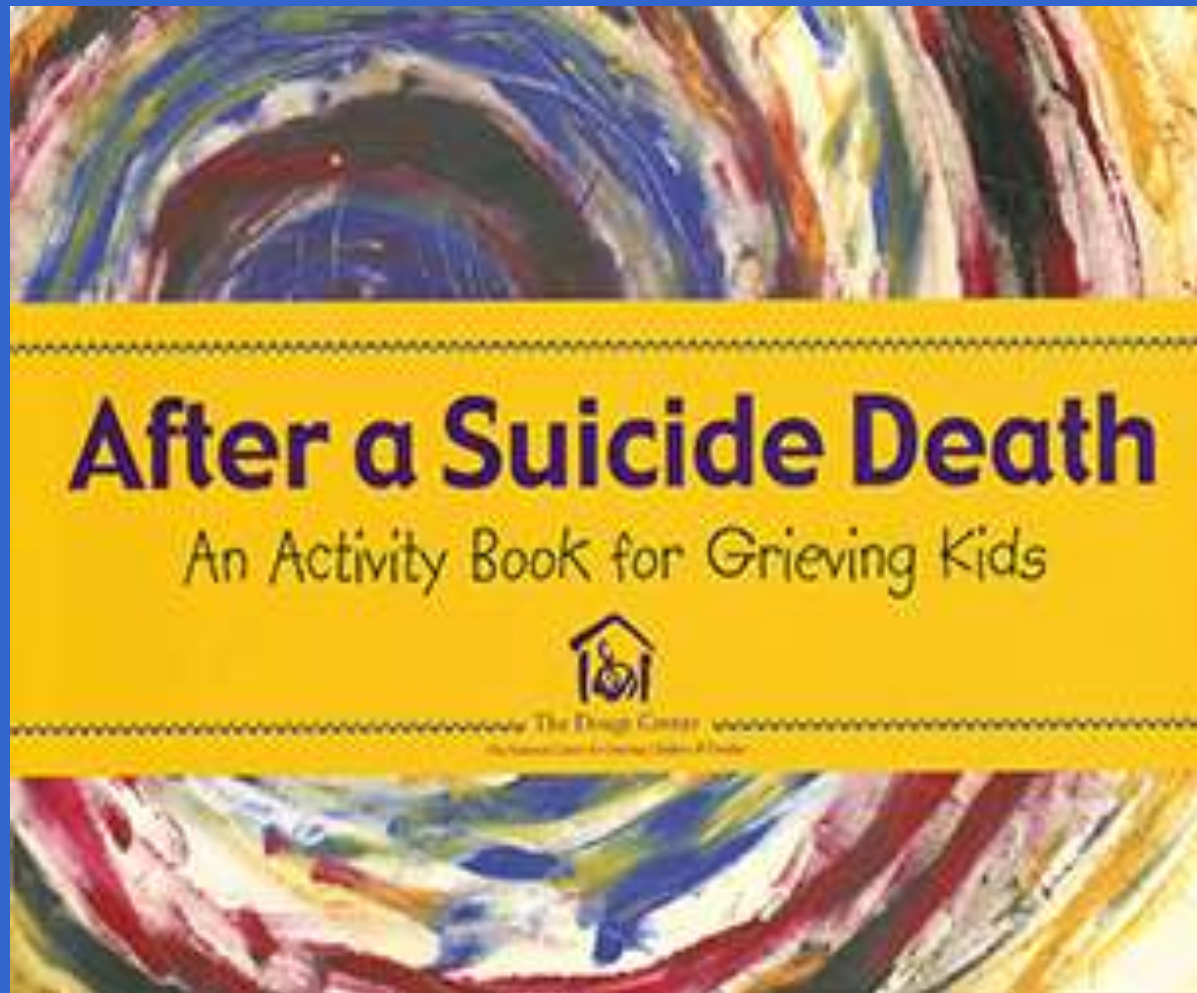
Ready to Remember

Jeremy's Journey
of Hope and Healing



Rosie Remembers Mommy:
**Forever in
Her Heart**





Copyrighted Material

After a Murder

A Workbook for Grieving Kids



The Dougy Center

The National Center for Grieving Children & Families

Copyrighted Material

A Terrible Thing Happened



By Margaret M. Holmes Illustrated by Cary Pillo

Samantha Jane's Missing Smile

**A Story About
Coping with the
Loss of a Parent**

**by Julie Kaplow
and Donna Pincus**

**illustrated by
Beth Spiegel**



Developing CTG Trauma Narration

- First chapter : innocuous information about the child (e.g., name, age, school, hobbies)
- Second chapter : “Before”, for example, what the relationship was like with the person before the death

Creating the Trauma Narrative (cont'd)

- Third chapter: Encourage the child to “tell what happened” when the person died



Creating the Trauma Narrative (cont'd)

- If multiple traumas or deaths, collaborate with child to plan the contents of the TN, include the traumatic death
- Include salient aspects, e.g., discovering the body, ambulance/police coming, funeral, etc.

Creating the Trauma Narrative (cont'd)

- Final Chapter: include the following:
- What have you learned?
- What would you tell other kids who experienced this?
- How are you different now from when it happened/when you started treatment?

Cognitive Processing of the Traumatic Experience

- Develop optimal understanding of the death within the context of the child's life
- Common negative distortions
 - Self-blame (“It’s my fault” or “I should have been able to keep them alive”)
 - Overestimating danger (i.e. “Children can die in their sleep anytime” or “School isn’t safe”)
 - Changed world view (i.e. “Men just like to kill children” or “I will never be happy again”)

Cognitive Processing of Child's TN with Caregiver

- Share child's TN with parent as developing
- Help parent identify his/her own cognitive distortions and related feelings
 - “I should have known they would die”
 - “My child will never be happy again”
 - “I can't handle anything anymore”
 - “The world is terribly dangerous”
- Help parent process personal maladaptive cognitions and support child's positive cognitions

Ben's Timeline



In Vivo Mastery of Trauma Reminders

- Only optional component—for ongoing avoidance of generalized reminders (e.g., if child avoids using bathroom after discovering parent dead in bathroom; avoids sleeping in room after sister's crib death, etc.)
- **GE: Develop fear hierarchy, gradually master increasingly feared stimuli**
- May start during stabilization phase—takes several weeks

In vivo Plan for Child who Fears Sleep in Bed after Crib Death of Sister

- Educate parent on importance of quality sleep for recovery
- Efforts to make child feel safer in room (i.e. nightlight, whistle)
- Bed-time rituals, transitional objects, and relaxation techniques
- Warn parents that first few nights will likely be difficult (first try over the weekend) but persistence is key
- Plan: parent initially stays in child's room for 15 minutes, gradually reduces time spent in room, and eventually moves to chair outside room
- Parent reassures child s/he will check in at regular intervals (not when child is crying)
- Parent praises child for complying (staying in bed quietly) for increasing intervals
- Special reward: throw a party/trip to amusement park when child falls asleep and stays in own bed for the whole night

Conjoint Parent-Child Sessions

- GE: Child shares trauma narrative and processing directly with surviving parent/caregiver during conjoint session
- Share their new cognitions about CTG
- May also develop a family safety plan (e.g., who will take care of me if you die, etc.); improve general communication; or build other skills
- Ben shared TN with Amy, began CTG components

Questions:

1. N- Are people nervous when somebody is dying?
2. A- Are you frightened when somebody has died?
3. S- What are ^{evil} ~~and~~ ^{mischievous} ~~and~~ ^{evil} ~~and~~ ^{mischievous} for after somebody dies?
4. W- What happens to the body after it is buried?
5. O- ~~Other~~: how is it possible to fall in love with some other person?
6. L- how long does it take to get over grief?
7. W- What does grief feel like?
8. N- What never ends after a person dies?
9. A- What is the after life?
10. Y- What would you do if the person you love dies suddenly?
11. O- What would you do if you feel like an outsider when the rest of your family is grieving?
12. N- What would you do if you were at your dad's funeral and saw that the casket was ugly?
13. I- Is it okay to push away sad feelings or is it better to let them out?

See if you can answer these questions about a death of a loved one.

Enhancing Safety Skills

- May be done individually or in joint sessions
- Develop child's personal safety skills
- Develop a family safety plan appropriate to child's and family's circumstances and child's realistic abilities
- Practice these skills outside of therapy
- GE: Continue to connect safety risks to trauma, loss, change reminders

TF-CBT Grief-Focused Components

- Grief Psychoeducation
- Naming the Loss
- Preserving Positive Memories
- Committing to New Relationships
- Treatment Closure

Grief Psychoeducation

- Grief and death psychoeducation
- What the child believes happens after death; is this consistent with or different than family/culture?
- Correct misconceptions about death, e.g.:
- “Timeline for grief”
- “Stages of grief”
- “Talking about it will make it worse”
- Important to consider cultural beliefs, practices related to grief and mourning

Grief Psychoeducation: Challenges

- Ambiguous loss, e.g., body not recovered → children fantasize about survival
- Stigmatized death, e.g. suicide: balance of speaking respectfully of deceased without glorifying act of suicide; educate about risks
- Differences in responses between parent and child: desire to replace vs. anger at perceived lack of respect/love for deceased
- “I want to be with the person who died” → validate yearning, assess true suicidal risk

Ben

- Believed mother continued to exist in some form in an afterlife in heaven
- That he could communicate with her via prayer or speaking to her
- Did not significantly differ from family's or broader community's beliefs
- No suicidality or desire to join mother

Grieving the Loss (“What I Miss”)

- Naming what has been lost with the death
- May accomplish in many ways
- Name anagram (can also use in Preserving Positive Memories)
- Collage, poem, song about specific characteristics or categories of what child misses, e.g. doing things, what they taught you, what you wanted to say/do that now can't, everyday things, milestones
- Things will miss in the future (large and small)

Challenges to Grieving the Loss

- Parent/child is unable to accept the death (e.g. ambiguous death)
- Parent/caregiver was angry at deceased → focus on child's best interest
- Child states “I can never be happy without deceased” → letter to and from deceased may help to focus on what the deceased would want

Resolving Ambivalent Feelings ("What I Don't Miss")

May be due to:

- "Unfinished business" (things said/not)
- Conflict in the relationship (e.g., normal conflict, unresolved anger, abuse)
- Stigma or shame re: cause of death (e.g., drug OD, drunk driving, suicide, AIDS)
- Anger at "unnecessary death" (e.g., didn't get medical care, "was a hero for others, didn't think of me")
- Closer to deceased parent, blames surviving parent

Resolving Ambivalent Feelings

- Validate and normalize feelings
- Encourage feeling expression, e.g., through written letter to deceased's spirit or soul
- Imagined letter back from deceased
- Process maladaptive cognitions, e.g., guilt
- Validate appropriate feelings without idealizing or demonizing
- Extremely negative aspects of situation (e.g., father killed mother)

Challenges to Resolving Ambivalent Feelings

- Child refuses to identify any negative feelings (consider family dynamics)
- Caregiver and child in different places → can't tolerate the other's ambivalence
- Caregiver idealizing deceased child at living child's expense
- Cultural: do not speak ill of the dead

Video Demonstration: Grieving the Loss, Resolving Ambivalent Feelings

Preserving Positive Memories

- After resolve trauma and ambivalence, can tolerate memories and reminisce more fully.
- Make something enduring to preserve positive memories (collage, video, etc.).
- May make name anagram here
M: made the best mac n cheese
A: always in my heart
R: loved rock music
Y: yellow was her favorite color
- Child may want to have another memorial service.

Challenges to Preserving Positive Memories

- Mementos may be lost (e.g., disaster, fire)→ creative strategies
- Child or parent is too sad or may feel guilty about experiencing happiness→ continue to process
- Disconnect between parent and child in progressing through grief→ child is ready and parent is not→ move forward with child's treatment
- Multiple people died→ overwhelming loss

Video Demonstration: Preserving Positive Memories

Redefining the Relationship

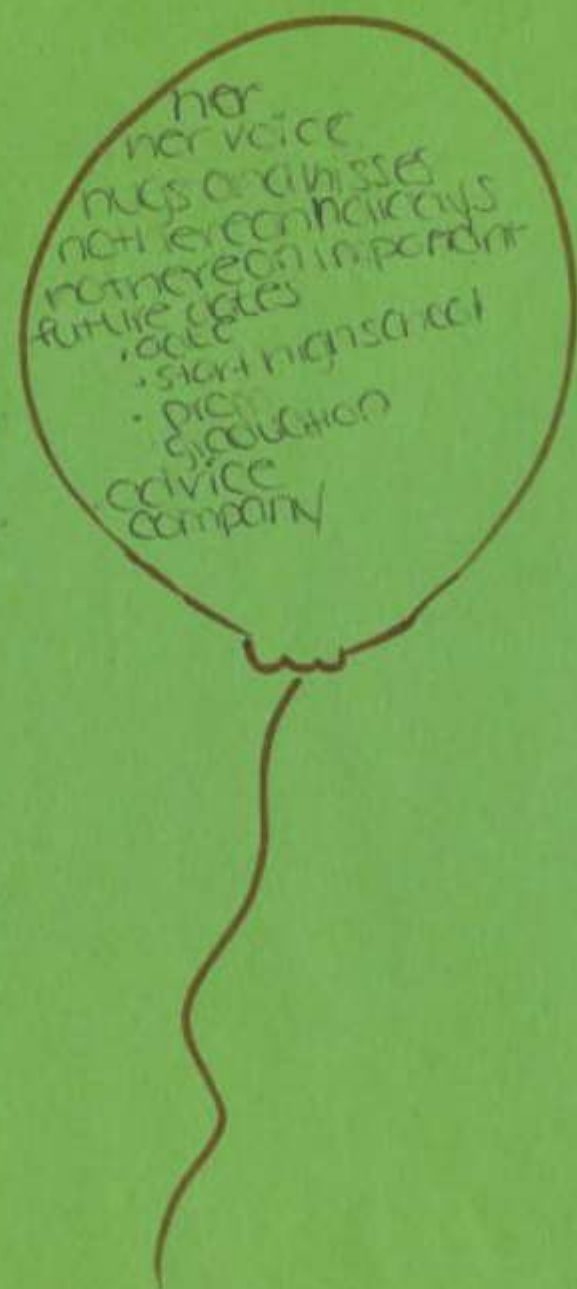
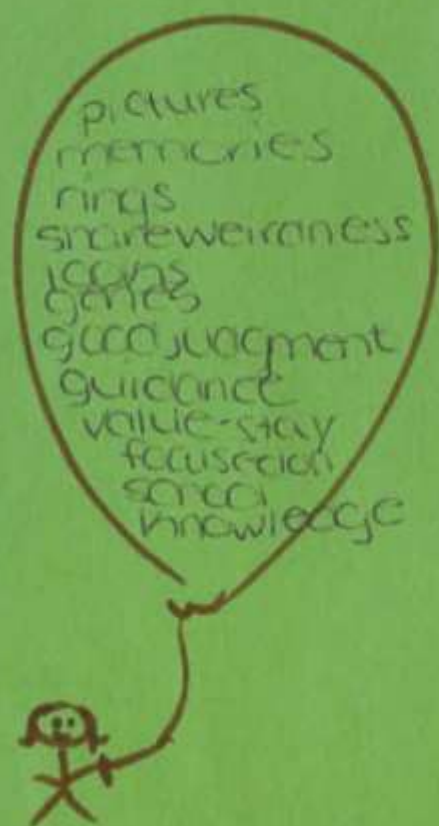
- Support the child in converting the relationship from one of interaction to one of memory
- Use the past tense when referring to the deceased; encourage the parent to do so and help the child to do so.
- Identify what the child still has and what the child must let go of through balloon exercise.

hanging out
playing around
going out to dinner
all the fights
the drinking
money worries
complaining

HELIUM

memories
pictures
clothings
things he taught/
relationship wise
not to drink
not to commit
suicide





talking to
him.
Play with him.
read with him.
I can't see him.

read the
books we read.
memories
pictures
how to play soccer
how to play boggle.
his love, and how much
I love him.
how to color.
we each got a bin
with his clothes and
crazy ties.



Challenges to Redefining the Relationship and Recommitting to New Relationships

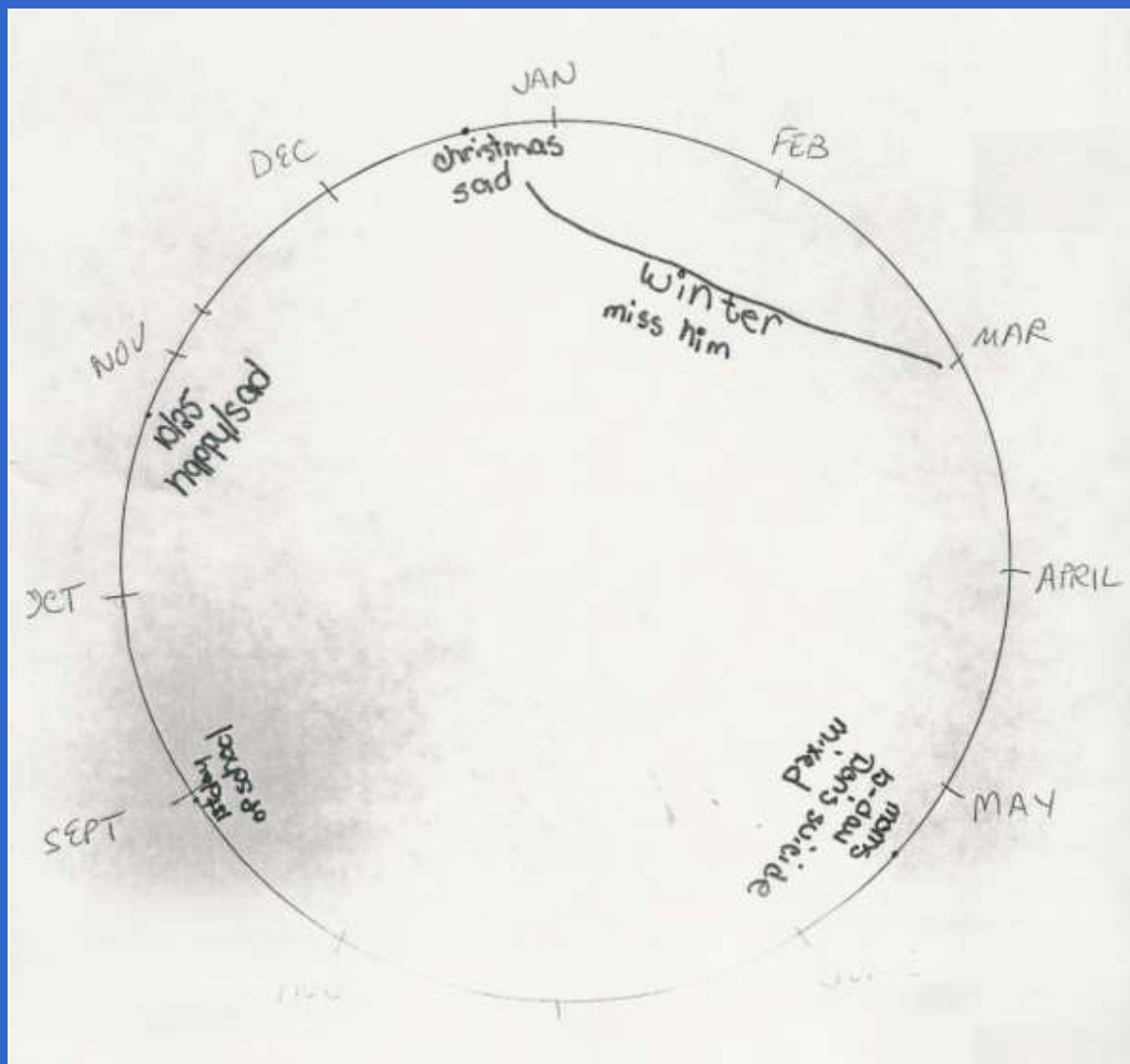
- Child or parent feels guilty for “moving on”
- Child or parent makes the other feel guilty (“you didn’t really love” the deceased)
- Child does not want to risk getting hurt again
- Child wants a replacement child or caregiver for the deceased to “fix everything”
- Secondary adversities associated with role changes after death of caregiver

Video Demonstration: Redefining The Relationship & Committing to New Relationships

Treatment Closure Issues

- Preparing for future trauma and loss reminders: The Circle of Life
- Making meaning of traumatic grief: What would you tell other children; how do you think you have changed; what would you tell your special person about what you have learned from their death?
- Death is different from other endings: treatment closure issues for CTG.





Special CTG Issues for Community Disasters

- Post-disaster: at what point does it become clear that missing people are dead?
- Therapists who are also traumatized—how can they provide optimal care to children and families and also care for themselves?
- Making a future family disaster preparedness plan becomes more complicated if your family member died.
- Educating teachers/classmates how to optimally interact with children with CTG



CTG Resources

- “Treating Trauma and Traumatic Grief in Children and Adolescents, 2nd Edition ”: www.guilford.com/p/cohen
- CTG Web: www.musc.edu/ctg
- “The Courage to Remember” video and print curriculum: <https://www.nctsn.org/resources/courage-remember-curriculum-guide>
- Ready to Remember: Jeremy’s Journey of Hope and Healing: <https://www.nctsn.org/resources/ready-remember-jeremys-journey-hope-and-healing>
- Rosie Remembers Mommy: Forever in her Heart: <https://www.nctsn.org/resources/rosie-remembers-mommy-forever-her-heart>

S E C O N D E D I T I O N

Treating Trauma and Traumatic Grief in Children and Adolescents



Judith A. Cohen
Anthony P. Mannarino
Esther Deblinger



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TF-CBT Web^{2.0}

*A course for Trauma-Focused
Cognitive Behavioral Therapy*

Foundations of TF-CBT

Psychoeducation

Parenting Skills

Relaxation

Affect Identification & Regulation

Cognitive Coping

Trauma Narration and Processing I

Trauma Narration and Processing II

In Vivo Mastery

Conjoint Parent-Child Sessions

Enhancing Safety & Future
Development



CTG Web

- Free web-based training course to implement TF-CBT for CTG
- Provides 6 free CE credits
- Streaming video demonstrations, printable scripts, links to resources
- Return as often as you like
- Available at www.musc.edu/ctg

CTGWeb

www.musc.edu/ctg

CTGWeb is a follow-up course that teaches how to apply TF-

CTGWeb is offered free of charge.
6 hours of CE
traumatic grief

The screenshot shows the CTGWeb website. At the top, there are logos for MUSC Medical University of South Carolina National Crime Victims Research and Treatment Center, Allegheny General Hospital Center for Traumatic Stress in Children and Adolescents, and the CARES Institute (Child Abuse Research Education & Service). It also mentions being a partner in NCTSN (The National Child Traumatic Stress Network). A navigation bar includes links for Login, Introduction, Resources, TF-CBTWeb, and Contact Us. The main heading is 'CTGWeb' with the subtitle 'A web-based learning course for Using TF-CBT With Childhood Traumatic Grief'. A list of topics includes: Adapting TF-CBT to CTG, Grief Psychoeducation, Grieving and Ambivalent Feelings, Preserving Positive Memories, Redefining the Relationship, Treatment Review, and Evaluation. Below this is a section titled 'A Strategy to Help' with three small images: a group of children, a child with an American flag, and a close-up of a person's face. At the bottom, there are links for 'System Requirements | Credits', 'CEU Statement', and copyright information: 'Copyright 2008 Medical University of South Carolina All Rights Reserved'.

CTGWeb was launched on September 1, 2008.

Summary

- CTG is a condition in which children are “stuck” on the traumatic aspects of a person’s death and cannot progress through the typical bereavement tasks.
- Sequential treatment using trauma- and grief-focused interventions shows preliminary promise.

Bruised, Not Broken

- Stuck in the darkness and full of fear
- You wake in the morning and the sun appears
- I thought it was over, I thought he had won
- But I learned the battle had just begun
- In all the silence these words were spoken:

Bruised, not broken.

- I can rebuild what's been taken down,
- Can plant my feet on solid ground.
- Peace of mind is what I've found
- Things have stopped, things have changed
- But one thing still remains
- From the noise these words were woken

Bruised, not broken

by Alyssa , 11 years old, after TF-CBT



You

are

not

A

llll

ONE

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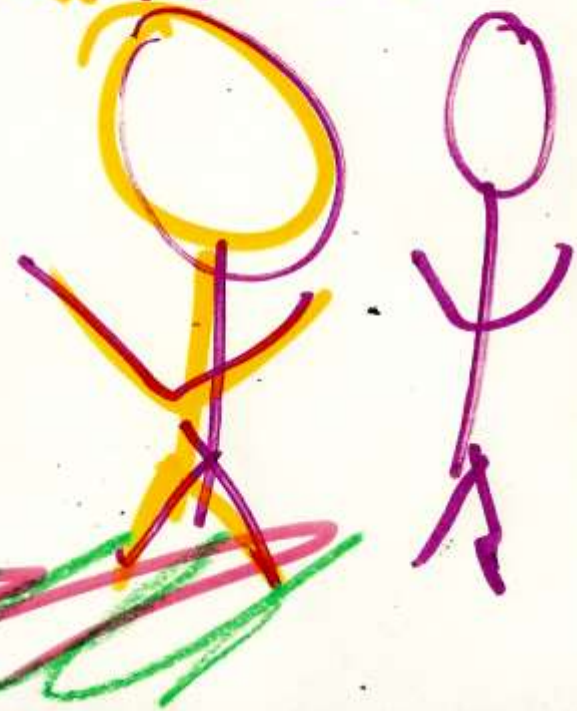
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I want other Kids
to know they will be okay



friends





you can
be happy



again





Catherine

Even though the person
isn't here. you can carry
them in your heart

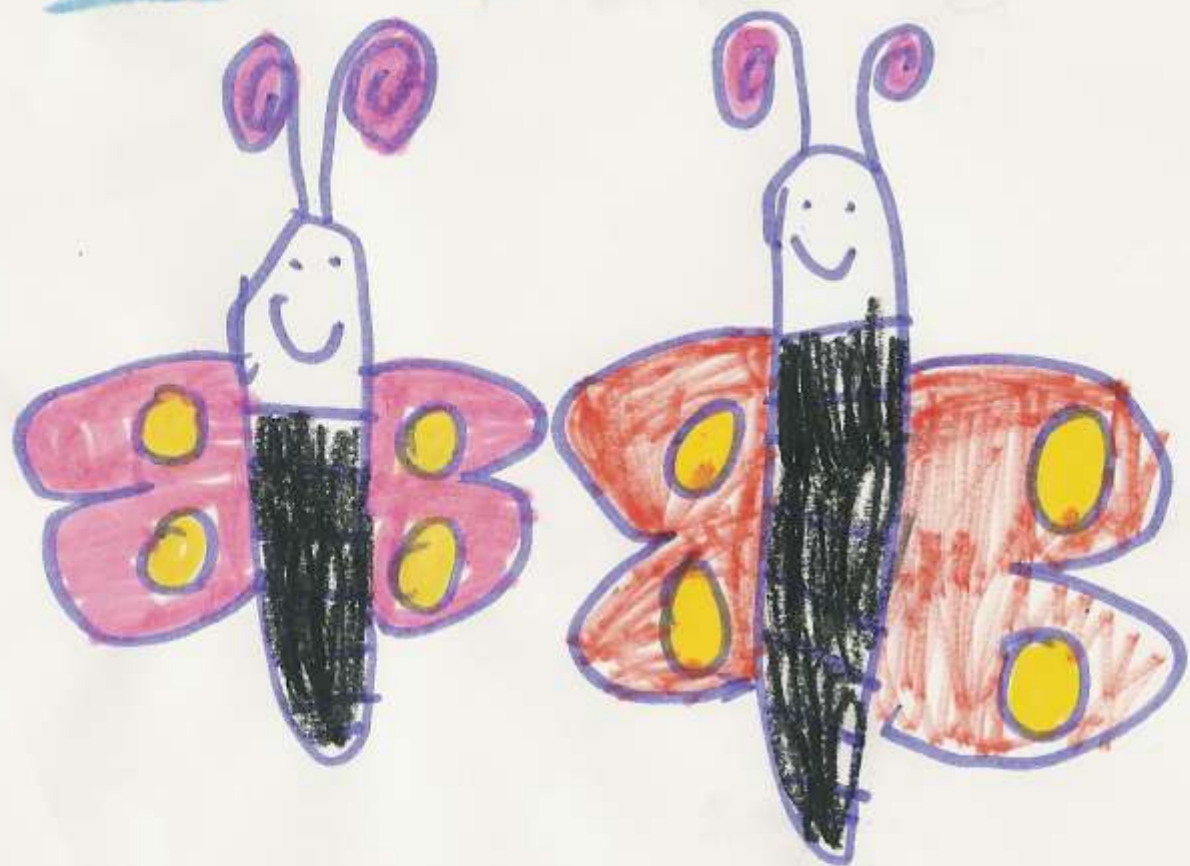


I can still have fun.

I found out how strong
I was.



I can still
have
fun

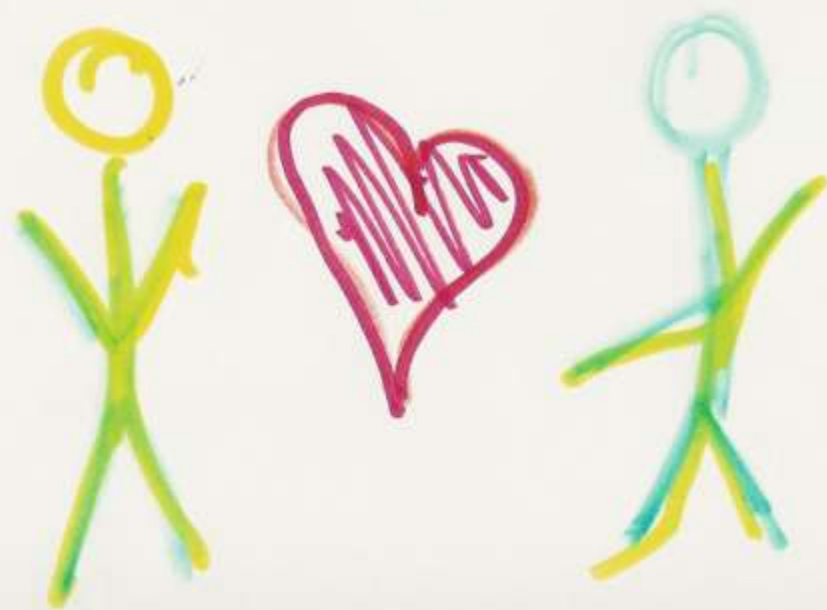





I FOUND WHO
MY TRUE FRIENDS
ARE



My Dad and
I got closer



it hurts at 
first but then
you remember
good things 😊

It's O.K. to

remember



Jean Paul Sartre:

“Freedom is what you do
with what’s been done to
you”

Maya Angelou:

“The world is changed one
child at a time”

Thank you for all you do for
traumatized children!