Trauma-Focused Cognitive Behavioral Therapy: Cultural Considerations for Chinese Children

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Abstract

Although nearly 20 percent of the world population is ethnically Chinese and traumas are ubiquitous, there is not any culturally adapted mental health treatment for traumatized Chinese children. This paper aims to bridge this research gap by introducing Trauma-Focused Cognitive Behavioral Therapy (TFCBT), an empirically supported treatment, to practitioners who work with traumatized Chinese children and their families. Along with the depiction of the basic TFCBT model, a number of cultural considerations were made according to current research literature and professional therapists' clinical experiences with this population. This paper also aims to supplement the TFCBT web-based learning course by providing practical recommendations in treating traumatized Chinese children.

Keywords: trauma, TFCBT, child therapy, family therapy, Chinese, culturally adapted treatment

Unfortunately, traumatic experiences are common; some inevitable. In the Sichuan Province of southwest China, the 2008 Sichuan Earthquake resulted in about 70,000 casualties and 18,000 people missing (Mingxin, Li, Zhanbiao, Zhen, Kan, & Jianhua, 2011). The epicenter in Beichuan County was nearly completely destroyed. Almost all the buildings, including houses, work places, schools, and hospitals were ruined, leaving 4.8 million people homeless and destroying thousands of families. In 2013, another powerful earthquake hit the Sichuan province of China, killing about 200 people, injuring more than 11,000, and leaving nearly two dozen missing. These traumatic experiences from natural disasters can result in various chronic mental health problems such as Post-traumatic stress disorder (PTSD) (An, Fu, Wu, Lin, & Zhang, 2013), anxiety disorders, and major depressive disorders (Liu, Wang, Shi, Zhang, Zhang, & Shen, 2011).

Besides being inflicted by unexpected and sudden natural disasters, trauma can also occur in domestic settings. Zhu and Tang (2012) point out that different forms of child abuse, especially physical abuse and neglect, have been major social problems in contemporary China. Consistently, Chen and Dunne (2006) reviewed school- and community-based surveys and concluded that childhood abuse in China, such as physical, emotional, and sexual abuse, is common. Huang, Yang, Wu, Napolitano, Xi, and Cui (2012) also reviewed self-reported surveys of childhood abuse and found that the rate of having abusive experiences in their participants ranges from 52.5% to 62.4% across different studies. Further, previous studies have shown that traumatic experiences from abuse childhood can increase the risk of emotional and behavioral problems (Li, Cao, Cui, & Li, 2012). Severe corporal punishments or physical abuse can also predict externalizing problems, such as aggressive and disruptive behaviors, in children (Xing, Wang, Zhang, He, & Zhang, 2011). Wang and colleagues (2013) conducted a study of 571 chronic patients and found that childhood sexual abuse can increase the chances of developing schizophrenia in early adulthood. In addition, Wang, Xu, Cao, Qian, Shook, and Ai (2012) conducted a study on the relationship between child maltreatment and criminal behavior in criminals and found that more than 90% of the participants reported at least one form of child abuse.

In addition to the prevalence of abuse, underreporting of trauma and underutilization of mental health services can further reduce the reporting rate of traumas in Chinese children (Fuhua & Qin, 2009). The Chinese cultural value of saving face by not disclosing problems to outsiders may be involved in this issue. "Face" is a cultural concept related to social esteem, and loss of face can bring shame and guilt to one's family and group (Pelczarski & Kemp, 2006). Chinese victims of traumatic events may choose to remain reticent about disclosure and may not report abuse to outsiders, resulting in the underreporting of all forms of family violence and early childhood trauma (Maiter, Alaggia, & Trocme, 2004; Yoshioka, DiNola, & Ullah, 2001). The emphasis on family cohesion and mutual aid among Chinese groups may also limit their knowledge and use of public resources, thereby hiding traumas in women and children (Archambeau et al., 2010).

To date, limited work has documented the cultural considerations for treating PTSD or significant post-traumatic stress symptoms in Chinese children and their families. The high prevalence of different types of trauma, the consequences of untreated victims, the possible barriers to treatment, and the lack of treatment recommendations have made the development of appropriate interventions necessary to aid the traumatized children and families in contemporary China.

Trauma-Focused Cognitive Behavior Therapy

Trauma-focused cognitive behavior therapy (TFCBT) is a form of cognitive behavioral therapy (CBT) specifically adapted for traumatized children who experience severe emotional disturbances and/or behavioral problems such as PTSD, disruptive behaviors, anxiety, and depression. TFCBT is an empirically based treatment and the recommended treatment for trauma in the National Institute for Health and Clinical Excellence's guidelines (Kornør, Winje, Ekeberg, Weisæth, Kirkehei, Johansen, & Steiro, 2008). A number of randomized clinical trials have demonstrated the effectiveness of TFCBT in treating direct victims and victims of different types of trauma (King, Tonge, Mullen, Myerson, Heyne, Rollings, Martin, & Ollendick, 2000).

Although there is not any clinical study adapting TFCBT to Chinese children, many researchers have suggested that CBT is highly compatible with Chinese culture because of its psychoeducation component, structured modality, and solution-focused treatment (Hodges & Oei, 2007). Studies on culturally adapting CBT for Chinese and Chinese Americans suggested that CBT therapists produce a less ambiguous environment by creating structured counseling sessions, using more directives in treatments, and providing more practical solutions or interventions to clients' problems, all of which are likely to strengthen rapport with clients and increase the effectiveness of treatment (Hwang, Chun, Takeuchi, Myers, & Siddarth, 2005; Wong, 2011). Another reason for the compatibility between the Chinese population and CBT is related to the Confucius values in Chinese culture (Chen & Davenport, 2005). In the therapeutic relationship, Chinese clients are likely to perceive a therapist as a "teacher," which is a respected and trustworthy role in Confucius beliefs. Moreover, the teacher is an authority figure who provides knowledge and guidance to students and helps them solve their problems. Similarly in CBT, therapists disseminate knowledge to clients through psychoeducation and introduce clients to problem-solving and coping strategies (Wong, 2011). Due to this reason, Chinese clients tend to find CBT more synchronized with their cultural beliefs and build rapport with CBT therapists more effectively than with practitioners of other therapies.

Another important reason for cultural compatibility is the collaborative empiricism in CBT (Wong, 2012). Collaborative empiricism is a collaborative relationship between the therapist and the client in which both parties find and utilize empirical evidence to solve the client's problems. There are several important determinants in Chinese culture, such as collectivism, hierarchical relationships, superstition, and passivity, which are compatible with collaborative empiricism. The specific application of collaborative empiricism to Chinese culture will be further discussed in the next section. In addition, the contemporary psychological services in China emphasize the development of strength and resilience in traumatized children and importance of parental involvement in supporting children through their traumas (Liu, 2009). This trend matches well with the TFCBT rationale to collaborate with victims' parents in the course of treatment.

TFCBT: The Core Components P.R.A.C.T.I.C.E

The TFCBT model consists of eight core components that were coined by Mannarino et al. (2004) into an acronym "P.R.A.C.T.I.C.E."

Although the PRACTICE order is a recommended sequence for the model, it is important to note that practitioners can return to a prior module in order to address a client's therapeutic needs and growth. TFCBT is considered a short-term treatment strategy that consists of once weekly, 60 to 90 minute sessions; the treatment duration usually ranges from 12 up to a total of 18 sessions.

As the TFCBT web-based learning course is available internationally for free, this paper will only describe the main components briefly but to emphasize relevant Chinese cultural values and recommendations for cultural adaptations.

Psychoeducation

The first component is Psychoeducation and Parenting skills, which includes discussion and general information as well as more specific explanations of common emotional and behavioral reactions related to the trauma. Parents are also trained in behavioral intervention techniques and interpersonal communication skills (Cohen et al., 2007). The participation of the non-offending parent (parent who is not the abuser) is typically deemed to be a necessary feature of the therapeutic process in order to elicit the best treatment outcomes (King et al., 2000).

The psychoeducation component of the model serves another important purpose, which is to build rapport with the client and the family. A robust therapeutic relationship is a crucial factor for effective treatment in multicultural therapy (Chen & Davenport, 2005). To help the client achieve the most progress, the therapist should explain that the parents and clients need to assist the therapist in understanding his or her definition of the problems, their expectations of the therapist and the therapy process, and any concerns he or she has during the course of therapy. We have found from our clinical experiences, that in order to build a strong therapeutic alliance with Chinese families, therapists can explain to the parents that their input and participation are crucial to therapeutic success. For example, some therapists affirm parents, "I am the expert of psychology but you are the expert of your child" and "I may have one advanced degree but you have ten advanced degrees majoring in your child." While therapists are often perceived as "teachers," inviting parents into treatment can empower their roles as parents, show respect to their relationship with their children, and establish rapport with the family. It also helps parents understand that although the therapist has expertise and knowledge, parents also need to collaborate in order to make treatment effective.

According to our clinical experiences and consultation with experts, one possible barrier to treatment is the multiple caregivers in infants' households in China. Grandparents, especially, are common caregivers in Chinese cultures, and their involvement in parenting often creates a distinct dynamic in their family systems. Some therapists shared that certain perpetrators of abuse are elder family members who have a lot of authority in the family. Sometimes parents would deny or normalize the severity of physical abuse on their children as well as resist acknowledging the fact that their children are traumatized. Moreover, severe corporal punishment and physical abuse continue to have a high prevalence in contemporary China (Zhu & Tang, 2012); many caregivers are not aware of the psychological impact of such punishments. As shame and face concern are very important cultural values in Chinese families (Leung, 1996), it is not uncommon for the clients' families to hide the abuse history of their children, thus, some therapists find out about the traumas after a long period of working with the families. The literature suggests that the Chinese do not express their private and personal problems easily, often due to shame and guilt (Leung & Lee, 1996). With self-disclosure, the Chinese draw a sharp distinction between those who are considered insiders or trustworthy confidants and those who are outsiders (Leung, 1996). Some therapists suggest that a therapist's self-disclosure can be effective in engaging Chinese clients. For example, sharing therapists' successful experiences in treating other Chinese clients and their compassion for the clients and families can facilitate the establishment of professionalism and therapeutic alliance.

Relaxation

Next in the sequence is Relaxation strategies, focusing on such aspects as breathing techniques, muscle relaxation, and thought-stopping to serve as a distraction tool (Ruggiero, Morris, & Scotti, 2001). Clinicians are encouraged to be creative in teaching relaxation training to children, for example, using cartoon pictures to distinguish between fear-inducing and fear-reducing cognitions (King et al., 2000). In order to adapt interventions to clients' culture, some therapists used Chinese Kung Fu moves to help client learn relaxation skills.

For example, when working with a 8-year-old boy who was physically abused, a therapist used the movie Karate Kid as a psychoeducation tool and taught the client several Kung Fu moves, such as fundamental stances and breathing methods, to learn self-discipline, to manage stress, and to protect himself. When applying such interventions, it is important to help clients understand that self-discipline is the essential foundation in martial arts and violence is not a mean to problems. Therapists also need to be aware of client's trauma history in order to avoid re-traumatizing clients by teaching vigorous stress management skills.

Moreover, Tai Chi, a traditional Chinese form of physical activity derived from martial arts folk focusing on strengthening muscles, stability, and balance, can also be used as relaxation and stress relief (Abbott & Lavretsky, 2013). Research studies have shown that Tai Chi is a mild form of exercise which can enhance mood and reduce stress and it can be beneficial to clients who need less vigorous relaxation skills.

Affect Expression and Regulation

In this module, the child and parent regulate their affective reactions to abuse triggers, increase their capability to communicate emotions, and practice activities that promote self-soothing. In this component, therapists need to understand the Chinese cultural expectations to be calm and to restrain from expressing intense emotions while expressing intense emotions can be considered as socially destructive (Chen & Davenport, 2005). For this reason, Chinese clients may be more reluctant to express their emotions, especially at the beginning of therapy that therapeutic alliance has not been established. To help Chinese children feel more comfortable with emotional expressions, providing psychoeducation to their parents on the importance and benefits of emotional expressions is necessary. Culturally sensitive therapists should acknowledge the cultural values of emotional restrictions and start with basic ways to identify, label, and express different feelings through verbal and nonverbal behaviors. Although Chinese clients are generally more reserved in emotional expressions, any person should have the intrinsic ability to access deep emotions. First, therapists may also need to help parents learn some emotional expression skills and to role model such skills for their children. Through art, feeling charts, feeling charades, or other activities, therapists can help parents and children learn to expressing emotions and to strengthening parent-child relationships through interactions. Moreover, during individual sessions with children, therapists can attune with the children's fear, vulnerability, and other negative emotions through the children's nonverbal expressions. Therapists can also verbally describe children's possible feelings in order to help children learn the vocabularies to expression themselves.

Cognitive Coping and Processing

This component focuses on the examination and correction of erroneous ascriptions about the cause, responsibility, and consequences of the traumatic experiences (Cohen et al., 2007).

In accordance to Chinese culture, CBT serves as an effective method for Chinese clients to focus on maladaptive cognitions and behaviors and this practice is usually not as threatening and foreign for them as the exploration of their hidden emotions and feelings. To help Chinese children understand the connections between feelings, thoughts, and behaviors, therapists can draw the cognitive triangle and use children's real life experiences as examples. When appropriate, therapists can use also certain cartoon characters to help children understand different cognitions can result in different feelings in behaviors. For example, when eeyore fails any exam, he would think he is "stupid" and then he will be sad and quit trying; if Winnie the Pooh fails the same exam, he would think he did not study enough and then he is more likely to study hard and try again. Moreover, therapists will try to challenge clients' distorted beliefs by different interventions such as Socratic questioning, responsibility pie, and Best friend role play. Generally, several therapists reported that Chinese clients usually find the CBT model easy to understand but Chinese families encounter the most problems in situations of child sexual abuse.

Child sexual abuse, especially incest, can be an extremely difficult trauma topic to address for Chinese families. In traditional Chinese culture, *shame* and *face* are sociological concepts used to guide proper social behaviors by promoting conformity to societal expectations (Wang et al., 2009). Individuals would save face and avoid bringing shame to themselves by fulfilling the responsibilities of and behaving properly within their societally prescribed roles. As each individual was part of family that was itself part of the collective society, the individual's face, and the consequences for losing it, were shared by his or her family.

For these reasons, it can be very difficult to openly disclose sexual abuse because of its stigma, the need to protect the family name, and to preserve family harmony. Moreover, parents may deny the sexual abuse or minimize its impact on the children and the children may blame themselves for causing troubles in the family.

Child Sexual Abuse. To address Chinese children's sexual abuse, it is imperative to build therapeutic alliance with their parents and encourage them to be supportive and accepting for their children. First, therapist can build rapport with the parents during collateral parenting sessions that therapists should avoid confronting parents with the sexual abuse and shift the focus from whether the abuse occurred to the emotional disturbance of the children.

Therapists need to understand that sexual abuse to their children is an extremely shameful experience to parents and to validate parents' shame, anger, ambivalence, sadness, and difficulty to accept this trauma. For example, to reduce parents' resistance to accept the sexual abuse, a therapist may use limited self-disclosure and say to the parents, "I know it must be really hard for you to accept what just happened. You may feel really shocked and a part of you may doubt if the abuse really happened to your child. No parent wants their children to be hurt, and as a parent, I would rather have horrible things happen to me than to my children. However, we need to understand that we are the most important person in our children's life and it is a crucial time for us to be present with her, to trust her, and to protect her. Your daughter really needs you now because your love and acceptance are necessary to help her get through this trauma. " Moreover, therapists may need to mindful about using appropriate Chinese terms to describe child sexual abuse during treatment. For example, a clinical supervisor suggested that "xìng qīn hài" (性侵害) would be a formal and neutral term to address sexual abuse with Chinese parents. Using appropriate terms can help Chinese parents acknowledge the existence of the abuse and refrain from minimizing the impact on their children.

Sometimes one of the biological parents or other close family members are the abuser and the nonoffending parents' resistance may be even more difficult to ease. In this situation, therapists need to acknowledge the family's deference to the offending family members and to ensure that the child is living in a safe environment. In some situations, therapists may find that parents' resistance to believe in the abuse is related to their own traumatic experiences in the past and therapists can refer the parents to individual therapy in order to resolve their conflicts.

Before challenging clients' and parents' distorted thoughts about child sexual abuse, it is important to understand their assumptions and thoughts in the family culture. For example, some Chinese families believe that premarital virginity is an utmost important virtue for girls and this belief would make it difficult for the children and parents to accept the sexual abuse. Therapists should acknowledge such cultural belief, therapists can try to change the perception that the child has lost her virginity. Instead, therapists can frame virginity as having a strong emotional component instead of merely an anatomical or physiological phenomenon.

In contemporary China, most youth obtained sex knowledge mainly from peers or mass media (Zhang & Shah, 2007) and very few parents provide sex education to their children (Liu, Van Campen, Edwards, & Russell, 2011). Due to these reasons, Chinese youth can easily learn inaccurate information about sex and increase their potential risk for sexual abuse. Sex education can be a crucial preventive method for child sexual abuse that accurate knowledge about sex can help children learn to protect themselves and to seek for help. Furthermore, schoolteachers and healthcare workers play a pivotal role in assessing signs of child sexual abuse in children and making appropriate referrals to protect the victims.

Superstitious Belief

When working with Chinese families, several therapists reported that some parents tend to have superstitious beliefs about the traumatic experiences to their children. For example, a therapist shared a case that the Chinese child sought therapy for traumatic symptoms after a car accident. The parents attributed the cause of accident to their insufficient donation and contributions to a Buddhist temple on the day of accident. Instead of challenging this belief directly, the therapist helped the parents to examine evidences for their beliefs. In particular, the therapist explored number of times that the family went to the temple without making contributions and evaluated if they had accident every time. After this exploration, the parents realized that they went to the temple for eight times without making contributions but only the last time resulted in a car accident and this awareness slowly and gently challenged their superstitious belief.

Trauma Narrative

This module is the one of the most important components in the model and it involves gradual, hierarchical exposure to trauma-related triggers, utilizing verbal, written, or symbolic recall of events associated with the abuse (Ruggiero, Morris, & Scotti, 2001). The goal of the procedure is to help children desensitize with the trauma by gradual and repeated exposure to the narrative that children constructed. Over the course of several sessions, the child will describe more and more details of the trauma and their thoughts, feelings, and reactions during these times.

The construction of trauma narrative can take many different forms such as written passages, drawings, paintings, doll plays, or human figures in a sand tray. As this procedure directly leads the child to reveal the trauma, the child will possibly experience fear, discomfort, resistance, and other negative emotions. Therapists will need to validate the child's feelings, provide a lot of warmth and validations, help the child practice previously learned coping skills if necessary, and continue to encourage the child to complete the narratives in order to reduce discomfort and resistance. Some therapists suggest that using the child's favorite activities may raise the child's comfort level. For example, an 11-year-old Chinese boy was sexually abused by his mother and he became very resistant to talk about the abuse. Knowing that his favorite activity is Chinese chess, his therapist used Chinese chess and chess board to let the child play out different scenes of child abuse as a trauma narrative. Some therapists used video games, cartoons, powerpoint slides, smart phone apps to help their clients construct trauma narratives.

After the child constructed the trauma narrative, the next step will be to have the children share the trauma narratives with their parents. As this component requires that the child and his or her parent focus on communicating with one another about the actual abuse, both parties may avoid such uncomfortable and painful conversation (Cohen et al., 2007). Therefore, therapists should prepare the parents to listen to their children's disclosure. In particular, therapists will address parents' concerns and worries, discuss their possible questions about the abuse, help parents to be warm and supportive, and encourage parents not to ask questions about details. Therapists need to explain to the parents that the children can be very vulnerable during this time and parents need to avoid blaming the children. If parents start blaming their children during the sharing of trauma narrative, therapists need to make a clinical judgment to stop the parents or pause the sharing of trauma narrative and to do more preparation with the parents in collateral sessions.

Conclusion

There are about 1.4 billion Chinese, or 20% of the world's population, in various Chinese countries such as Mainland China, Taiwan, and Hong Kong (National Bureau of Statistics of China, 2012) and about 3.4 million Chinese Americans in the U.S., approximately 1% of the U.S. population (U.S. Census Bureau, 2010). However, no clinical study has examined a culturally adjusted approach to treat traumatized Chinese children to date. In turn, this project aims to provide cultural considerations for applying TFCBT, a widely used Evidence-based treatment, to fill in this research gap. The cultural values and considerations described in this paper can also be applicable to certain populations of Chinese heritage, such as Chinese Americans and Chinese Australians.

This project has several limitations. First, this project is a summary of professional therapists' clinical experiences and research literature but it is not a clinical study. For this reason, future research can conduct randomized clinical trials to test the effectiveness of culturally adapted TFCBT for Chinese populations. Second, there are many different types of traumas, such as physical abuse, sexual abuse, natural disasters, or other accidents, and each type of trauma may have specific cultural implications. For example, physical abuse can be related to the Chinese cultural belief in corporal punishment and therapists need to help parents differentiate between the nature of abuse and punishment and understand the possible impact on children. Different types of traumas may deserve individual attention in order to tailor specific cultural considerations. Lastly, this paper is a supplementary for practitioners who have some knowledge about the TFCBT model instead of a comprehensive treatment manual. Practitioners interested in working with Chinese children can receive training from free web-based training and then use the cultural considerations in this paper during the course of treatment.

Despite the limitations, this paper aims to increase the awareness of traumas in Chinese populations and to advocate for more research attention to develop treatments for the traumatized children. Further, there is a significant need to employ an evidenced-based model to address the increasing incidents of traumas in different Chinese societies, and TFCBT has thus far been shown to be one of the best treatment models for traumas.

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