# Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)

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## **The Problem**

A <u>traumatic event</u> is one that threatens a child or their loved one's life, safety, or well-being.

More than half of all youth will experience a traumatic event by age 18. A national survey of U.S. teens found:

- 8% experienced sexual assault
- 22% experienced physical assault
- 39% witnessed violence (National Center for PTSD)

#### **Impact**

While many children are very resilient in the face of trauma, research has repeatedly shown that childhood trauma is associated with a wide range of negative outcomes in adulthood including increased physical and mental health issues, substance use, and involvement in the justice system.

Multiple traumas and low social support put children at increased risk for poor outcomes.

### **TF-CBT Overview**

#### **Target Population**

- Children ages 3-18 and non-offending caregivers.
- Appropriate clients have an identified trauma and exhibit trauma-related emotional or behavioral symptoms.

#### **Treatment**

- 9 treatment components, organized around the acronym PRACTICE, address clinical issues and concerns commonly associated with childhood trauma.
- A hybrid treatment model based on social learning theory and cognitive-behavioral principles.
- 8 to 16 treatment sessions (16 to 25 for complex trauma), with a combination of child, parent, and conjoint sessions.
- Can be delivered in office-based, home, school, and residential settings.

### **Training**

Masters-level therapists and graduate students in training complete 10 hours of on-line and 2 days of in-person training, and participate in a series of 12 consultation calls with a TF-CBT Expert. Licensed therapists have the option of becoming TF-CBT certified after training is complete.

### Core Values ("CRAFTS")

Components-based \* Respectful of Cultural Values \* Adaptable & Flexible \* Family-focused \* Therapeutic Relationship is Central \* Self-efficacy is Emphasized

#### **Outcomes**

#### **Child Outcomes**

- Decrease in youth PTSD symptoms, shame, and abuse-related fears
- Decrease in sexualized behaviors
- Decreased anxiety and depression
- Decreased behavior problems
- Improved ability to recognize and respond to abusive situations
- Improved social adjustment

# Caregiver Outcomes

- Decrease in abuse-related distress and posttraumatic symptoms
- Decreased depression
- Improved parenting skills
- Increased support to child

Follow-up studies show excellent maintenance of treatment gains up to 2 years after treatment ends.

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Psychoeducation: Normalize response to trauma. Educate about trauma & treatment. Parenting Skills: Develop effective behavior management. Replace maladaptive behaviors with positive ones. Improve parent-child relationship.

Skill-building & Stabilization

Relaxation Skills: Reduce physical manifestations of stress and manage distress related to trauma reminders.

Affective Regulation Skills: Identify, express, and manage a range of emotions.

Cognitive Processing Skills: Recognize impact of thoughts on feelings and behaviors. Help view events in more accurate and helpful ways.

Trauma Narrative Trauma Narration & Processing: Provide more intensive exposure work to desensitize to trauma memories, resolve avoidance symptoms correct distorted cognitions (e.g., self-blame), and contextualize trauma experiences.

Integration /
Consolidation

In vivo Mastery of Trauma Reminders: Master trauma reminders and resolve avoidance symptoms not addressed in TN. (As needed)

Conjoint Parent-Child Sessions: Address cognitive distortions. Enhance parent-child communication. Plan for future reminders.

**Enhancing Safety:** Develop safety plan and body safety skills.

These factors, addressed in TF-CBT, are shown to impact

child outcomes.

**Change Mechanisms** 

Desensitization to trauma memories and reminders

Correction of cognitive distortions about the trauma (e.g., self-blame, stigma)

Enhancing parent support of the child and increasing support to the caregiver

Increasing structure and predictability in the home

17+ RCTs compared TF-CBT to supportive therapy and waitlist control groups.

Parent involvement in

treatment is associated with:

- Decrease in child depression
- Fewer child behavior problems
- Decrease in parents' distress
- Improved parenting and increased support to the child

**Trauma Narration &** 

**Processing** are associated with:

- Decrease in PTSD symptoms, shame, and abuse-related fears
- Decrease in parents' abuserelated distress

#### Other child outcomes:

- Decrease in sexualized behaviors
- Improved ability to recognize and respond to abusive situations
- Improved social adjustment
- Decreased anxiety

Please see the developers' website, <a href="https://tfcbt.org">https://tfcbt.org</a>, for official information about TF-CBT and the **National TF-CBT Therapist Certification Program®**, as well as a list of TF-CBT research trials.