Basics of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

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Types of Childhood Trauma

- Sexual abuse or assault
- Physical abuse
- Witness to domestic violence
- Victim or witness of community violence
- Victim or witness of school violence
- Bullying
- Suicide
- Motor vehicle or other travel-related accidents
- Weather-related events
- Terrorism
- Mass disasters
- Kidnapping; fires, etc.
Medical Trauma

- Cancer
- Burns
- Transplant or other life-threatening procedures
- Mutilating accidental or intentional injury
- Other causes of loss or death of loved ones; vicarious trauma
Traumatic Exposure Among Children and Adolescents

• 2/3 of youth age 16 and older have experienced traumatic life events
• 25% of all girls and 10-15% of all boys have been sexually assaulted by their 18th birthday
• 20-25% of all youth have witnessed intimate partner violence
• School and electronic media bullying
• Suicides and other traumatic losses
Trauma Impact

- Acute distress almost universal
- Impact can be long lasting
- Childhood trauma is risk factor for numerous adult psychiatric and medical problems
- Impact varies; most recover over time without treatment but a significant minority will develop moderate to serious PTSD symptoms and will require treatment
Common Diagnoses

- PTSD
- Depressive disorders
- Other anxiety disorders
- Comorbidity is common
  - ADHD
  - Oppositional Defiant Disorder
  - Substance Use Disorder
  - Bipolar Disorder
  - Psychotic disorders- up to 20% of traumatized children have psychotic symptoms
Chronic Trauma Exposure (Complex Trauma)

• In all of our treatment outcome studies, children experienced three or four different types of trauma
• Trauma sequelae are often broader than one diagnosis and may include:
  ➢ Severe affective dysregulation
  ➢ Interpersonal difficulties
  ➢ Adversely affected belief systems
  ➢ Somatic distress or disorganization
  ➢ Serious self-esteem issues
• Typically results in significant functional impairment
Clinical Presentation of Traumatized Children

- Most traumatized children present with behavioral problems at mental health clinics
- They may never be asked about their trauma history
- Treatment for behavior problems may be ineffective because of the neglect of the trauma exposure
- Outcomes may worsen over time and may result in higher levels of care (group homes; residential, etc.)
Major Barriers to Trauma Treatment

- Fear of retraumatizing the child
- Vicarious traumatization
- “Our clients are different”
Trauma Assessment

• Assessment is frequently viewed as not important

**BUT:**

How will you know whether a child needs trauma treatment?

• Has there been trauma exposure?
• Are there any trauma symptoms?
• What type of trauma treatment is most appropriate?
• Are there psychiatric co-morbidities that may account for the symptoms?
Trauma Assessment (cont’d)

• Clinical interview with child and caretakers
• Structured instruments:
  - UCLA PTSD Reaction Index (RI)- child, adolescent, and parent versions
  - Child PTSD Symptom Scale
  - Trauma Symptom Checklist for Children
  - Parent Emotional Reaction Questionnaire
• “Test narrative”
Trauma Assessment (cont’d)

- Is a full PTSD diagnosis necessary?
- Symptoms + functional impairment
- There will likely be other diagnoses in addition to PTSD
- New DSM 5 criteria for children age six and under
What Are Evidence Based Treatments for Traumatized Children?

• What They Are Not:
  Rigid
  Lockstep
  Inflexible...
THE ALL-PURPOSE COOKBOOK

joy

OF COOKING

The American Household Classic
Newly Revised and Expanded
With Over 4500 Recipes
and 1000 Informative Illustrations

by IRMA S. ROMBAUER and
MARION ROMBAUER BECKER
How are EBTs Similar to Usual Treatments for Traumatized Children?

- The therapeutic relationship is central
- Therapist creativity and judgment are valued and critical to success
- Flexibility is important in how components are adapted for individual children and families
- Cultural, religious, developmental and family values are respected
What is TF-CBT?

A hybrid treatment model that integrates:

- Trauma sensitive interventions
- Cognitive-behavioral principles
- Attachment theory
- Developmental Neurobiology
- Family Therapy
- Empowerment Therapy
- Humanistic Therapy
For Whom IS TF-CBT Appropriate?

- Children with known trauma history- single or multiple, any type
- Children with prominent trauma symptoms (PTSD, depression, anxiety, with or without behavioral problems)
- Children with severe behavior problems may need additional or alternative interventions
- Parental/caretaker involvement is optimal
  - However, PTSD improves even in the absence of caretaker involvement
For Whom is TF-CBT Appropriate (cont’d)

• Treatment settings: clinic, school, residential, home, inpatient

• TF-CBT is appropriate for the following groups:
  - Children in foster care
  - Children with exposure to chronic trauma
  - Children with PTSD or other trauma symptoms
  - Children ages 3-18
  - Children with PDD who function at higher level
  - Children of different cultural groups including Latino, African-American, and Native-American
TF-CBT Treatment Research: Randomized Clinical Trials

- 15 RCTs
- 8 RCTs have been completed by the Cohen, Deblinger, and Mannarino team
- Two RCTs in the Democratic Republic of Congo for sex trafficked girls and child soldiers
- One RCT in Norway by Tine Jensen and her group
- King et al. RCT
- The Netherlands: TF-CBT vs. EMDR
- One RCT currently being conducted in Germany
Treatment Research

- Studies have been conducted with children exposed to sexual abuse, domestic violence, traumatic losses, and multiple traumas
- Improved PTSD, depression, anxiety, shame and behavior problems compared to client-centered or nondirective therapy
- PTSD improved more with direct child treatment
- Improved parental distress, parental PTSD, parental support, and parental depression compared to client-centered or nondirective treatment
TF-CBT Web is a web-based, distance education training course for learning Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT).
TF-CBT Web
www.musc.edu/tfcbt

PSYCHOEDUCATION
Helping Children and Parents Learn About Trauma

- Web-based learning
- Learn at your own pace
- Learn when you want
- Learn where you want
- Return anytime
- 10 hours of CE

TF-CBT Web is offered free of charge.
Core Values of TF-CBT

- **CRAFTS**
  - Components-based
  - Respectful of cultural values
  - Adaptable and flexible
  - Family focused
  - Therapeutic relationship is central
  - Self-efficacy is emphasized
Child and Parent Components

- Individual sessions for both child and parent
- Parent sessions - generally parallel child sessions
- Same therapist for both child and parent
- Child and parent receive about the same amount of time at each session
- Treatment length: 8-25 sessions
TF-CBT Components

• PRACTICE
  ▪ Psychoeducation and Parenting Skills
  ▪ Relaxation
  ▪ Affective Modulation
  ▪ Cognitive Processing
  ▪ Trauma Narrative
  ▪ In Vivo Desensitization
  ▪ Conjoint parent-child sessions
  ▪ Enhancing safety and social skills
# Components- and Phase-Based Treatment

**PRACTICE COMPONENTS:**
- Psychoeducation; Parenting Skills
- Relaxation Skills
- Affective regulation Skills
- Cognitive processing Skills

**TF-CBT PHASES:**

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*Image credit: NCTSN*
TF-CBT Pacing

**Stabilization Phase**
- Psychoeducation
- Relaxation
- Affective Modulation
- Cognitive Coping

**Trauma Narrative Phase**
- Trauma Narrative and Processing

**Integration/Consolidation Phase**
- In vivo
- Conjoint sessions
- Enhancing safety

Time: 8-16 sessions

Parenting Skills

Gradual Exposure
TF-CBT Pacing – Complex Trauma

- Trauma Narrative and Processing
- In vivo Conjoint Sessions Enhancing Safety
- Parenting Skills
- Gradual Exposure
- Psychoeducation
- Relaxation
- Affective Modulation
- Cognitive Coping

Time: 16-25 sessions

- Stabilization Phase 1/2
- Trauma Narrative Phase 1/4
- Integration/Consolidation Phase 1/4
Critical TF-CBT Treatment Themes

• Order of PRACTICE components
• Incorporating gradual exposure into the skills-based components
• Importance of behavioral interventions with parents/caretakers
• TF-CBT is a treatment model which emphasizes proportion and balance
TF-CBT Treatment Themes (cont’d)

• Flexibility vs. fidelity
• Implement TF-CBT based on therapist’s knowledge of child’s skills, talents, and interests
• TF-CBT at every treatment session: Do not let COWs (crises of the week) get you off track
• TF-CBT treatment has to be FUN!
Gradual Exposure
TF-CBT Fidelity

- All of the TF-CBT components are implemented
- TF-CBT components in order of PRACTICE acronym, unless there is clinically appropriate justification
- Appropriate proportionality and pacing of components
- Completion of TF-CBT within appropriate time frame
Why is it critical to involve parents in TF-CBT?

- Most children do not present at mental health settings because of trauma exposure
- Children have behavior problems
- Parent/caretaker involvement is essential to address behavioral difficulties
Psychoeducation

• **Goals:**
  - Normalize child’s and parent’s reactions to severe stress
  - Provide information about psychological and physiological reactions to stress
  - Instill hope for child and family recovery
  - Educate family about the benefits and need for early treatment
  - **Educate family about trauma reminders**
  - **PSYCHOEDUCATION GOES ON THROUGHOUT THERAPY!**
Caring for Kids: What Parents Need to Know about Sexual Abuse
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
Parenting Skills

• TF-CBT views parents as critical therapeutic agent for change
• Explain the rationale for parent inclusion in treatment
  - Not because parent is part of the problem but because parent can be the child’s strongest source of healing
• Emphasize positive parenting skills and enhancing enjoyable child-parent interactions
• Clinical anecdotal data that TF-CBT enhances the quality of the parent-child relationship
Common Parental Issues in Child Traumatization

- Inappropriate self-blame and guilt
- Inappropriate child blame
- Overprotectiveness
- Overpermissiveness
- PTSD Symptoms
Relaxation

- Reduce physiologic manifestations of stress and PTSD
- **Reduce distress related to trauma reminders**
- Can help to lower the body’s alarm reactions
- Can be used at anytime so child will probably need more than one skill to use
- Can be coupled with other skills like feeling expression or cognitive coping during the trauma narrative component
• Develop individualized relaxation strategies for manifestations of stress (headache, stomach ache, dizzy, racing heart, etc.)
• Focused breathing/mindfulness/meditation
• Progressive muscle relaxation
• Physical Activity
• Yoga, singing, dance, blowing bubbles
• “If it’s not fun, you’re not doing it right”
• Relaxation strategies for trauma reminders
Affective Modulation

- Traumatized children may have inappropriate (e.g., excessive anger) and/or restricted range of affective expression.
- Activities to help children identify and express a range of different feelings:
  - Board games (Emotional Bingo)
  - Feeling brainstorm
  - Color Your World or person
- Importance of feeling identification and expression when there are trauma reminders.
Color Your World

sad, not with mom
scared, he'll hurt me
mad, what he did
happy, see my mom
proud, I'm a hero
Cognitive Processing

- Help children and parents understand the cognitive triad: connections between thoughts, feelings and behaviors, as they relate to everyday events
- Help children distinguish between thoughts, feelings, and behaviors
- Help children and parents view events in more accurate and helpful ways
- Encourage parents to assist children in cognitive processing of upsetting situations, and to use this in their own everyday lives for affective modulation
Behaviors

Thoughts

Feelings

Is it accurate?

Is it helpful/does it make me feel better?
Direct Discussion of Traumatic Events

• Reasons we avoid this with children:
  • Child discomfort
  • Parent discomfort
  • Therapist discomfort
  • Legal issues

• Reasons to directly discuss traumatic events:
  • Gain mastery over trauma reminders
  • Resolve avoidance symptoms
  • Identify and correct distorted cognitions
  • Contextualize traumatic experiences into overall life
Trauma Narrative

- RELY ON CHILD’S STRENGTHS AND INTERESTS TO OVERCOME AVOIDANCE

Methods to create Trauma Narrative:
- Book
- Cartoon strip
- Poem
- Talk Show Interview
- Song
- Drawings
- Instant message/text message
- Play narrative
Trauma Narrative When There Are Multiple Traumas

- Limit the number of sessions for the TN so that it is not overwhelming for the child
- Provide some structure so that the child understands what will be covered
- Possible utility of life narrative or timeline
- Provide details about at least one trauma experience
- Look for underlying themes of blame, shame, betrayal, feeling damaged
Sharing the Trauma Narrative with the Parent

- Parent may not know details of what happened
  - Avoidance
  - Legal issues
- Explore what parent knows about the traumatic event
- Share with parent what child has said in therapy
  - Confidentiality
  - Developmental issues
- Sharing TN may not be appropriate, especially in complex trauma cases when trust is a major theme
Examples of Trauma Narratives
Cognitive Processing of the Trauma

- Explore inaccurate or unhelpful cognitions about the trauma and the feelings that accompany them
  - Inaccurate thoughts (ex: “the sexual abuse was my fault”)
  - Unhelpful thoughts (ex: “this may be the day of the next terrorist attack”)
  - Inaccurate AND unhelpful thoughts (ex: “it’s my fault my mother was killed in the hurricane. I should have made her evacuate sooner.”)
- Replace distorted cognitions with more accurate, realistic, or helpful ones
- **Responsibility vs. regret**
Techniques for Challenging Trauma-Related Cognitive Distortions

- Progressive Logical Questioning
- The “Best Friend” role play
- “Responsibility Pie”
Cognitive Processing of Trauma with Caregiver

• Help parent identify his/her own cognitive distortions and related feelings
  – “I should have known this would happen”
  – “My child will never be happy/can never recover from this”
  – “My child’s childhood is ruined”
  – “Our family is destroyed”
  – “I can’t handle anything anymore”
  – “I can’t trust anyone anymore”
  – “The world is terribly dangerous”
• Help parent challenge his/her own distortions and replace them with more accurate and helpful cognitions
• Help parent identify and practice effectively challenging child’s cognitive distortions
In Vivo Mastery of Trauma Reminders

• Mastery of trauma reminders is critical for resuming normal developmental trajectory

• Hierarchical exposure to innocuous reminders which have been paired with the traumatic experience

• To be used only if the feared reminder is innocuous (not if it’s still dangerous)

• Resolve generalized avoidant behaviors

• Gradually help the child to get used to the feared situation
Conjoint Parent-Child Sessions

GOALS:
• Share trauma narrative
• Address and correct cognitive distortions (child and parent)
• Encourage optimal parent-child communication about the trauma(s)
• Prepare for future trauma reminders
• Praise for progress made
Enhancing Safety Skills

- May be done individually or in joint sessions
- Develop a safety plan which is responsive to the child’s and family’s circumstances and the child’s realistic abilities
- Develop children’s body safety skills
- Practice these skills outside of therapy
- For sexually abused children, include education about healthy sexuality
- For children exposed to DV, PA, CV, may include education about bullying, conflict resolution, etc.
TF-CBT Implementation Resources

- Your Very Own TF-CBT Workbook
- Dealing with Trauma: A TF-CBT Workbook for Teens
- TF-CBT Brief Practice Checklist
Vicarious Trauma

- This is hard work
- Take care of yourself and your colleagues
- Ask for consultation
- Have a life outside of work
- Get help if you need it.
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
Maya Angelou:

“The world is changed one child at a time”

Thank you for all you do for traumatized children!