FACTSHEET

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Trauma-Focused Cognitive Behavioral Therapy: A Primer for Child Welfare Professionals

Trauma-focused cognitive behavioral therapy (TF-CBT) is an evidence-based treatment approach shown to help children, adolescents, and their parents (or other caregivers[1]) overcome trauma-related difficulties. It is designed to reduce negative emotional and behavioral responses following trauma, including child sexual abuse and other maltreatment, domestic violence, traumatic loss, mass disasters, multiple traumas, and other traumatic events. The treatment addresses distorted or upsetting beliefs and attributions related to the traumas and provides a supportive environment in which children are encouraged to talk about their traumatic experiences and learn skills to help them cope with ordinary life stressors. TF-CBT also helps parents who were not abusive to cope effectively with their own emotional distress and develop skills that support their children. This factsheet is intended to help child welfare professionals build a better understanding of TF-CBT, including which clients should be referred for this approach, how it is implemented, and resources for additional information.

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[1] In this factsheet, the term "parent" includes birth parents as well as other types of primary caregivers, including foster parents, kin caregivers, and adoptive parents.

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Overview

In the immediate as well as long-term aftermath of exposure to trauma, including child maltreatment, children are at risk of developing significant emotional, behavioral, and other difficulties. Examples of these harmful effects include depression, substance use, posttraumatic stress disorder (PTSD) symptoms (e.g., upsetting and unwanted memories of the experience, avoidance, emotional numbing, hyperarousal), mood and anxiety disorders, suicide attempts, heightened cortisol levels, and involvement with the justice system (Simonich et al., 2015). Victims also may experience maladaptive or unhelpful beliefs and attributions (e.g., feeling powerlessness, believing they are responsible for the abuse).

TF-CBT is an evidence-based treatment that helps children address the negative effects of trauma, including processing their traumatic memories, overcoming problematic thoughts and behaviors, and developing effective coping and interpersonal skills. It also includes a treatment component for parents or other caregivers who were not abusive. Parents can learn skills related to stress management, positive parenting, behavior management, and effective communication.

TF-CBT combines elements drawn from multiple approaches and theories:

- Cognitive therapy, which aims to change behavior by addressing a person's thoughts or perceptions, particularly those thinking patterns that create distorted or unhelpful views
- Behavioral therapy, which focuses on modifying habitual responses (e.g., anger, fear) to nondangerous situations or stimuli
- Family therapy, which examines patterns of interactions among family members to identify and alleviate problems
- Attachment theory, which emphasizes the importance of the parent-child relationship
- Developmental neurobiology, which provides insight on the developing brain during childhood

The Children's Bureau does not endorse any specific treatment or therapy. Before referring to or implementing a specific type of therapy in your community, consider its appropriateness based on families' needs, resource availability, and fit within the current service delivery system.

Target Population

Appropriate candidates for this treatment include the following:

- Children and adolescents (ages 3–18) who remember being exposed to at least one trauma (e.g., child maltreatment, community violence, traumatic loss of a loved one) and who experience the following:
  - PTSD symptoms
  - Elevated levels of depression, anxiety, shame, or other dysfunctional abuse-related feelings, thoughts, or developing beliefs
  - Trauma-related behavioral problems, including age-inappropriate sexual behaviors
- Nonoffending parents or other caregivers

TF-CBT has demonstrated effectiveness in a variety of environments (e.g., clinical settings, foster care, schools, in-home), with children and families from diverse cultural backgrounds, and for individuals experiencing different trauma types (e.g., physical or sexual abuse, domestic violence, disaster, traumatic grief), including multiple trauma types or exposures (Cohen & Mannarino, 2015).

TF-CBT may not be appropriate or may need to be modified for the following populations:

- Children and adolescents whose primary problems include serious conduct problems (e.g., aggressive or destructive behaviors) or other significant behavioral problems that existed prior to the traumatic events and who may respond better to an approach that focuses on overcoming these problems first

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- Children who inappropriately or illegally use substances on an extensive basis
- Children who are acutely suicidal
- Adolescents who are currently exhibiting serious cutting behaviors or engaging in other parasuicidal behavior (i.e., nonfatal self-harming behavior)

It is important to conduct meaningful assessments of children who may be candidates for TF-CBT to ensure they fit the profile of those in the target population and therefore benefit from this intervention.

Key Components

TF-CBT is a short-term treatment typically provided in 12 to 16 weekly sessions, although the number of sessions can be increased to 25 for youth who present with complex trauma (Cohen, Mannarino, & Deblinger, 2017). Most sessions last approximately 60 minutes, with the child and parent separately seeing the therapist for about 30 minutes each. There are some conjoint sessions in TF-CBT, particularly later in the treatment when the child shares his or her trauma narrative with the parent. TF-CBT is usually completed within 4–6 months. Some children may benefit from additional services once the trauma-specific impact has been resolved.

Each individual session is designed to build the therapeutic relationship while providing education, skills, and a safe environment in which to address and process traumatic memories. The therapist, parents, and child all work together to identify common goals and attain them. Joint parent-child sessions are designed to help parents and children practice and use the skills they learned and to assist the children in sharing their trauma narratives. These sessions can also foster more effective parent-child communication about the abuse and related issues.

Components of the TF-CBT protocol can be summarized by the word "PRACTICE":

- **P - Psychoeducation and parenting skills—** Discussing and teaching about child abuse in general and the typical emotional and behavioral reactions to sexual abuse as well as skills training for parents in positive parenting, child behavior management strategies and effective communication
- **R - Relaxation techniques—**Teaching relaxation methods, such as focused breathing, progressive muscle relaxation, and visual imagery, which may benefit the parent as well
- **A - Affective expression and regulation—**Helping the child and parent manage their emotional reactions to reminders of the abuse, improve their ability to identify and express emotions, and participate in self-soothing activities
- **C - Cognitive coping and processing—**Helping the child and parent understand the connection between thoughts, feelings, and behaviors and exploring and correcting inaccurate and/or unhelpful attributions related to everyday events
- **T - Trauma narration and processing—**Conducting gradual exposure exercises, including verbal, written, and/or other creative recounting of abusive events, and processing inaccurate and/or unhelpful thoughts about the abuse
- **I - In vivo exposure—**Gradual exposure to trauma reminders in the child's environment (e.g., darkness, the setting where the trauma occurred), so the child learns to control his or her own emotional reactions
- **C - Conjoint parent/child sessions—**Family work to enhance communication and create opportunities for therapeutic discussion regarding the abuse and for the child to share his/her trauma narration
- **E - Enhancing personal safety and future growth—** Education and training on personal safety skills, interpersonal relationships, and healthy sexuality and encouragement in the use of new skills in managing future stressors and trauma reminders[2]

[2] When children are living in a dangerous or high-risk environment (e.g., presence of domestic violence or neighborhood violence), the therapist may move safety planning to the beginning of the treatment and conduct safety check-ins throughout the therapy.

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Benefits to Using TF-CBT

At least 20 empirical investigations have been conducted evaluating the impact of TF-CBT on children who have been victims of sexual abuse or other traumatic events (Cohen & Mannarino, 2017). Research comparing TF-CBT to other tested models and services as usual (such as supportive therapy, nondirective play therapy, child-centered therapy) has shown that TF-CBT resulted in significantly greater gains for children and parents. Follow-up studies (up to 2 years following the conclusion of therapy) have shown that these gains are sustained over time. TF-CBT has been designated as an evidence-based approach by several organizations, including the California Evidence-Based Clearinghouse for Child Welfare and the National Registry of Evidence-Based Programs and Practices.

Children participating in TF-CBT show a wide range of improvements, including decreases in PTSD symptoms, depression, anxiety, behavior problems, shame, cognitive distortions, and relationship difficulties (Cohen & Mannarino, 2017; Cohen, Mannarino, & Iyengar, 2011; Lenz & Hollenbaugh, 2015). Research also demonstrates a positive treatment response for parents. Parents experience reductions in their own emotional distress and depressive symptoms as well as improvement in how they can support their children and manage their children's behavioral difficulties (Deblinger, Mannarino, Cohen, Runyon, & Heflin, 2015). Caseworkers may want to explore whether this option is available in their community. (For a listing of certified TF-CBT therapists, visit https://tfcbt.org/members/.)

What to Look for in a TF-CBT Therapist

If TF-CBT appears to be an appropriate treatment model for a family, you should look for a provider who has received adequate training, supervision, and consultation in the TF-CBT model as well as TF-CBT certification (see https://tfcbt.org). If feasible, both you and the family should have an opportunity to interview potential TF-CBT therapists prior to beginning treatment. The child and parents should feel comfortable with and have confidence in the therapist with whom they will work.

The following are some specific questions to ask regarding TF-CBT:

- What is the nature of the therapist's TF-CBT training (e.g., when trained, by whom, length of training)? Is this person clinically supervised by someone trained in TF-CBT or does the therapist participate in a peer supervision group with others who are TF-CBT trained? Is the therapist certified?
- Is there a standardized, objective assessment process used to gather baseline information on the functioning of the child and family and to monitor their progress in treatment over time?
- What techniques will the therapist use to help the child manage his or her thoughts and emotions and related behaviors?
- How and when will the therapist ask the child to describe the trauma?
- Will the therapist use a combination of individual and joint child-parent sessions?
- Is the practitioner sensitive to the cultural background of the child and family? How will cultural considerations be addressed?
- Is there any potential for harm associated with treatment?

For additional information about TF-CBT training and certification, refer to https://tfcbt.org/ and https://www.nctsn.org/sites/default/files/interventions/tfcbt_training_guidelines.pdf.

Conclusion

TF-CBT is an evidence-based treatment approach for children who have experienced sexual abuse, physical abuse, exposure to domestic violence, mass disasters, multiple traumas, or similar traumas. It has a high level of empirical support and can offer significant results in helping children to process their trauma and overcome emotional and behavioral problems following trauma. Caseworkers should become knowledgeable about TF-CBT, as well as other commonly used treatments, to ensure they refer children and families to the most appropriate community providers and treatment interventions. They should also work with parents to make sure they are informed about the treatment options available to them.

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Additional Resources

For a comprehensive description of TF-CBT, refer to the following book, whose authors are the developers of the approach:

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2017). *Treating trauma and traumatic grief in children and adolescents* (2nd ed.). New York: Guilford.

For additional information about TF-CBT, view the following resources:

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) [webpage]
California Evidence-Based Clearinghouse for Child Welfare
http://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/detailed

Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program [webpage]
Allegheny Health Network
https://tfcbt.org

TF-CBT Web 2.0 [web course]
Medical University of South Carolina
https://tfcbt2.musc.edu

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Lenz, A. S., & Hollenbaugh, K. M. (2015). Meta-analysis of trauma-focused cognitive behavioral therapy for treating PTSD and co-occuring depression among children and adolescents. *Counseling Outcome Research and Evaluation, 6*, 18–32. doi: 10.1177/2150137815573790

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