

Trauma Focused Cognitive Behavioral Therapy

An Evidence Based Intervention for children and teens
ages 3-18 who have survived traumatic events

What is Trauma?

- ▶ The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence either through direct exposure (experiencing it themselves) or through witnessing it.

How do kids and teens respond to Trauma?

Acute distress is almost universal



In the wake of a traumatic event kids/teens may struggle with:

Intrusive memories

Nightmares

Physical and emotional distress when reminded of the traumatic event

Negative thoughts about self, others and the world

Inappropriate guilt and self blame


Irritability

Anxiety

Difficulties with sleep

How do kids and teens recover from Trauma?

Many kids and teens who experience acute distress in the wake of a traumatic event are able to recover naturally through talking about the event with trusted adults in their lives, expressing their emotions about what happened and returning to their normal routine.



For some kids and teens, symptoms persist beyond the natural recovery period of about 1 month.



When symptoms are not resolving on their own, there is TF-CBT.

WHAT IS TF-CBT?

An empirically validated short term therapy for children and adolescents who have experienced trauma.

TFCBT is anchored in the following core values:

CRAFTS

Components Based

Respectful of cultural values

Adaptable and flexible

Family-focused

Therapeutic Relationship is Central

Self-efficacy is emphasized

Shown through research to be superior to non-directive therapy in improving PTSD and other trauma related symptoms in children ages 3-18



22 randomized controlled trials starting in 1996 including RCT's showing treatment efficacy:

In individual and group formats

In diverse settings

Across ages

Across ethnicities and cultures

Treating multiple and complex traumas

Improving parental distress

EMPIRICAL SUPPORT FOR TF-CBT

Child exposed to a threat related event

- Per DSM 5: “*actual or threatened death, serious injury, sexual violence*”

Child has trauma-specific distress

(trauma-related fears, distress at reminders, maladaptive thoughts and/or behaviors)

Child is in a stable or “stably unstable”

(e.g., foster care without immediate move plans)
environment

Child is between the ages of 3 and 18

WHEN IS TF-CBT THE RIGHT TREATMENT?

Clinicians may pause to focus on stabilization when a child or teen is engaging in:

Current suicidal/current self-harming behaviors

Active substance abuse significantly impairing functioning

Severe, out of control behavior problems (*e.g., extreme dysregulation, serious aggression, delinquency, on the run*)

THE ROLE OF CAREGIVERS IN TF-CBT

- ▶ Non-offending caregivers have an important role to play in TF-CBT as a support person in treatment and after treatment has ended.
- ▶ We define caregiver very broadly! A child may not have a supportive parent but may be supported by another relative like a grandparent, aunt or uncle or adult sibling. They may have a supportive foster parent, coach, caseworker or neighbor. Any safe adult who is connected to the child can support them in treatment.



THE ROLE OF CAREGIVERS IN TF-CBT (cont)

- ▶ Sessions are typically structured to include one on one time for caregiver and therapist, one on one time for child and therapist and a check-in at the end with all three.
- ▶ As the therapist is attending to the child's treatment, they are also attending to the caregiver's experience of the child's trauma and current symptoms and supporting the caregiver in supporting the child.
- ▶ The last phase of treatment will include the therapist facilitating the child sharing their story with a supportive caregiver.



CAN OFFENDING CAREGIVERS PARTICIPATE IN TF-CBT?

- ▶ If a child is in need of TF-CBT for physical abuse and is currently in the care of the parent who perpetrated the abuse, the appropriate model for supporting that child and family would be AF-CBT.



WHAT HAPPENS DURING TREATMENT?

STABILIZATION

- **P**sychoeducation and **P**arenting
- **R**elaxation Skills
- **A**ffect Regulation
- **C**ognitive Coping

TRAUMA NARRATIVE

- **T**rauma Narrative and Processing

INTEGRATION

- **C**onjoint parent-child sessions
- **E**nhancing safety and Social Skills

STABILIZATION PHASE

- ▶ Child/Teen learns the skills they need to process the trauma including:
 - ▶ Psycho-education about trauma, the symptoms of PTSD, the structure of TF-CBT as well as general information about the type of trauma that the child experienced.
 - ▶ Relaxation skills to help manage trauma reminders and other stressors
 - ▶ Affect Regulation Skills including identifying, talking about and managing emotions.
 - ▶ Cognitive Coping skills including learning the connection between thoughts, feelings and actions and practicing flexible thinking.
- ▶ Caregivers learn the skills that the child is learning as well as positive parenting skills as needed to support their child's recovery.

TRAUMA NARRATIVE PHASE

- ▶ Child/Teen works with the therapist to write/draw/build/tell the story of the traumatic event.
- ▶ Emphasis is on the child's experience of the event and their thoughts, feelings and interpretations of what happened.
- ▶ Through the course of telling their story the therapist helps the child to identify, explore and change unhelpful thoughts and interpretations including guilt/self blame and persistent unrealistic fears.



WHAT THE TRAUMA NARRATIVE IS AND IS NOT

The Trauma Narrative IS:

- A therapeutic tool to enable the child to tell their story and to process thoughts, feelings and memories of the traumatic event.

The Trauma Narrative IS NOT:

- An investigative interview
- A part of the medical or counseling record
- An exhaustive account of all of the harm and trauma that the child has experienced

INTEGRATION AND CONSOLIDATION PHASE

- ▶ Child/Teen integrates what they have learned from processing the traumatic event and takes remaining steps to move forward including:
 - ▶ In Vivo Exposure to overcome fears of non-dangerous trauma reminders.
 - ▶ Conjoint Sessions in which therapist shares the trauma narrative with the caregiver and then facilitates a conjoint session with child and caregiver sharing the narrative to support healthy communication about the traumatic events.
 - ▶ Enhancing Future Safety through developing any needed safety skills

How Long Does Treatment Last?

A typical course of treatment in TF-CBT is 8-16 sessions with each of the phases taking about 1/3 of the treatment time.

In more complex cases, sessions may be extended and more time may be spent in the stabilization phase of treatment.

Where can I refer families for TF-CBT?

- ▶ Harborview Abuse & Trauma Center
- ▶ King County Sexual Assault Resource Center
- ▶ Local Community Mental Health Agencies
- ▶ Therapists in Private Practice who have TF-CBT training