Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

What is TF-CBT?

TF-CBT is a therapy that helps children, youth and their families who have been affected by traumatic events. Traumatic events include physical and sexual child abuse, rape or assault, exposure to domestic or community violence, serious accidents, natural or human disasters, violent crime, violent or sudden death, or any other experience that creates threat or fear. The child/youth may actually experience the event, witness the event or have a close loved one who experienced the event.

How to tell if TF-CBT is the right plan.

TF-CBT is mainly for traumatic stress, but it works for depression, other anxieties, and some behavior problems that might go along with the traumatic stress. Traumatic stress is reactions to the trauma events that are very upsetting or cause problems for the child/youth at home, school or in other activities. Traumatic stress includes having upsetting memories or being upset at reminders; sleep problems or night mares; avoiding people or situations that are reminders of the trauma; shutting down or becoming numb; having concentration problems; being irritable or being overly alert or jumpy.

An assessment of the child/youth to find out how much traumatic stress s/he has is how the treatment plan is decided. If the child/youth has significant traumatic stress then TF-CBT is the right therapy. Finding this out involves talking with the child/youth and the parent/caregiver, and giving checklists for traumatic stress.

How do we know that TF-CBT is effective?

Many studies have shown that traumatic stress and depression improve more with TF-CBT than with non-specific therapy. Children/youth with all kinds of different traumas, boy and girls, and children/youth from different ethnic and racial backgrounds benefit just as much.

What does TF-CBT involve?

TF-CBT has specific components:

1. Psychoeducation. The child/youth and parent/caregiver learn about traumatic stress; typical reactions and why they happen; about the systems that may be inovled (e.g., medical, CPS, police and prosecutors, etc) and may affect reactions; the connection between thoughts, feelings and behavior; and what is involved in therapy. An
An important piece of information is that most children/youth will recover, especially if they have effective treatment.

2. **Emotion regulation.** The child/youth and parent/caregiver identify typical trauma-related emotions such as fear or anxiety, sadness or grief, anger, or shame and learn specific skills to handle these difficult emotions in constructive ways.

3. **Correcting maladaptive beliefs.** The child/youth and parent/caregiver identify typical unhelpful trauma-related beliefs like self-blame, that no one can be trusted, or the world is very dangerous all the time. They learn more accurate and helpful ways to think about what happened.

4. **Trauma narrative.** The child/youth becomes able to remember and talk about what happened without being really upset or avoiding the memories and how to handle trauma reminders. The child/youth and parent/caregiver come up with a way to put the trauma into perspective as a bad experience that is in the past so it does not overly influence the present. This is the main part of TF-CBT.

5. **Positive parenting.** This component is for parents/caregivers and is to help them learn to handle behaviors the child/youth is showing that are difficult or are interfering with family relationships.

**What to expect in TF-CBT.**

This is a structured intervention where the child/youth and parent/caregiver learn new and better ways to handle the difficult feelings and more helpful ways to think about what happened. A very important part of TF-CBT is practicing the skills for handling feelings and thinking in more constructive ways in between sessions.

The trauma-focused part means that the child/youth and parent/caregiver face up to what happened and the child/youth becomes able to share the experience. This is sometimes hard in the beginning because both the child/youth and the parent/caregiver may have strong feelings when they remember or think about the trauma. It is understandable that both the child and they parent may want to avoid remembering or worry that having to remember will make things worse. But remembering the experience in a safe environment is the best way to lower the negative feelings. When the feelings become less strong and more manageable it makes it possible to put the trauma into perspective and make it a part of the past.

**How long does TF-CBT take?**

Many children/youth complete TF-CBT in 12-15 sessions. Some families need fewer sessions, and others need more. TF-CBT is flexible and individualized to the needs of each child/youth and family.