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

## Treatment Description

The goal of TF-CBT is to help address the unique biopsychosocial needs of children with Post Traumatic Stress Disorder (PTSD) or other problems related to traumatic life experiences, and their parents or primary caregivers. TF-CBT is a model of psychotherapy that combines trauma-sensitive interventions with cognitive behavioral therapy. Children and parents are provided knowledge and skills related to processing the trauma; managing distressing thoughts, feelings, and behaviors; and enhancing safety, parenting skills, and family communication.

## Target Population

TF-CBT is a clinic-based, individual, short-term treatment that involves individual sessions with the child and parent as well as joint parent child sessions. TF-CBT should be provided to those children (ages 4 to 18) who have significant behavioral or emotional problems that are related to traumatic life events, even if they do not meet full diagnostic criteria for PTSD. Treatment results in improvements in PTSD symptoms as well as in depression, anxiety, behavior problems, sexualized behaviors, trauma-related shame, interpersonal trust, and social competence.

## Intensity

Over 80 percent of traumatized children will show significant improvement with 12-to-16 weeks of treatment (once a week; 60-to-90 minute sessions).

## Essential Components

- Establishing and maintaining therapeutic relationship with child and parent
- Psycho-education about childhood trauma and PTSD
- Emotional regulation skills
- Individualized stress management skills
- Connecting thoughts, feelings, and behaviors related to the trauma
- Assisting the child in sharing a verbal, written, or artistic narrative about the trauma(s) and related experiences
- Encouraging gradual in vivo exposure to trauma reminders if appropriate
- Cognitive and affective processing of the trauma experiences
- Education about healthy interpersonal relationships
- Parental treatment components including parenting skills
- Joint parent-child sessions to practice skills and enhance trauma-related discussions
- Personal safety skills training
- Coping with future trauma reminders
## Assessment/Outcome Measures Used

- An initial clinical interview with parent and child
- Kiddie-SADS structured interview
- Children’s Depression Inventory
- State-Trait Anxiety Inventory for Children
- Child Behavior Checklist
- Child Sexual Behavior Inventory
- Children’s Attributions and Perceptions Questionnaire
- Parent’s Emotional Reaction Questionnaire
- Parental Support Questionnaire
- Parenting Practices Questionnaire
- Beck Depression Inventory (for parental depression)
- UCLA PTSD Index

## Training Requirements

Training sessions are appropriate for supervisors and therapists with a master’s degree or higher. Therapists and clinical supervisors benefit the most from receiving several sequential types of training, which include:

- Reading this fact sheet
- Reading the program developers’ treatment book(s) and related materials
- Readiness assessment
- Intensive skills based training, one to two days
- Ongoing expert consultation from trainers for six months
- Advanced TF-CBT training, one to two days

## Fidelity Monitoring Procedures

The effectiveness of TF-CBT depends on all of the essential components being provided in a manner and order generally consistent with the TF-CBT treatment manual.

TF-CBT Fidelity Measure

## Implementation Requirements, Readiness, and Reimbursement

- Clinical supervisors trained and experienced in TF-CBT
- Private treatment rooms conducive to child comfort and safety
- Insurance companies that provide coverage of ancillary parent sessions for the child who is the identified patient
- Licensed practitioners/programs for Medicaid reimbursement
- Crime-victims’ compensation funds in some states

## Outcomes/Evaluation

A series of randomized controlled trials have demonstrated the superiority of TF-CBT over nondirective play therapy and supportive therapies in children (ages 3 to 14) who have experienced multiple traumas, and those positive results were maintained over time. TF-CBT has proven to be effective in improving PTSD, depression, anxiety, externalizing behaviors, sexualized behaviors, feelings of shame, and mistrust. The parental component of TF-CBT increases the positive effects of TF-CBT for children by improving parents’ own levels of depression, emotional distress about their children’s abuse, support of the child, and parenting practices.
### Adaptations for Special Populations or Settings

TF-CBT has been adapted to address the needs unique to Latino and hearing-impaired/deaf populations, and for children who are experiencing traumatic grief.

### Recent Publications

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
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<tbody>
<tr>
<td>Cohen JA, Mannarino AP, Deblinger E</td>
<td>Child and Parent Trauma-focused Cognitive Behavioral Therapy Treatment Manual. Drexel University College of Medicine (available from the authors at <a href="mailto:jcohen1@wpahs.org">jcohen1@wpahs.org</a>).</td>
</tr>
<tr>
<td>Deblinger E, Stauffer LB, Steer RA (2001)</td>
<td>Comparative efficacies of supportive and cognitive behavioral group therapies for young children who have been sexually abused and their non-offending mothers. Child Maltreatment,6, 332-343</td>
</tr>
</tbody>
</table>
| Treatment Developers | Allegheny General Hospital Center for Child Abuse & Traumatic Loss, Drexel University College of Medicine, Pittsburgh, PA  
New Jersey CARES Institute, School of Osteopathic Medicine, University of Medicine and Dentistry of New Jersey, Stratford, NJ. |
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| Contact Information | For more information on the TF-CBT model, contact Judy Cohen, MD, Allegheny General Hospital (jcohen1@wpahs.org), Anthony Mannarino, PhD (amannari@wpahs.org), Allegheny General Hospital, or Esther Deblinger, PhD (deblines@umdnj.edu), New Jersey CARES.  
For consultation regarding training opportunities and implementation procedures for this model within the Network, contact Charlene Allred (callred@psych.duhs.duke.edu) at Duke or Cassie Kisiel at UCLA (ckisiel@mednet.ucla.edu). |

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