

10 Tips for Planning Your Agency's TF-CBT Implementation¹

#1: Train multiple therapists in TF-CBT.

Training several therapists promotes the sustainability of your project because, if there is therapist turnover, you will continue to have staff available to provide TF-CBT. It is also more cost-effective to train a group than one person (the cost per trainee tends to go down). From a clinical standpoint, therapists benefit from consulting and collaborating with colleagues who are doing similar work, rather than working in isolation. This can enhance the quality of their work and reduce the potential for burnout or compassion fatigue.

#2: Make trauma work part of clinicians' caseloads, rather than a full-time role.

Research on secondary traumatic stress and worker turnover² suggests that some therapists benefit from having a balanced and varied caseload. Working exclusively with traumatized children (such as being a full-time TF-CBT therapist) may put the well-being of some therapists at risk. This is especially true of clinicians who are new to working with trauma.

#3: Identify a clinical supervisor to become TF-CBT trained and certified.

The model developers strongly recommend that TF-CBT therapists have a supervisor who is TF-CBT trained and certified. Consultation calls are time-limited and it is important that therapists' supervisors are knowledgeable about the model. Having a certified supervisor also opens up the possibility of that individual participating in the TF-CBT Train-the-Supervisor Program in the future, which can help programs sustain or expand their TF-CBT program in an affordable way.

#4: Consider planning for more consultation calls than are required.

TF-CBT certification requires that therapists participate in a series of 12 consultation calls, typically over a 6-month period. Anecdotal reports from previous grantees indicate that therapists may still be working through their first TF-CBT cases at the end of this six months and can benefit from continuing consultation until they are ready for certification. Some agencies have even chosen to continue consultation indefinitely. If you go beyond the required 12 calls, be sure to lay out clear expectations with therapists regarding their participation.

#5: Consider including Advanced TF-CBT Training as part of your implementation plan.

This one- or two-day training ideally occurs about 6 to 8 months after the basic training and is a valuable way to further enhance therapists' competence in the model, as well as address specialized topics and real-life challenges.

¹ Over the last 18 months, the EPISCenter has worked with numerous agencies implementing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) through grants from the Pennsylvania Commission on Crime and Delinquency; connected with several TF-CBT initiatives around the Commonwealth; had on-going conversations with Dr. Anthony Mannarino; and reviewed relevant literature. Through these efforts, we identified the recommendations outlined in this document.

² National Child Traumatic Stress Network. (2016) *Secondary Traumatic Stress: A Fact Sheet for Organizations Employing Community Violence Workers*. Retrieved from http://www.nctsn.org/sites/default/files/assets/pdfs/sts_cv.pdf

#6: Before selecting TF-CBT trainees, know the certification requirements.

TF-CBT is a therapy model, designed to build up therapists' existing clinical competence and knowledge. It is not a comprehensive therapist training program. To participate in training, therapists must have a graduate degree in a clinical field or be currently enrolled in a clinical graduate program. Therapists will not be able to apply for certification unless (or until) they have a professional license. Although there is no "deadline" to apply for certification once trained, if your plan is to have certified therapists, it is wise to select therapists who are already licensed or have a clear time-frame for licensure.

#7: Make caregiver involvement an expectation, not an exception, when planning your implementation.

While parent engagement can be challenging for any intervention program and there will understandably be situations where caregiver involvement is not possible, TF-CBT is designed to include parents. Research shows that the intervention is most effective when a non-offending parent or caregiver participates in treatment with the child. Also, in order to become TF-CBT certified, clinicians must complete three TF-CBT cases, at least two of which must actively involve a caregiver or other responsible party. Therefore, systematically delivering TF-CBT without caregiver involvement may prevent therapists from meeting certification requirements.

#8: If applying for a grant, consider budgeting therapist hours instead of salary.

Unless you anticipate having full-time TF-CBT therapists (which is not recommended), budgeting therapist hours offers more flexibility in how therapist time is used. In addition, if your grant limits the use of funds to child sexual abuse cases, budgeting hours allows therapists to accept other types of trauma cases. Budgeting hours might look something like:
5 therapy hours/week x 48 weeks x \$____/hour

#9: Budget for the time therapists will spend in training.

The time spent in TF-CBT training and consultation is considerable. As a result, staff time is a large part of TF-CBT training costs. This can be budgeted as a therapist's hourly pay x 39 hours (10-hour web-based training + 16-hour live training + 12 hours of consultation calls + 1 hour EPISCenter data orientation). Agencies might also consider budgeting staff time for additional consultation calls and/or Advanced Training.

#10: Be deliberate in planning support for your trauma therapists.

Working with trauma can be emotionally taxing work. Acknowledging this and providing therapists with appropriate resources can help buffer against secondary traumatic stress (STS), burn-out, and turnover. As you plan your implementation, consider including [reflective supervision](#) practices, exploring [STS resources from the National Child Traumatic Stress Network](#), and creating a plan to educate therapists about STS as well as assess their well-being over time.

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