

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Trauma-Focused Cognitive Behavioral Therapy, developed by Drs. Judith Cohen, Esther Deblinger, and Anthony Mannarino, is an evidence-based treatment for reducing emotional and behavioral symptoms resulting from trauma exposure. The EPISCenter provides technical assistance for Pennsylvania providers of TF-CBT thanks to support from the Pennsylvania Commission on Crime and Delinquency. Please see the official developers' website, <https://tfcbt.org>, for official information about TF-CBT and the **National TF-CBT Therapist Certification Program**[®].

Program Summary: TF-CBT consists of 12-18 weeks of therapy sessions that focus on a child between the ages of 3 and 18 who has experienced a trauma and exhibits related emotional or behavioral symptoms. (Treatment may take 25 sessions or more, for youth with complex trauma.) Typically, the child's non-offending parent or another supportive caregiver participates in TF-CBT alongside the child. The program utilizes a variety of skill-building and cognitive-behavioral approaches and has been shown to reduce symptoms of Posttraumatic Stress Disorder, depression, anxiety, shame, and behavioral issues, as well as improve parenting skills, increase parental support, and reduce parental emotional distress and depressive symptoms.

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1. What are the theoretical underpinnings of TF-CBT?

TF-CBT is a hybrid treatment model that utilizes both cognitive-behavioral and social learning theory principles to help traumatized youth more effectively manage their thoughts and feelings related to their trauma experience, examine and change inaccurate or unhelpful cognitions, and build skills to relax, regulate emotions, and enhance safety. Gradual exposure is used to desensitize the youth to traumatic memories and trauma reminders. Whenever possible, therapists use these same principles to work with the youth's non-offending parent or caregiver, with an additional emphasis on building parenting skills and increasing supportive parent-child communication.

TF-CBT is a components-based model, with nine components delivered over three phases of treatment: Skill-building and Stabilization, Trauma Narration and Processing, and Integration/Consolidation. The [TF-CBT Logic Model](#) provides an overview of the components and the goals of each.

2. What risk and protective factors can TF-CBT target?

Risk Factors	Protective Factors
Poor Family Management Family Conflict Depressive Symptoms Sensation Seeking Attitudes Favorable to Drug Use or Anti-Social Behavior	Family (or Caregiver) Attachment Family Opportunities for Prosocial Involvement Family Rewards for Prosocial Involvement Belief in the Moral Order

3. What outcomes can be expected with TF-CBT?

TF-CBT has been shown to decrease posttraumatic stress symptoms, abuse-related fears, sexualized behavior, depression, anxiety, shame and behavior problems in traumatized youth. It can also improve their ability to recognize and respond effectively to unsafe or abusive situations. For caregivers, TF-CBT has been shown to decrease abuse-related distress and depression, as well as improve parenting skills and the caregiver's support of the child.

4. Who is appropriate to receive TF-CBT?

TF-CBT can be delivered to children ages 3-18 who have experienced an identified trauma and are experiencing posttraumatic symptoms, including depression, anxiety, or behavior issues in response to the trauma. It should be noted that some children are very resilient and, even after experiencing a trauma, do not exhibit significant symptoms or disrupted functioning; such youth would not be appropriate for TF-CBT. In addition, TF-CBT is not appropriate when trauma is "suspected" or "may have happened," but is not substantiated.

Upon referral to TF-CBT, youth should be assessed by a mental health professional to ensure TF-CBT is the most appropriate service. This assessment should include information from a variety of sources, including interviews with the child and caregiver and at least one objective measure of trauma symptoms. While TF-CBT includes pre-post assessment using a standardized instrument, no specific score is required for a youth to receive TF-CBT.

TF-CBT is most effective when a non-offending parent or caregiver participates in treatment with the child, although it can be delivered without the parent/caregiver component when this resource is not available.

For additional information, see [the Referral Criteria for TF-CBT Checklist](#) and our list of [clinical assessment tools](#).

5. In what settings can TF-CBT be delivered?

TF-CBT is most commonly delivered in outpatient clinic settings as an office-based intervention. It can also be delivered in schools, group homes, residential treatment facilities, the child's home, and other community settings. There are special considerations when delivering TF-CBT in non-office-based settings. Further information about delivering TF-CBT in schools and residential facilities can be found in the book "*Trauma-Focused CBT for Children and Adolescents: Treatment Applications*" by Drs. Cohen, Mannarino, & Deblinger.

6. How important is it to include caregivers when providing TF-CBT?

Parent involvement in treatment is best practice when delivering TF-CBT. While TF-CBT can be delivered without the parent/caregiver component when caregiver involvement is just not possible, the intervention is most effective when a non-offending parent or caregiver participates in treatment with the child. Research has shown that parent involvement is particularly effective for decreasing depression and behavior problems in traumatized youth.

The involved adult does not have to be the youth's custodial parent. For example, another responsible caregiver such as a foster parent or direct care staff in a residential facility can be involved in a youth's treatment.

Note that, in order to become a nationally certified TF-CBT therapist, clinicians must complete three TF-CBT cases and at least two of those cases must actively involve a caregiver or other responsible party. Therefore, regularly delivering TF-CBT without caregiver involvement may prevent therapists from meeting certification requirements, as well as impact client outcomes.

7. Can TF-CBT be delivered as group therapy?

Yes. TF-CBT has shown efficacy when delivered in group settings. Some important considerations when delivering TF-CBT in a group format are:

- While skill-building components may be delivered in a group setting, there will still need to be individual sessions with each client to work on the trauma narration and processing component of treatment.
- The 2-day training required for TF-CBT therapists primarily focuses on individual delivery of TF-CBT and typically not a great deal of time is devoted to delivering TF-CBT in groups. Group therapy involves a unique skill set and therapists may require additional training in order to effectively provide TF-CBT in a group.
- As noted in the response to [Question #6](#), therapists must include caregivers in cases they see for certification.

8. Who can be trained and certified in TF-CBT?

To be trained in the delivery of TF-CBT, a clinician must have a master's or doctoral degree in a mental health field. Clinicians who are currently enrolled in such a graduate program may also participate. Bachelor's-level and non-mental health staff are not eligible.

To become certified, a therapist must have a graduate degree in a mental health discipline and be professionally licensed. Clinicians who are not yet licensed can complete the training requirements and then apply for certification once licensed.

More information about the certification process is provided under [Question #10](#).

9. What is the training process for TF-CBT?

TF-CBT clinicians should complete the following training steps:

1. Complete a web-based training available from the Medical University of South Carolina at <https://tfcbt2.musc.edu/>. The training is divided into modules and takes approximately 11 hours to complete. This is a *prerequisite* to the in-person training. Unless your organization sets aside time specifically for therapists to complete this training, the developers recommend allowing 2 months for the on-line training to be completed.
2. Complete a live 2-day training with one of the program developers or an approved trainer.
3. Participate in a series of at least 12 consultation calls with an approved TF-CBT trainer or consultant to review cases and ensure fidelity to the model. Calls are typically held biweekly for 6 months or monthly for a year. Consultation must be completed within 2 years of the live training. (See [Question 11](#) regarding therapists trained prior to 2013.)

After some experience implementing the model, it is also recommended (although not required) that therapists participate in an Advanced TF-CBT Training. Advanced Trainings may be 1-2 days long and are delivered by a program developer or approved trainer. To participate in the Advanced Training, a therapist must meet the following requirements:

- Attended the 2-day training at least 6 months prior.
- Be currently participating in or have already completed the consultation call series.
- Have experience providing TF-CBT to clients.

10. What are the requirements for therapist certification?

In addition to completing the training and consultation processes outlined above, a therapist must meet the following requirements:

- has a graduate degree in a mental health discipline and is professionally licensed
- complete three separate TF-CBT cases (two involving a caregiver), utilizing at least one objective measure to assess treatment progress with each case
- pass a TF-CBT knowledge-based examination

Initial certification is good for 5 years. Recertification requires continued work with TF-CBT cases as well as completion of some on-line training modules.

More information about certification requirements can be found at <https://tfcbt.org>.

11. Can a clinician previously trained in TF-CBT now become certified? (What if a clinician has already been trained in TF-CBT at the beginning of a PCCD project?)

The TF-CBT therapist certification program was launched in September of 2013. Therapists trained before this time may have completed the training process but not had the opportunity to become certified. There are also instances where a therapist attends TF-CBT training but, for any number of reasons, does not participate in consultations calls or does not become certified.

If a previously trained therapist has not completed consultation, he/she must do so within two years of the live 2-day training in order to be eligible for certification. If this time frame has expired or it is not possible to complete consultation within two years of the training, the therapist will need to repeat the live training.

If a therapist completed training *and* consultation prior to 2/1/2013, he or she may still be eligible to apply for certification and should contact the developers at tf-cbt@ahn.org for more information.

There is no “deadline” for becoming certified once training and consultation have been completed.

12. What is the value of consultation with an approved TF-CBT trainer or consultant?

Consultation with an approved TF-CBT trainer or consultant is designed to improve therapists’ understanding of and competence in TF-CBT, is important for promoting model fidelity (which helps ensure the best outcomes for the children and parents that are served), and helps therapists to learn creative strategies to implement the TF-CBT components. It is a required part of the TF-CBT therapist certification process.

Many organizations choose to continue biweekly or monthly consultation with an approved TF-CBT trainer or consultant even after therapists become certified and report that this on-going consultation is highly beneficial to their TF-CBT team.

13. What is the value of therapist certification?

The TF-CBT developers have established training and supervision/consultation protocols based on their experiences conducting randomized controlled trials demonstrating the efficacy of TF-CBT. Certification indicates that the therapist has achieved certain benchmarks for a minimum level of training, experience, and knowledge of the model. However, the therapist certification program does not verify clinicians’ actual *competence* in delivering TF-CBT.

To maximize real-world effectiveness, organizations and clinicians should fully commit to the developer recommended training protocol and aim for therapist certification in the model.

14. What does the TF-CBT certification exam entail?

The certification exam is administered on-line. Examinees are allowed two hours to complete the exam and should ensure they have two hours of uninterrupted time before starting. There are 40 multiple choice questions that use clinical vignettes related to application of TF-CBT and assess examinees' knowledge of the model.

The exam has a high pass rate, but those who did not pass can take the exam again after six months. See the [FAQ on the Certification website](#) for more information.

15. What is the recommended caseload for a TF-CBT clinician?

Therapist caseload will vary, depending upon the needs of the agency and community. It is important that programs find a balance regarding the number of therapists trained and actual demand for services.

Therapists only need to complete three cases for initial certification, but due to client attrition they will likely need several cases in order to meet this benchmark. In addition, having a larger number of TF-CBT cases provides greater opportunity for experience delivering the model. We encourage organizations to aim for at least 10 TF-CBT cases per year for each therapist.

It is also imperative to keep in mind that working with traumatized children and families can be emotionally taxing for therapists. Studies show that the risk of secondary traumatic stress (STS), which can compromise client care, "is higher for professionals who carry a heavy caseload of traumatized children; are socially or organizationally isolated; or feel professionally compromised due to inadequate training." ([NCTSN](#)) For this reason, many therapists benefit from having a varied caseload, rather than treating only trauma clients. More information about minimizing STS, burnout, and compassion fatigue, as well as an Organizational Readiness Guide, can be found on the websites of the [National Children's Traumatic Stress Network](#) and the federal [Office for Victims of Crime](#).

16. How many therapists should we train?

The number of therapists an agency should train depends on several factors, particularly the need in your community and the extent to which evidence-based trauma services are already available. Data regarding the number of children who have experienced trauma and could benefit from services may not translate directly into open cases. Reasons for this include lack of public awareness, stigma, and practical barriers. Target caseload should also be taken into consideration when deciding how many therapists to train.

While it may not always be feasible, we do encourage agencies to consider training a group of 2 or more therapists and a supervisor, for the reasons noted below:

- Training multiple therapists helps to ensure TF-CBT continues to be available at your agency, should therapist turnover occur. Data collected by the EPISCenter suggests that approximately 23% of therapists trained in TF-CBT as part of a grant-funded project discontinue their participation before the grant has ended ([see data summary](#)).
- Training a group allows cases to be distributed across therapists. As noted in the question above ([recommended caseload](#)), there are benefits to therapists seeing TF-CBT cases as part of their caseload, rather than serving only trauma cases.
- Therapists within the agency can serve as a source of support to one another. For instance, following certification therapists may wish to continue meeting as a group for peer consultation, to provide support for continuing to implement TF-CBT with fidelity.
- Particularly if therapists do not continue TF-CBT consultation beyond the initial 12-call series, it is important to have a supervisor who is trained in the model and has practiced TF-CBT him/herself.

Agencies are considered to be thoughtful in their selection of which therapists to train, taking into consideration therapist experience and interest in treating trauma.

17. How can we educate stakeholders and referral sources about TF-CBT?

There are a number of ways that organizations can educate stakeholders about TF-CBT.

- Share program materials and resources, such as this FAQ, the [Logic Model](#), and the [Referral Criteria Checklist](#).
- Do a presentation for stakeholders to orient them to the model and your agency's TF-CBT program.
- Arrange for a program developer to present to your stakeholders.

The web-based training and live training are specifically designed for master's-level clinicians; stakeholders should not attend these trainings as a way of learning about the model. However, as described above, there are many ways that agencies can familiarize stakeholders with the model. The EPISCenter is available to help organizations develop a plan for doing so.

18. What are the costs associated with starting a TF-CBT program?

In Pennsylvania, the EPISCenter has taken steps to coordinate training across PCCD-funded projects. The following suggestions are based on training costs for programs funded by PCCD for the 2015-2016 fiscal year. Whenever possible the EPISCenter will coordinate training across providers to minimize expenses.

Category	Cost Estimate Per Clinician	Estimated Time Required	Notes
TF-CBT Web 2.0 Training (on-line)	\$35	11 Hours	Agencies may want to consider loss of billable time as part of the training cost.
2-Day Live Training	\$200 - \$300	16 Hours + travel	PCCD grantees are expected to utilize in-state TF-CBT trainings whenever possible. These are usually offered twice per year.
Consultation Call Series	\$200 - \$360	12 Hours	Estimate is based on having 10 therapists in the group. Cost for a 12-call series for a group of 5-12 therapists ranges from \$2,400-\$3,600, depending on consultant charges.
Therapist Certification	\$250	2 Hours	Includes application and testing fees (\$125 each)
Recommended texts and study time	\$70	16 hours	Clinicians are encouraged to read two TF-CBT books written by the developers .
Clinical materials	Varies	N/A	Purchase of therapeutic games, workbooks, art supplies, etc. to use when delivering TF-CBT. A list of ideas is provided on the EPISCenter's Therapist Resources webpage.
Supervision	Varies	Varies	Supervisors overseeing TF-CBT clinicians should be trained in the model.

For therapists who pursue training and consultation independently, the cost may be higher. Available trainings on the TF-CBT website indicate costs ranging from \$200-350 for the 2-day training and \$250-435 for a series of 12 consultation calls.

Organizations may also want to plan for the following costs:

- Advanced TF-CBT Training
- [On-going consultation](#), beyond the required 12-call series
- Marketing materials
- Data Orientation Training for therapists with PCCD-funded projects (1 hour per therapist)

19. What does it take to sustain a TF-CBT program?

Sustainability depends on a number of factors, such as:

- A consistent referral base
- Trained therapists - this requires a plan to handle staff turnover and train/certify new therapists as needed over time
- Support from program administrators
- The ability to demonstrate outcomes to stakeholders
- A source of on-going funding

TF-CBT services provided to youth may be funded in a number of ways. The most common arrangement is billing TF-CBT to insurance companies as outpatient therapy or as a part of other fee-scheduled services. In these cases, it is important to ensure therapists being trained to deliver TF-CBT are already credentialed with insurance panels or meet the requirements to be eligible for credentialing (requirements vary by insurance company). Organizations or individuals that bill insurance will need to be knowledgeable about the procedures, policies, and compliance standards for doing so.

While agencies' initial goal may be to have therapists trained and Nationally Certified in TF-CBT, it is important to note that, in order to become re-certified, therapists will need continued experience providing TF-CBT. Initial certification should not be considered an end-goal; an effort should be made to ensure therapists trained in the model have on-going opportunities to work with trauma cases and obtain TF-CBT or trauma-related trainings.

20. What tools are available to help us evaluate our TF-CBT project and program outcomes?

The EPISCenter has developed data collection tools to assist agencies with collecting outcomes for their TF-CBT programs. These tools and instructional videos on their use are available on [the EPISCenter website](#).

21. Where can I learn more about TF-CBT?

Websites

- Developer website / National TF-CBT Therapist Certification Program®: <https://tfcbt.org/>
- TF-CBTWeb 2.0 (web-based training): <https://tfcbt2.musc.edu/>

Contacts

- Contact the developer: tf-cbt@ahn.org
- Contact the EPISCenter: tfcbt@episcenter.org

Recommended Reading

- [*Treating Trauma and Traumatic Grief in Children and Adolescents*](#), by Judith A. Cohen, Anthony P. Mannarino, & Esther Deblinger
- [*Trauma-Focused CBT for Children and Adolescents: Treatment Applications*](#), by Judith A. Cohen, Anthony P. Mannarino, & Esther Deblinger

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