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 be up to 25 sessions 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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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.

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

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.

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; these 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.

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.

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, systematically delivering TF-CBT without caregiver involvement may prevent therapists from meeting certification requirements.

Can TF-CBT be delivered as group therapy?

Yes. TF-CBT has shown efficacy when delivered in group settings, although most clinical research trials studied individually delivered TF-CBT. Two important considerations when delivering TF-CBT in a group format:

- While skill-building components may be delivered in a group setting, there will 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.

Who can be trained and certified in TF-CBT?

To be <u>trained</u> 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 <u>certified</u>, 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.

What is the training process for TF-CBT?

TF-CBT clinicians should complete the following training steps:

1. Complete the free web-based training available from the Medical University of South Carolina at www.musc.edu/tfcbt. The training includes several modules and takes approximately 10 hours to complete. This is a prerequisite to the in-person training. Unless your organization sets aside time just 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.

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.
- Is currently participating in or has already completed the consultation call series.
- Has provided TF-CBT to clients.

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 be 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

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

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?)

TF-CBT therapist certification is relatively new and has only been available since September of 2013. In addition, since 2013 there are still many instances where a therapist attends TF-CBT training but, for any number of reasons, does not participate in consultations calls and/or become certified.

A previously trained therapist is eligible for certification at any time, as long as: 1) the 2-day training was conducted by an approved trainer, and 2) as of 2014, the required consultation calls are completed within two years of the live 2-day training. For further clarification about certifying clinicians who are already trained please contact the program developers at tf-cbt@ahn.org.

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 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.

What is the value of therapist certification?

The TF-CBT developers have established training and supervision/consultation protocols based on their experiences in conducting randomized controlled trials that showed the efficacy of the TF-CBT model. Certification demonstrates that the therapist has achieved certain benchmarks with respect to 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.

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

A requirement for therapist certification is that a clinician completes TF-CBT therapy with a minimum of three cases. Beyond this therapist caseload can range depending upon the needs of the agency and community.

Working with traumatized children and families can be emotionally taxing for therapists. As a result, therapists may benefit from having a varied caseload, rather than treating only TF-CBT clients. In addition, providing mechanisms and support for clinician self-care is imperative.

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. We encourage agencies to consider training a group of 3 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.
- 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 after certification, it is important to have a supervisor who is trained in the model and has practiced TF-CBT him/herself (i.e., seen clients using the model).

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 may 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.

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
10-Hour Web-based Training	Free	10 Hours	Agencies may want to consider loss of billable time as part of the training cost.
2-Day Live Training	$300	16 Hours + travel	
Consultation Call Series	$300	12 Hours	Estimate is based on 12 calls at $250 each and 10 therapists in the group. Cost for a 12-call series for a group of 5-12 therapists ranges from $2,000-$3,000, 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	$100	N/A	Purchase of therapeutic games, workbooks, art supplies, etc. to use when delivering TF-CBT.
Supervision	Varies	Varies	Supervisors should be trained in TF-CBT.

For therapists who pursue training and consultation independently, the cost may be higher. Available trainings on the TF-CBT website indicate costs ranging from $225-350 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

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.

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.

Where can I learn more about TF-CBT?

Websites

- Developer website / National TF-CBT Therapist Certification Program®: https://tfcbt.org/
- TF-CBT*Web* (web-based training): https://tfcbt.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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