

# Trauma Focused CBT (TF-CBT)

## **Brief Description of Intervention:**

It is recognized that many of the child and adolescent clients who receive therapeutic services in Solano County have experienced traumas that include child abuse, witnessing domestic violence, exposure to community violence and other traumatic events that cause significant psychological impacts. Symptoms including intrusive memories, nightmares, emotional numbing, physical/psychological arousal, depression and anxiety are common in these youth and lead to severe impairments in daily living. Trauma Focused CBT (TF-CBT) is an evidence-based model of therapy that has been shown to be 80-85% effective in reducing these symptoms and resolving a diagnosis of Post-Traumatic Stress Disorder (PTSD) in children aged 3-18. It is a short-term model that typically spans 12-20 sessions, with clinicians teaching the client and their family effective coping skills to aid them in being able to cognitively and emotionally process the traumatic events that were experienced.

## **Anticipated Benefits for the Client [how this will address needs of beneficiary]:**

TF-CBT is useful for treating children and adolescents who have experienced the following types of trauma (single episode or chronic):

- Child Abuse (physical, sexual, emotional)
- Victim/Witness of Violence (domestic, community, school)
- Accidents (e.g., motor vehicle)
- Disasters
- War/Terrorism and Refugee
- Medical (e.g., transplant)
- Traumatic Grief

Children or adolescents with the following mental health diagnoses would benefit from TF-CBT:

- PTSD
- Depressive disorders
- Other Anxiety disorders
- Comorbidity is common (ADHD, Oppositional Defiant Disorder, Substance Use Disorders)

Utilizing TF-CBT in mental health treatment can assist with addressing therapeutic themes such as betrayal of trust, self-blame, anger, affective dysregulation, hopelessness, distress in the caregiver-child relationship, and poor school performance (e.g., lower GPA and/or attendance). TF-CBT may also counteract the devastating physiological impacts of trauma such as decreased brain mass, and abnormal hormone levels.

## **Who Can Use This Intervention?**

	Physician	PA	NP	RN	RN with MH/MA	LVN or Psych Tech	L/R/W Psych	L/R/W LCSW/ASW, MFT/MFTI, LPCC/LPPCI	Trainee - post BA/BS and pre MA/MS/PhD	MHRS	Other, Unlicensed
TF-CBT	Y	Y	Y	N	N	N	Y	Y	Y*	N	N

\*Requires supervision from a licensed clinician.

**Pre-Requisite Training Needed Before Using This Intervention:**

Completion of formal training and certification in TF-CBT is required prior to using the model with clients. Please contact the Solano County Mental Health Services Act (MHSA) Unit at 707-784-8320 or [SolanoMHSA@solanocounty.com](mailto:SolanoMHSA@solanocounty.com) to inquire about TF-CBT training opportunities.

**Overview of Intervention:**

TF-CBT is a hybrid treatment model that integrates trauma sensitive interventions, cognitive-behavioral principles, attachment theory, developmental neurobiology, family therapy, empowerment therapy, and humanistic therapy. TF-CBT consists of three phases of treatment: safety and stabilization, formal gradual exposure, and consolidation/integration. Ongoing caregiver participation is a key component of TF-CBT, and as such treatment is structured to include individual sessions for both child and caregiver with the same clinician, and joint family sessions. Caregivers are provided with psychoeducation regarding how to respond to abuse related behavior and are taught the same skills as the child such as relaxation skills, and affective expression and regulation skills. Another key component of TF-CBT is developing the trauma narrative which draws upon exposure therapy principles of CBT. Directly discussing traumatic events with the child and caregiver (separately) can help to gain mastery of trauma reminders, resolve avoidance symptoms, correct distorted cognitions, model adaptive coping, and identify and prepare for trauma loss reminders. Finally, this model highlights prevention and personal empowerment by helping children respond effectively if a similar event occurs in the future.

**Phase One: Safety and Stabilization**

- Psychoeducation and Parenting Skills
- Relaxation
- Affective Expression and Regulation
- Cognitive Coping

**Phase Two: Formal Gradual Exposure**

- Trauma Narrative Development and Processing
- In-vivo Gradual Exposure

**Phase Three: Consolidation/Integration**

- Conjoint Caregiver-Child Sessions
- Enhancing Safety and Future Development

**Practice Guideline Established in Collaboration with:**

- National Child Traumatic Stress Network  
<http://www.nctsn.org/>
- Medical University of South Carolina  
<https://tfcbt.musc.edu/>
- Tracy Lacey, LMFT, MHSA Sr. MH Services Manager
- Meredith Webb, LMFT, MHSA MH Clinical Supervisor