

An Introduction to Trauma-Focused Cognitive Behavioral Therapy

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Who are you?



The Founders of TF-CBT



Judith Cohen



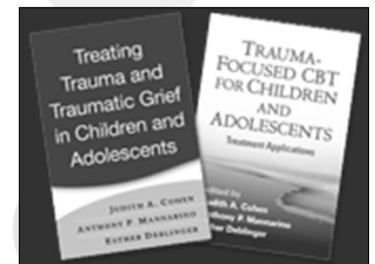
Esther Deblinger



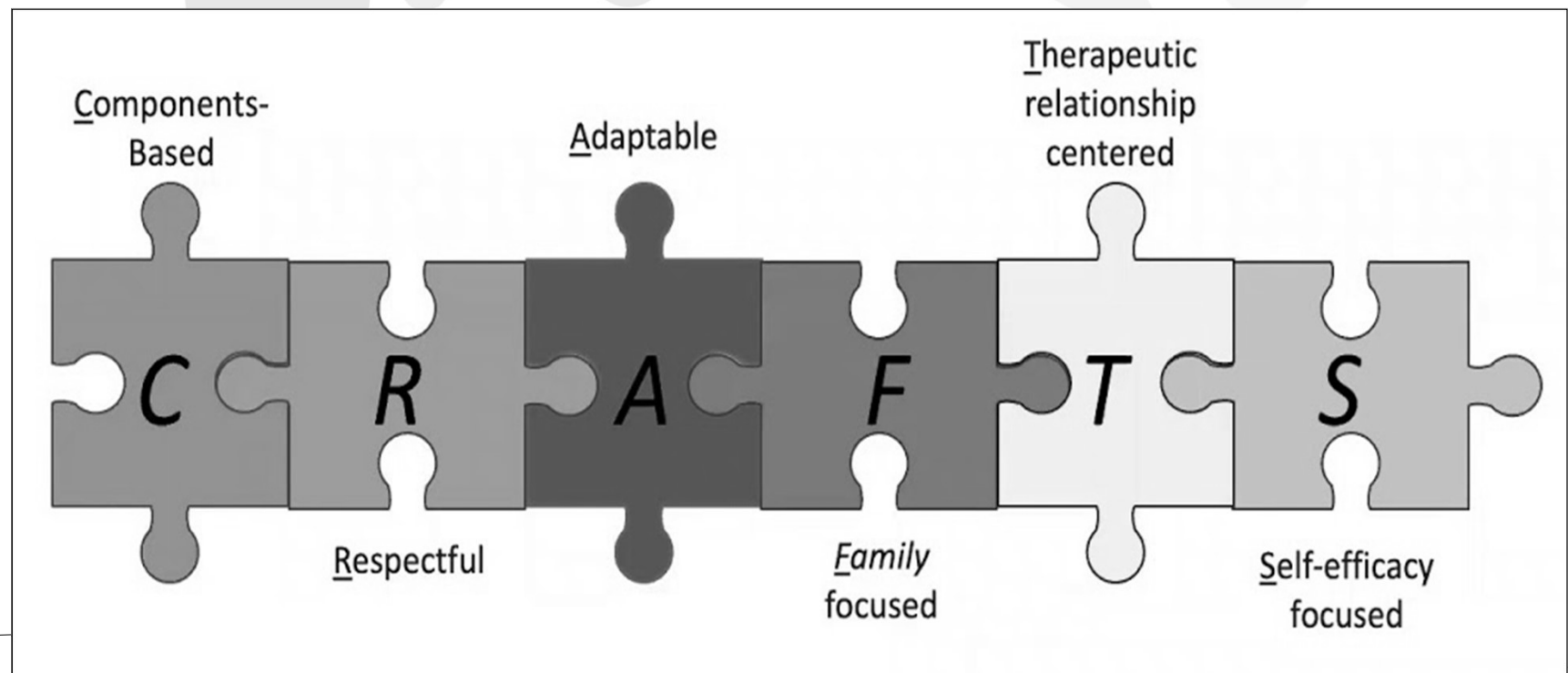
Anthony Mannarino

The TF-CBT Training:

- Web training - <https://tfcbt2.musc.edu>
- <https://tfcbt.org>

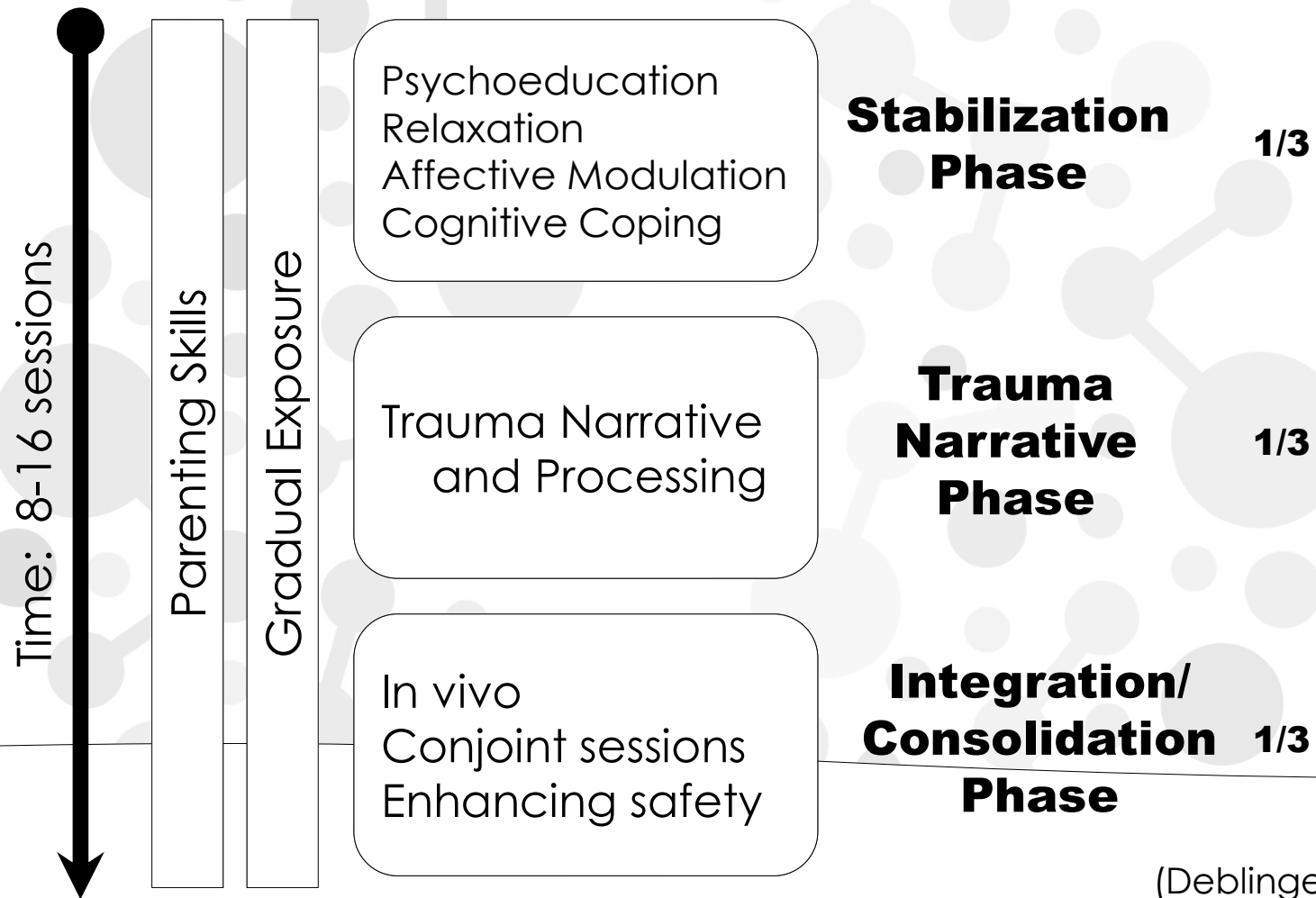


Core components of TF-CBT



(Deblinger et al., 2011)

TF-CBT Pacing



(Deblinger et al., 2011)

Childhood trauma can lead to an adulthood spent in survival mode, afraid to plant roots, to plan for the future, to trust, and to let joy in. It's a blessing to shift from surviving to thriving. It's not simple, but there is more than survival.

Unknown



Trauma-Focused CBT

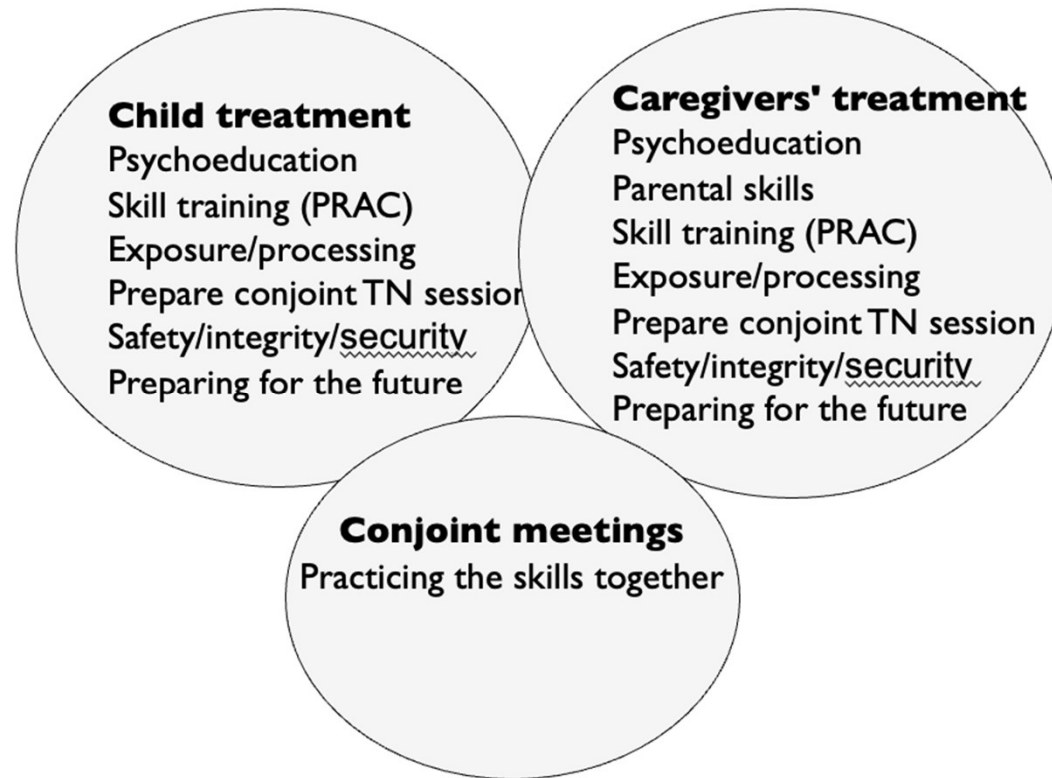
TF-CBT helps with -
PTSD, depression, anxiety, and behavioral symptoms secondary to trauma

TF-CBT treats

- Children ages 3-18
- All types of traumas and complex trauma
- With or without caregiver participation
- In outpatient, school, group home, foster home and in-home settings

Treatment time - 12 to 24 sessions.

TF-CBT Treatment Structure



(Deblinger et al., 2011)

Research

TF-CBT has a strong evidence base for treating trauma-related symptoms in children and adolescents, with consistent findings across settings and populations

- Effectiveness of TF-CBT - Reduction in PTSD Symptoms: Multiple studies indicate that TF-CBT is effective in reducing symptoms of post-traumatic stress disorder (PTSD), depression, and anxiety in children exposed to trauma (Cohen et al., 2011).
- Meta-Analytic Evidence - A meta-analysis confirmed TF-CBT's superiority over non-trauma-focused therapies for children and adolescents with trauma exposure (Ehring et al., 2014, Schreyer et al., 2024).
- Long-Term Benefits - Studies report sustained improvement in trauma symptoms months after treatment (Deblinger et al., 2011).
- Improved Caregiver Outcomes - TF-CBT also improves caregiver functioning, enhancing the child's recovery environment (Cohen & Mannarino, 2008).
- High Response Rates -TF-CBT shows high response rates, with over 80% of children showing significant improvement in PTSD symptoms (Silverman et al., 2008).
- Cultural Adaptations - TF-CBT remains effective across diverse populations and settings, demonstrating flexibility and cultural adaptability (Murray et al., 2015).

<https://tfcbt.org/resources/research/>

TF-CBT Enhancements

TF-CBT for Problematic Sexual Behaviors in Adolescents (PSB-A)

Integrates trauma-focused interventions with behavioral techniques to address problematic sexual behaviors in adolescents, alongside trauma-related symptoms (Grady et al., 2023, Yoder et al., 2024, Manuscript).

TF-CBT for Youth in Foster Care

Addresses the unique challenges faced by youth in foster care, including attachment disruptions and multiple placement changes (Dorsey et al., 2012).

TF-CBT for Youth Exposed to Domestic Violence

Tailored to children exposed to intimate partner violence and its impact on their trauma symptoms. (Cohen et al., 2006).

Culturally Modified TF-CBT (CM-TF-CBT)

Designed to meet the cultural and linguistic needs of diverse populations. (Jackson et al., 2017).

TF-CBT for Refugee and Immigrant Youth

Addresses trauma faced by refugee and immigrant youth, including war exposure and resettlement challenges (Murray et al., 2010).

TF-CBT for Complex Trauma

Addresses the needs of youth with complex trauma, which often includes prolonged or repeated trauma exposures. (Ford et al., 2013).

TF-CBT for Early Childhood Trauma

Tailored for children under six years of age and their caregivers (Scheeringa et al., 2011).

Group TF-CBT

Delivered in group settings, often in schools or community-based programs. (Jaycox et al., 2002).

TF-CBT for Disaster-Exposed Populations

Adapted for children and families exposed to natural disasters or mass trauma events (Chemtob et al., 2002).

Technology-Assisted TF-CBT

Utilizes technology to expand access to TF-CBT, especially in rural or underserved areas (Jones et al., 2014).

What is trauma?

Trauma is specifically an event that overwhelms the central nervous system, something that we can't escape from and not handle with our own resources.

Traumatic event (DSM-5): Exposure to death, threatened death, serious injury, or actual or threatened sexual violence

The victims experience leads the way



Types of Childhood Trauma



Sexual abuse or assault

Physical abuse

Witness to domestic violence

Victim or witness of community violence

Victim or witness of school violence

Bullying

Suicide

Motor vehicle or other travel accidents

Weather-related events

Terrorism

Mass disasters

Kidnapping; fires, etc.

Bombings!

Trauma Response

FIGHT

- Fight to survive
- Being aggressive can lead to survival
- Winning a fight increase survival

BODY

- Tensing muscles
- Releasing adrenaline
- Increased heartrate
- Focused attention

FLIGHT

- Escape to survive
- Escape gives less dangerous consequences

BODY

- Tensing muscles
- Releasing adrenaline
- Increased heartrate
- Focused attention

FREEZE

- Time to evaluate
- Make yourself less noticeable
- Unresponsible for survival

BODY

- Quicker thinking
- Numbness
- Out of body feeling
- Being in a bubble

APPEASE

- Giving what they want might lessen the threat
- Being submissive can reduce danger

BODY

- Focus on options to reduce immediate risk
- Hyper aware of the threat's response
- Being in a bubble

TRAUMA SYMPTOMS



THOUGHTS

- Rumination
- Concentration difficulties
- Flashbacks
- Pictures flashing in your head
- Fear of being retraumatized
- Easily scared
- Difficulties sleeping/nightmares



EMOTIONS

- Anxiety
- Fear that something bad will happen
- Tense, irritated, angry
- Depressed
- Shame, guilt, bitterness
- Sense of being isolated and that everything is unreal



BODY

- Rapid Heartbeat
- Pressure on chest
- Tense muscles
- Tiredness, feeling of no energy
- Lightheaded, confused
- Body aches
- Hypervigilant

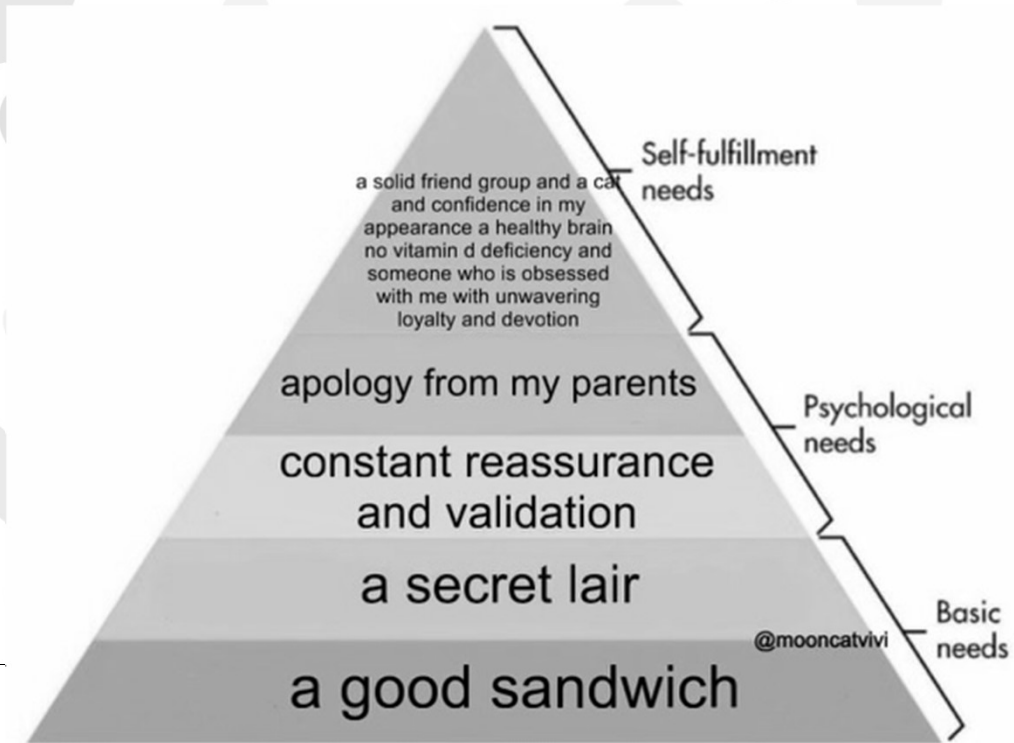


BEHAVIORS

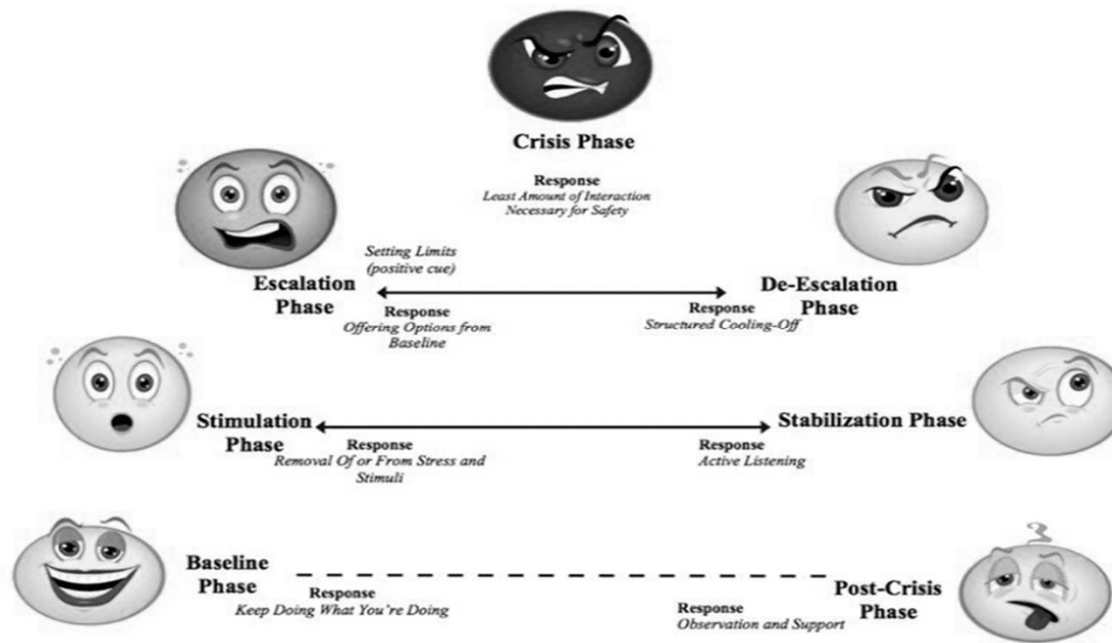
- Avoidance
- Difficulty relaxing, restless
- Avoiding being alone
- Drug/alcohol abuse
- Mood swings
- Hypervigilance
- Rituals



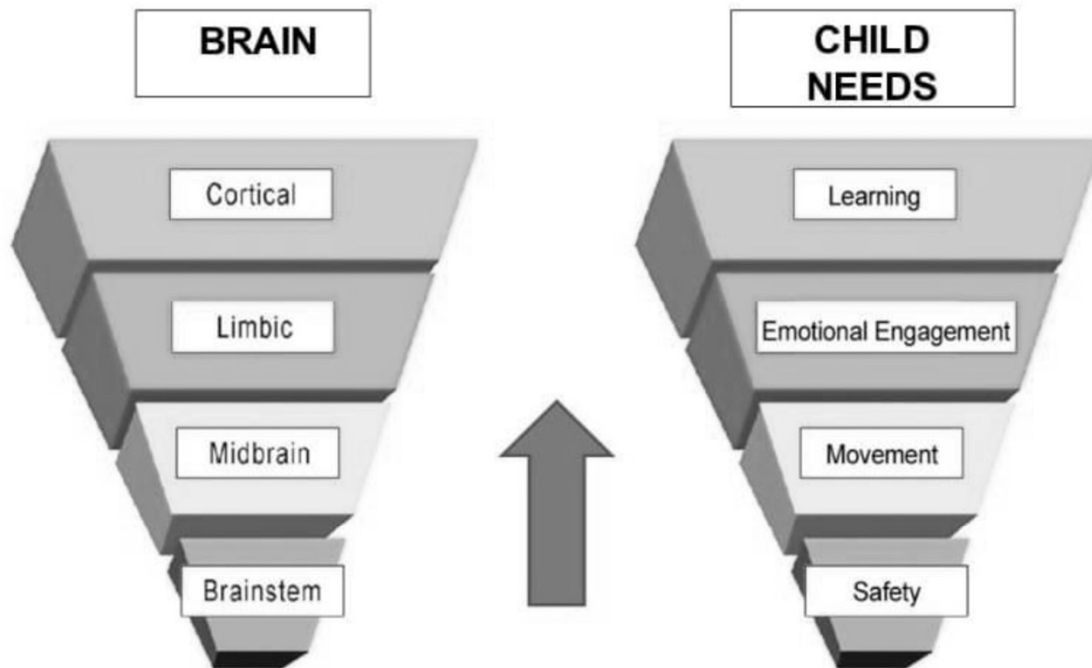
Basic needs



Understand what you see ...



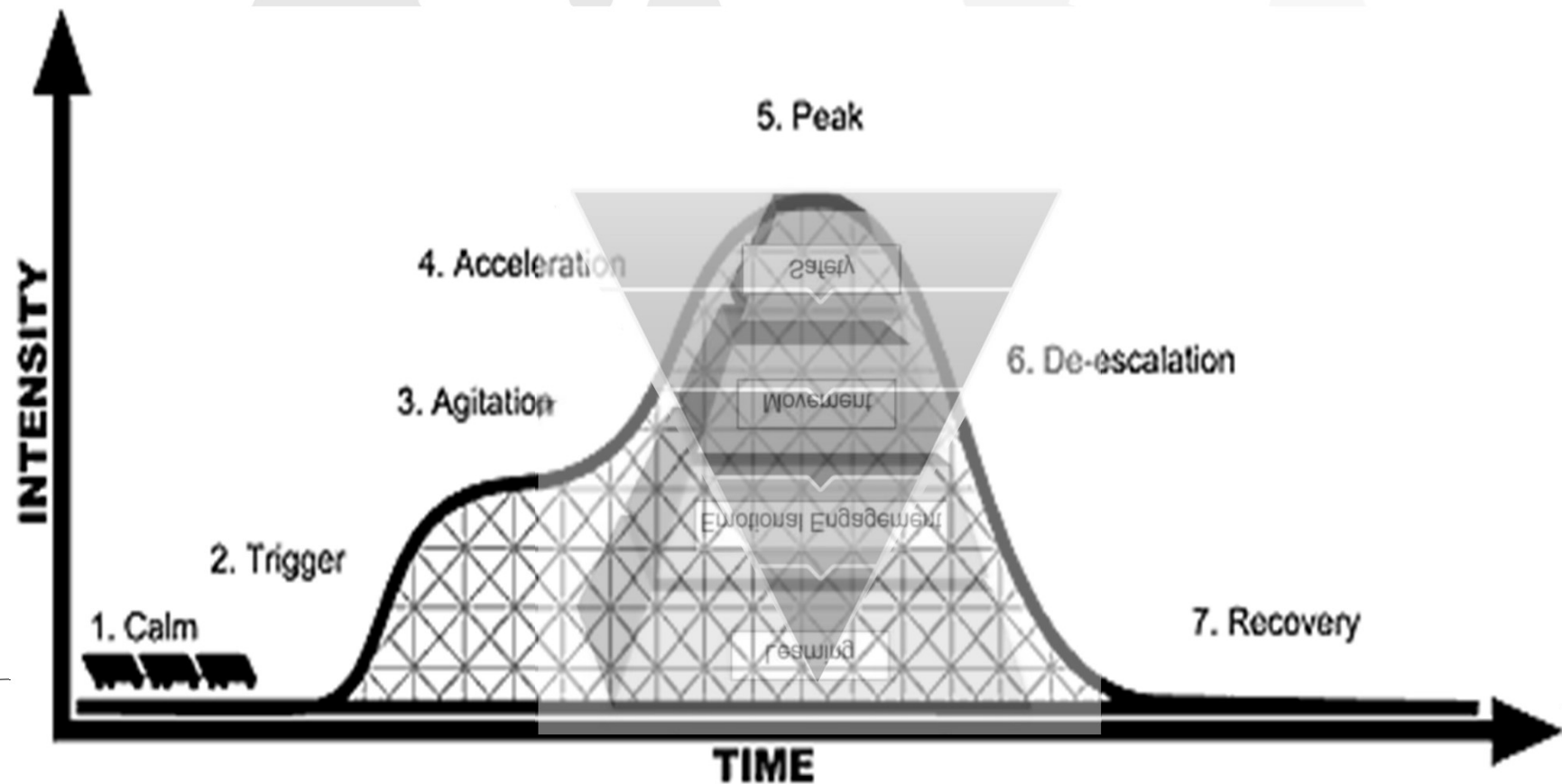
Needs and Vulnerabilities



Adapted from: McCaleb, M. & Mikaere-Wallis, N. Relationship-shaping: Teacher consistency and implications for brain development. *The First Years/Ngā Tau Tuatahi: New Zealand Infant and Toddler Education*, 7(2), 21-25



Needs and Vulnerabilities



Readiness Scale

Leadership and Vision/Planning

Referral Sources and Level of Need

Agency Climate and Culture

Motivation and Willingness to Learn

Parent/Caregiver Support and Participation

Success Implementing Evidence-Based Practices



Hinders in Treatment

- Fear of retraumatizing
- Fear of dissociation
- Fear of the patient not having a safe enough environment
- Fear of the patient not having enough skills
- Fear of getting affected personally
- Working with the parents– Empowerment
- Flexibility vs attunement
- Don't let the COWs get you off track



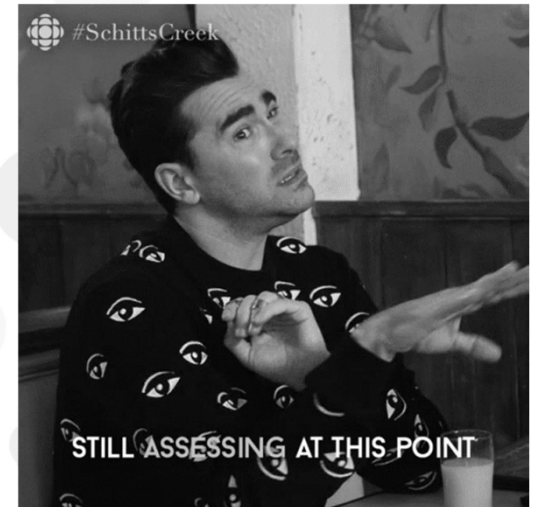
How do we get “Buy in”?

- Child and Caregiver treatment
- Make it possible
- Give control – Promote cooperation
- Me problem versus you problems
- Comfortable being uncomfortable
- Psychoeducation – Trauma symptoms
- Working with and against barriers
- Validation both ways
- Managing expectations
- Use Childs' own interests
- Make it fun.



Trauma Assessment with child and family

- Trauma symptoms and how do they affect the child in everyday life?
- Emotional regulations skills?
- Recovery skills (sleep, relaxation, play)?
- How do the child and caregiver express themselves?
- What traumatic events has the child experienced?
- Which traumatic experience disturbs the child the most?
- Are the child's basic needs met?
- Are the child and caregivers motivated?
- The Child's strengths, interests and resources
- Parent/caregivers trauma symptoms and secondary traumatization
- Parent/caregivers communication and parenting style



CATS - 2

- Open access, short screening measure
- Assessment of trauma history and posttraumatic stress symptoms (DSM-5 and ICD-11)
- Self- and caregiver report available
- Several Languages available
- Assessment child and caregivers before and after treatment
- Report the results to the families is part of this program

<https://oklahomatfcbt.org/audiences/tf-cbt-therapists/assessment-resources/>

<https://ulmer-onlineklinik.de/course/view.php?id=1701>

<https://bit.ly/CrisisSupportElpis-Intro>

https://barnahusnetwork.sharepoint.com/:f:/s/BarnahusNetwork/Eg596LtRzaxPgnizf_f7MfABAvSIAaxwIH-uIV4XGxNFgA?e=pJugOU

CHILD AND ADOLESCENT TRAUMA SCREEN 2 (CATS-2)

CAREGIVER REPORT (AGES 7-17)

CHILD'S NAME: _____ CAREGIVER NAME: _____ DATE: _____

Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark NO if it didn't happen to the child.

	YES	NO
1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	<input type="radio"/>	<input type="radio"/>
2. Serious accident or injury like a car/bike crash, dog bite, or sports injury.	<input type="radio"/>	<input type="radio"/>
3. Threatened, hit or hurt badly within the family.	<input type="radio"/>	<input type="radio"/>
4. Threatened, hit or hurt badly in school or the community.	<input type="radio"/>	<input type="radio"/>
5. Attacked, stabbed, shot at or robbed by threat.	<input type="radio"/>	<input type="radio"/>
6. Seeing someone in the family threatened, hit or hurt badly.	<input type="radio"/>	<input type="radio"/>
7. Seeing someone in school or the community threatened, hit or hurt badly.	<input type="radio"/>	<input type="radio"/>
8. Someone doing sexual things to the child or making the child do sexual things to them when he/she couldn't say no. Or when the child was forced or pressured.	<input type="radio"/>	<input type="radio"/>
9. On line or in social media, someone asking or pressuring the child to do something sexual. Like take or send pictures.	<input type="radio"/>	<input type="radio"/>
10. Someone bullying the child in person. Saying very mean things that scare him/her.	<input type="radio"/>	<input type="radio"/>
11. Someone bullying the child online. Saying very mean things that scare him/her.	<input type="radio"/>	<input type="radio"/>
12. Someone close to the child dying suddenly or violently.	<input type="radio"/>	<input type="radio"/>
13. Stressful or scary medical procedure.	<input type="radio"/>	<input type="radio"/>
14. Being around war.	<input type="radio"/>	<input type="radio"/>
15. Other stressful or scary event? <i>Describe:</i> _____	<input type="radio"/>	<input type="radio"/>
16. Which event(s) are your child bothering the most now? _____		

Turn the page and answer the next questions about all the scary or stressful events that happened to the child.

1

CATS 7-17 VERSION 2.0|

Mark 0, 1, 2 or 3 for how often the child has had the following thoughts, feelings, or problems in the last four weeks: 0 = Never / 1 = Sometimes / 2 = Often / 3 = Almost always

1. Upsetting thoughts or memories about what happened pop into the child's head. Or the child re-enacting what happened in play.	0	1	2	3
2. Bad dreams related to what happened.	0	1	2	3
3. Acting, playing, or feeling as if what happened is happening right now.	0	1	2	3
4. Feeling very upset when reminded of what happened.	0	1	2	3
5. Strong physical reactions when reminded of what happened (sweating, heart beating fast, upset stomach).	0	1	2	3
6. Trying not to think about or have feelings about what happened.	0	1	2	3
7. Avoiding anything that is a reminder of what happened (people, places, things, situations, talks).	0	1	2	3
8. Not being able to remember an important part of what happened.	0	1	2	3
9. Having negative thoughts, such as:				
a. I won't have a good life.	0	1	2	3
b. I can't trust other people.	0	1	2	3
c. The world is unsafe.	0	1	2	3
d. I am not good enough.	0	1	2	3
10. Blame for the event(s)				
a. Blaming self for what happened.	0	1	2	3
b. Blaming others for what happened even though it wasn't their fault.	0	1	2	3
11. Upsetting feelings (afraid, angry, guilty, ashamed) a lot of the time.	0	1	2	3
12. Not wanting to do things he/she used to do. Losing interest in activities he/she used to enjoy.	0	1	2	3
13. Not feeling close to people.	0	1	2	3
14. Showing or having less happy feelings.	0	1	2	3
15. Managing strong feelings				
a. Having a hard time calming down when upset.	0	1	2	3
b. Being irritable. Or having angry outbursts and taking it out on others.	0	1	2	3
16. Risky behavior or behavior that could be harmful. Doing unsafe things.	0	1	2	3
17. Being overly alert or on guard.	0	1	2	3
18. Being jumpy or easily startled.	0	1	2	3
19. Problems with concentration.	0	1	2	3
20. Trouble falling or staying asleep.	0	1	2	3

Please mark YES or NO if the problems you marked interfered with:

	YES	NO		YES	NO
1. Getting along with others	<input type="radio"/>	<input type="radio"/>	4. Family relationships	<input type="radio"/>	<input type="radio"/>
2. Hobbies/Fun	<input type="radio"/>	<input type="radio"/>	5. General happiness	<input type="radio"/>	<input type="radio"/>
3. School or work	<input type="radio"/>	<input type="radio"/>			

2

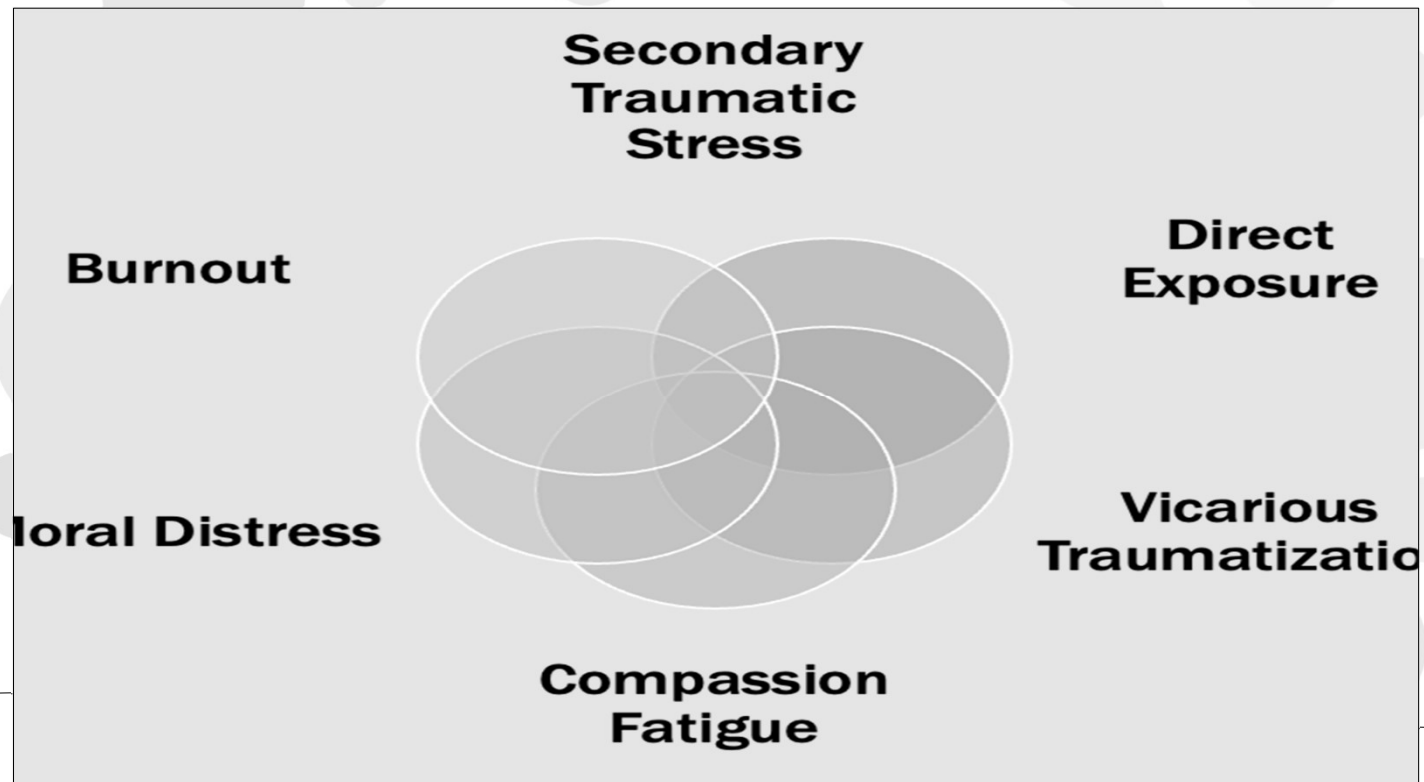
CATS 7-17 VERSION 2.0|

Vicarious Trauma and Self-care



- This is hard work
- Take care of yourself and your colleagues if some contents are triggering you!
- Be compassionate towards yourself and each other
- Ask for consultation
- Get help if you need it.
- Be mindful of your own levels of stress and things that you can do outside of this training to manage stress (sleeping well, eating, supportive people, etc.)
- Give yourself a fair chance to learn and integrate TF-CBT by having extra “learning time” the first year of practice

Vicarious Traumatization



Definition Secondary Traumatic Stress

Secondary Traumatic Stress is the emotional distress that results when an individual hears (reads, sees) about the firsthand trauma experiences of another.

For individuals who care for children who have experienced trauma and their families, hearing trauma stories can take an **emotional toll**.

Secondary trauma symptoms can range from mild to severe, at which point individuals can develop **post-traumatic stress disorder** (PTSD).

In a clinical assessment study in Sweden, about **30% of caregivers** had moderate or severe secondary traumatic symptoms in the start of the treatment phase of TF-CBT = important to assess!

Please take 2 minutes and make a list of activities that help you personally when you feel stressed



Safety

Starting with safety is often clinically appropriate with most youth and their families

Developing safety plans

Identifying other safe adults in youth's environment

It's always better to give trauma treatment than not

Parenting Skills

- Where are the caregivers? – Crisis, Self-blame, denial, Grief
- Psychoeducation about trauma and trauma symptoms and responses
- Help caregiver understand their own and their child's symptoms and responses
- Give hope – “Life is not ruined”
- Explore what the caregiver describes as day-to-day problems.
- Help understand and sort problem behaviors
- Set reasonable goals and expectations
- Teach and practice Validation and attention to prosocial behaviors
- Practice and roleplay



Problem
Behavior

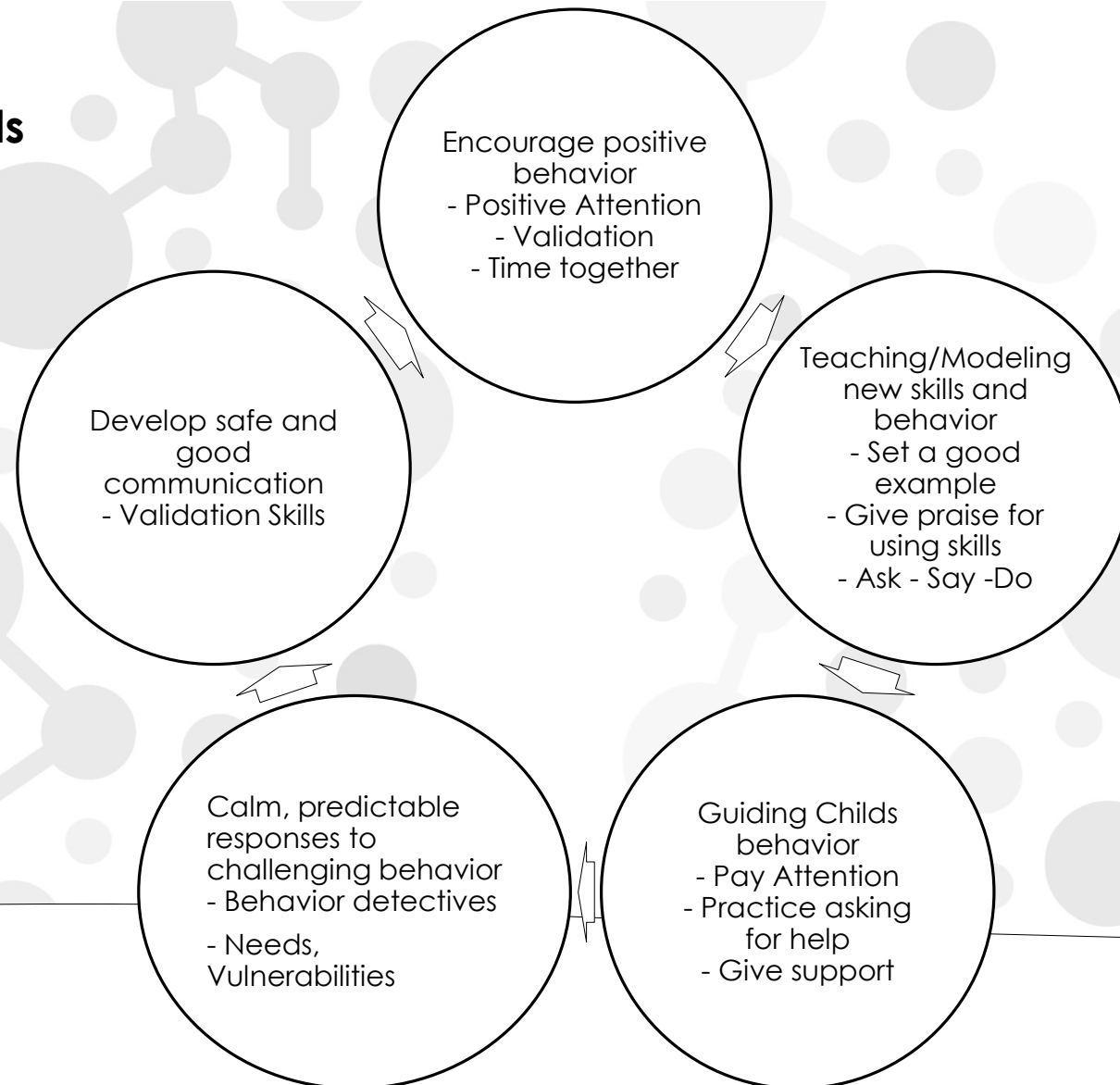
Trauma
symptoms

Diagnosis

Age
Typical

What's
left?

Parenting Skills



Psychoeducation

- Have a playful and curious approach
- Try to work and build on the child's interests and skills
- Common reactions to trauma.
- The child's symptoms reactions
- Three brain, Fight, Flight, Freeze
- From general to more specific information:
- Who does this happen too?
- Why does it happen?



Psychoeducation with Child and Families

Be creative make it engaging

- Games and Interactive Activities
 - Use different games, activities and media to create novelty
 - Incorporate the child's own interests
 - Make up games or use common children's games
 - Use mindfulness and relaxation activities with the whole family
- Stories, Books , Comic books
- Search the internet together

Use games they already know and like



Relaxation - Mindfulness

Rational -

Encourage existing and effective strategies

Individualize

Stress reducing

Body and brain connection

Makes exposure easier

Help with -

Lower the youth's body alarm reaction.

Reduce distress related to trauma reminders

Use to manage daily stressors

Distress in session

Can work as -

Energizers

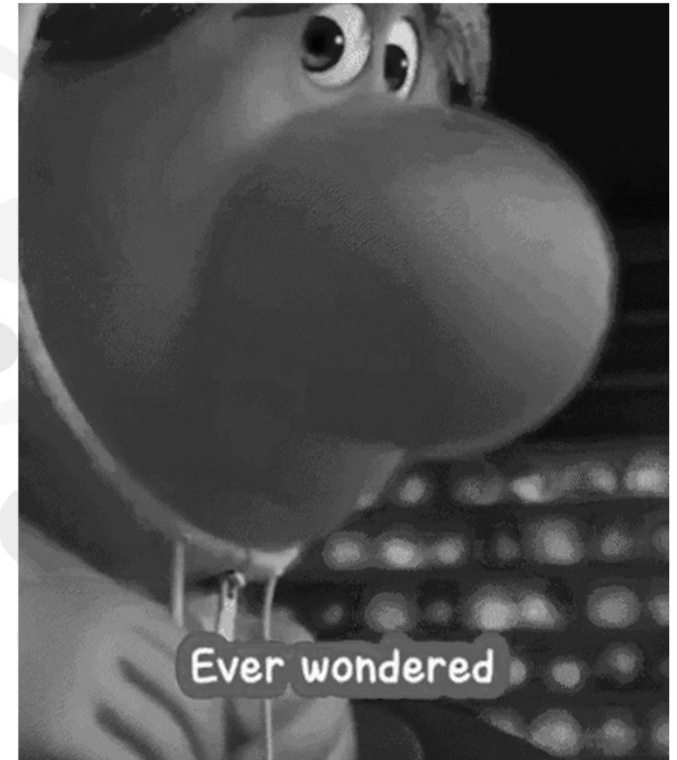
Stabilizers

Calming



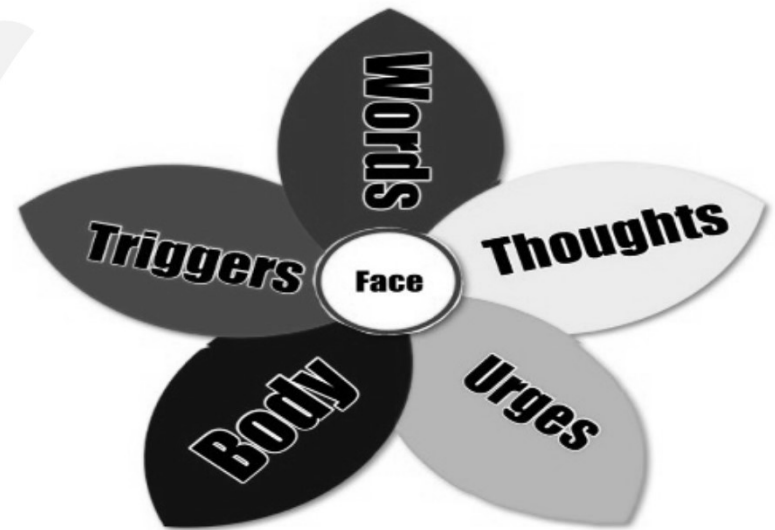
Affect Regulation

- Identify non adaptive coping strategies connected with trauma
- Learn about needs and vulnerabilities and their specific ones
- Practice skills – asking for help, Self validation, problem solving, managing emotions
- Normalize and recognize feelings connected to trauma
- Activities to help children identify and express a range of different feelings
- Practice - What works for me? What makes me calm when I'm stressed or overwhelmed



Emotional regulation

- Learn about emotions, how they work and affect you
- Learn to master difficult emotions
 - Decrease difficult emotions
 - Increase *manageable* emotions
- Connect your bodily sensations to your emotions to understand the feeling
- Connect feelings to Urges
- Connection emotions – thoughts - Behaviors



Measuring distress / emotions



Stop what you are doing
Notice your feeling
Name the feeling
Do what you think will help.

STOP
WAIT
THINK
DO

FEELINGS THERMOMETER

How do you feel?



ANGRY, FURIOUS, EXPLOSIVE

► Yelling, Stomping, Meltdown



FRUSTRATED, ANNOYED, IRRITABLE

► Arguing, Refusing, Shutting down



ANXIOUS, WORRIED, UNSETTLED

► Pacing, Avoiding, Clingy



SAD, NEGATIVE, LONELY

► Crying, Withdrawn, Slowed/Disengaged



HAPPY, CALM, CONTENT

► Smiling, Laughing, Engaged

What can you do about it?

- Vigorous physical exercise
- Breathe deep breaths
- Take a warm shower or bath

- Meditate/pray
- Listen to favorite music
- Take a fast-paced walk

- Talk to a family member/friend
- Pay attention to each of your 5 senses
- Focus on what you *can* control

- Set a positive goal for the day
- Call a friend or relative
- Journal about your feelings

- Help someone else
- Notice and enjoy your positive mood
- Engage in an enjoyable activity



Wisconsin Office of **Children's** Mental Health

children.wi.gov

PARENTS ARE NOT MEANT TO MEET EVERY NEED

IF someone has a
HUGE response
to something
small...

Consider o o o

it may be a
trauma response

we are meant
to learn to
SELF-SOOTHE

which we
can't learn
if all our
needs are
met & our
problems
fixed.

IF SO...

LOGIC.
WON'T.
HELP.

(CARE
WILL)
• care soothes
• care calms
• care grounds

TRY THE MAGIC
PHRASE OF
VALIDATION:

Parents
don't need
to offer
resolution.
Just:

OF COURSE...
... you feel sad
... that's frustrating

OF
COURSE

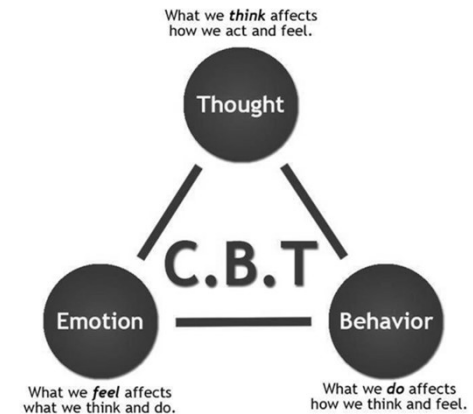
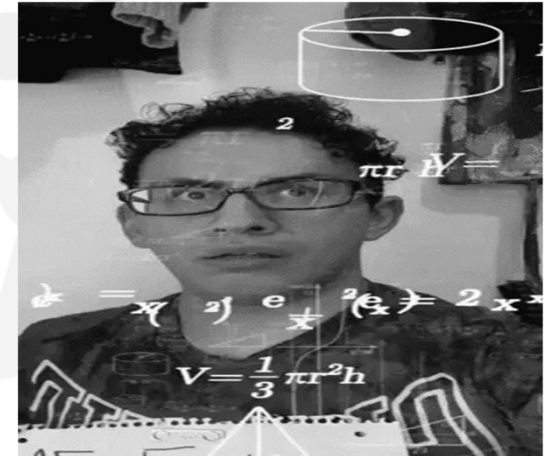
... you are upset
right now.

1. AWARENESS
2. VALIDATION

LECTURE BY: STEVE CALL PHD
NOTES: @LINDSAYBRAMAN

Cognitive Coping

- Help children and parents understand the cognitive triad: connections between thoughts, feelings and behaviors, as they relate to everyday events
- Help children distinguish between thoughts, feelings, and behaviors
- Help children and parents “Check the facts “and balance their thoughts
- Encourage parents to assist children in cognitive coping in upsetting situations, using validation and coping skills





CHECK THE FACTS



What Happened or Will Happen?



What Do You THINK Happened?



Will this REALLY Hurt Me?



What is the WORST That Can Happen ?



Does How I Fell Right Now actually Fit the Situation?

FROM DBT SKILLS TRAINING HANDOUTS & WORKSHEETS, SECOND EDITION BY MARSHA LINEHAN



CHECK THE FACTS



What is the Emotion I am Feeling?



What Prompted Me to Feel This Emotion?



Check for EXTREMES and JUDGMENTS



What is My INTERPRETATION of the Facts?

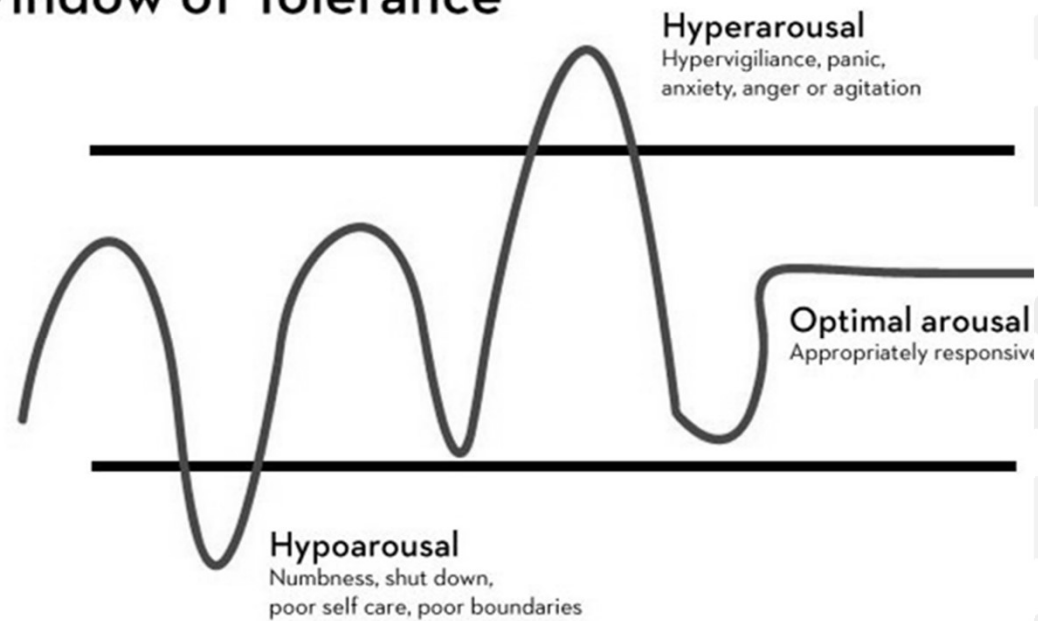


Does How I Fell Right Now actually Fit the Situation?

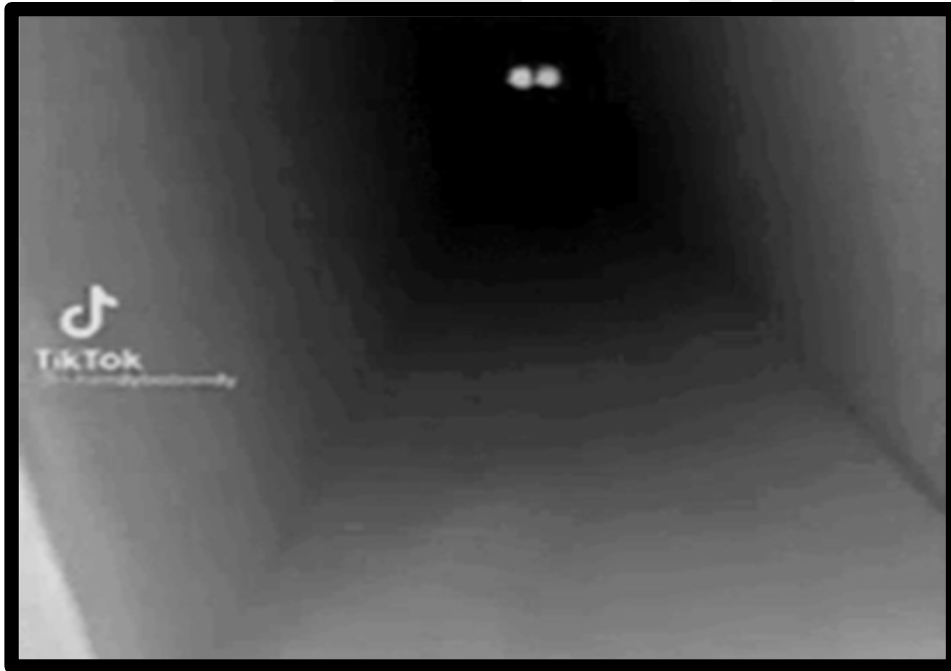
FROM DBT SKILLS TRAINING HANDOUTS & WORKSHEETS, SECOND EDITION BY MARSHA LINEHAN

Trauma Narrative

Window of Tolerance



Why is the trauma narrative so important?



- Gain mastery over trauma reminders
- Resolve avoidance symptoms
- Identify and correct how the trauma affected you
- Contextualize traumatic experiences into overall life

To not be scared of what happened anymore!

Gradual exposure in telling the story

Tell me about when ... in a as detailed way as you can. Add thoughts, feelings and how it felt in your body.

Goals for First Draft:

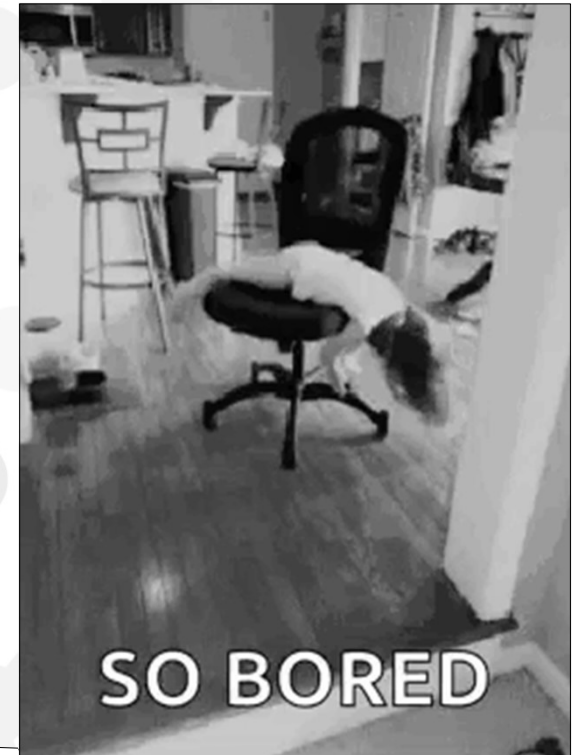
- Let the youth share the story with minimal interruption
- Monitor distress

Goals for the second draft:

- Focus on getting more details maybe some thoughts or feelings
- Monitor distress

Goals for next drafts:

- Choose what you focus your questions on details, thoughts, feelings, the body ...
- Monitor distress
- Keep going with the same story until there is now new additions.



Conjoint Session



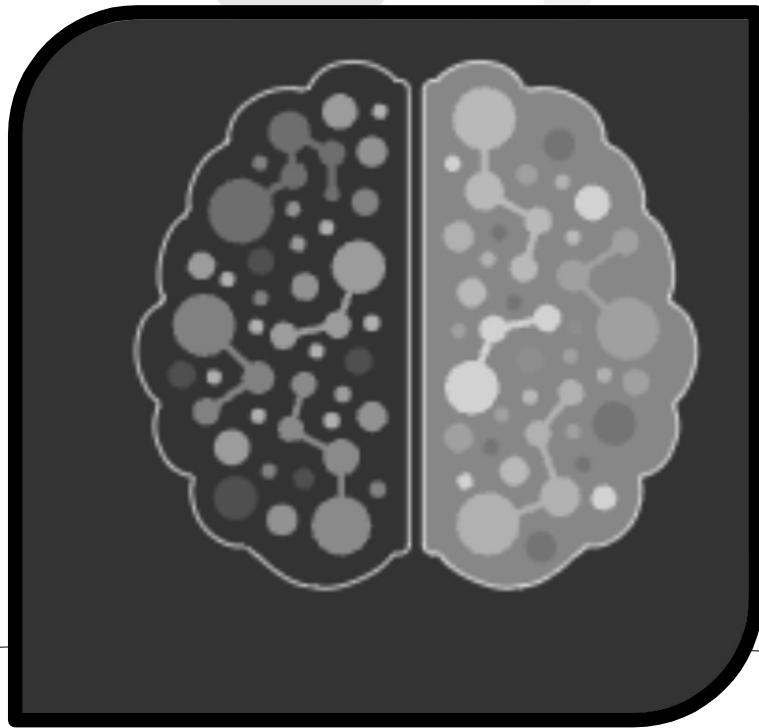
- Sharing the story
- Caregiver practice validation
- Child get to tell their story
- Practice positive communication

Enhancing Safety - Increasing Awareness - Knowing what to do ...

- External and internal awareness
- Safe/unsafe people and places
- Safe/unsafe feelings, thoughts and behaviors
- Child Caregiver communication
- Relationship skills
- Check the facts
- Boundaries



Empowerment through Understanding!



Facebook – leg. Psykoterapeut Anette
Birgersson And Total Team Training
LinkedIn: Anette Birgersson
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