

# An Introduction to Trauma-Focused Cognitive Behavioral Therapy

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Who are you?



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## The Founders of TF-CBT



Judith Cohen



Esther Deblinger



Anthony Mannarino

The TF-CBT Training:

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



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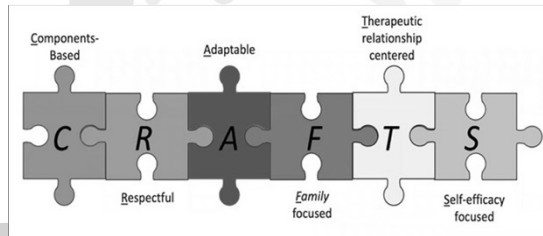
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## Core components of TF-CBT



(Deblinger et al., 2011)

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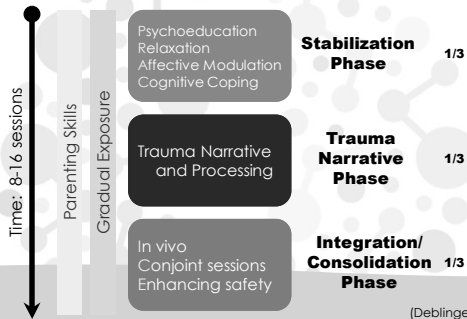
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## TF-CBT Pacing



(Deblinger et al., 2011)

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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

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Small Print

## 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.

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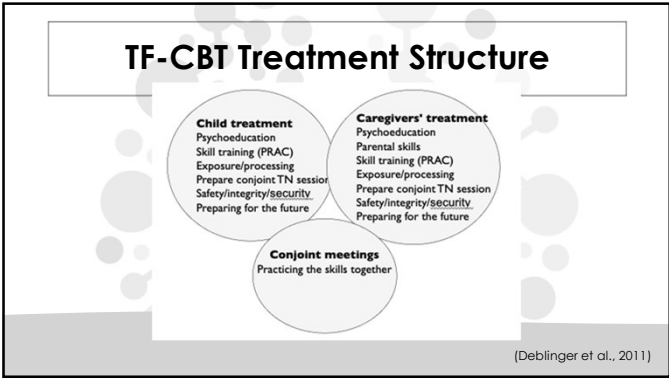
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## Research

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/>

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## 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. (Joycox 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).

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### 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

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### 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!

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### Trauma Response

#### FIGHT

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

#### BODY

- Tensing muscles
- Releasing adrenaline
- Increased heart rate
- Focused attention

#### FLIGHT

- Escape to survive
- Escape gives less dangerous consequences

#### BODY

- Tensing muscles
- Releasing adrenaline
- Increased heart rate
- Focused attention

#### FREEZE

- Time to evaluate
- Make yourself less noticeable
- Unresponsive 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 threats response
- Being in a bubble

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### 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

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### Basic needs

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### Understand what you see ...

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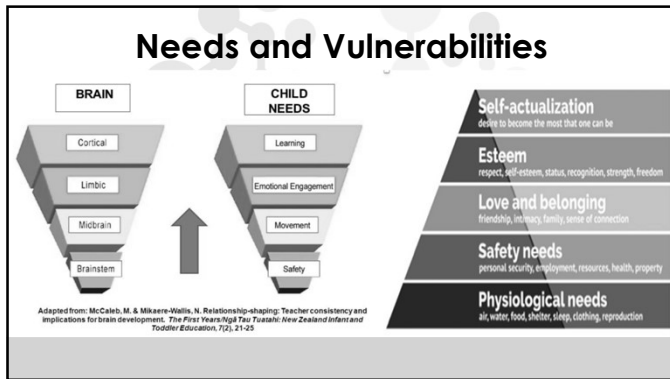
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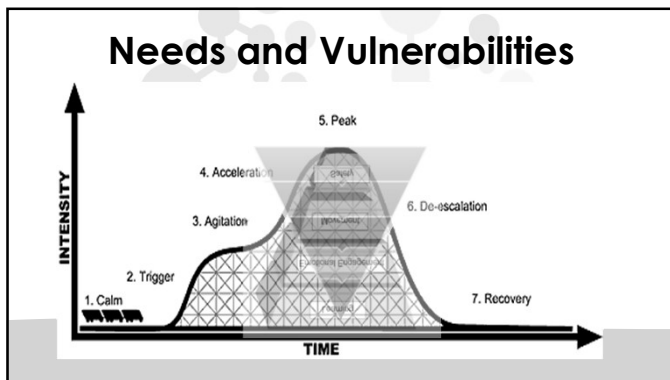
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## Readiness Scale

- 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

ARE YOU READY?

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## 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



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## 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.



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## 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 Childs strengths, interests and resources
- Parent/caregivers trauma symptoms and secondary traumatization
- Parent/caregivers communication and parenting style



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## 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://oklahoma.cbt.org/audiences/ft-cbt-therapists/assessment-resources/>  
<https://uimer.onlinelink.de/course/view.php?id=1701>  
<https://bit.ly/CrisisSupportElpis-Intro>  
[https://bamahusnetwork.sharepoint.com/:f:/s/BamachusNetwork/Eg594UfR2axFgnzd\\_17M1ABAvSIAxwH-U1V4XGxNfgA?e=pJug0U](https://bamahusnetwork.sharepoint.com/:f:/s/BamachusNetwork/Eg594UfR2axFgnzd_17M1ABAvSIAxwH-U1V4XGxNfgA?e=pJug0U)

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## 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

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## Vicarious Traumatization

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**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!

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



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**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

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# 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



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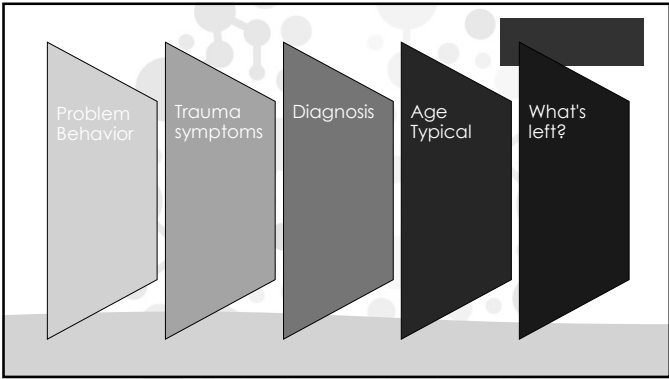
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### Psychoeducation

- 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?



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### 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 ....



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### 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



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## 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



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## 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



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## Measuring distress / emotions

Stop what you are doing

Notice your feeling

Name the feeling

Do what you think will help.

WAIT

THINK

DO

FEELINGS THERMOMETER	
How do you feel?	What can you do about it?
<b>ANGRY, FURIOUS, EXPLOSIVE</b> Arguing, Screaming, Meltdown	Vigorous physical exercise Breathing deep breaths Take a warm shower or bath
<b>FRUSTRATED, ANNOYED, IRRITABLE</b> Arguing, Bullying, Shutting down	Meditation Listen to favorite music Take a hot steamy walk
<b>ANXIOUS, WORRIED, UNSETTLED</b> Hoarding, Avoiding, Clingy	Talk to a family member/friend The attention to needs of you & others Focus on what you can control
<b>SAD, NEGATIVE, LONELY</b> Crying, Withdrawn, Slowed/Disengaged	Set a positive goal for the day Get a friend or animal Journal about your feelings
<b>HAPPY, CALM, CONTENT</b> Smiling, Laughing, Engaged	Help someone else Notice and enjoy your positive mood Engage in an enjoyable activity

Wisconsin Office of Children's Mental Health | children.wi.gov

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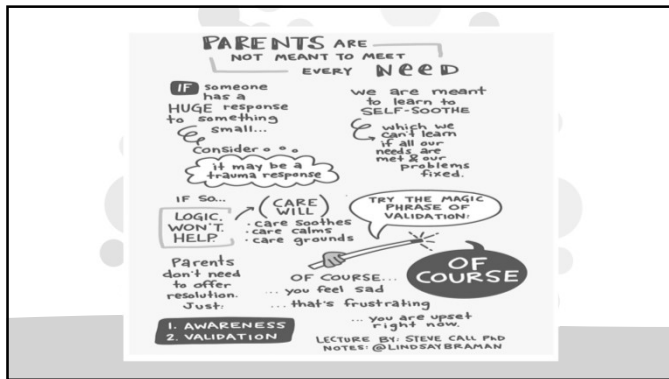
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## Cognitive Coping

- 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

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CHECK THE FACTS	CHECK THE FACTS
✓ What Happened or Will Happen?	? What is the Emotion I am Feeling?
✓ What Do You THINK Happened?	? What Prompted Me to Feel This Emotion?
✓ Will this REALLY Hurt Me?	✓ Check for EXTREMES and JUDGMENTS
✓ What is the WORST That Can Happen ?	? What is My INTERPRETATION of the Facts?
✓ Does How I Fell Right Now actually Fit the Situation?	? Does How I Fell Right Now actually Fit the Situation?

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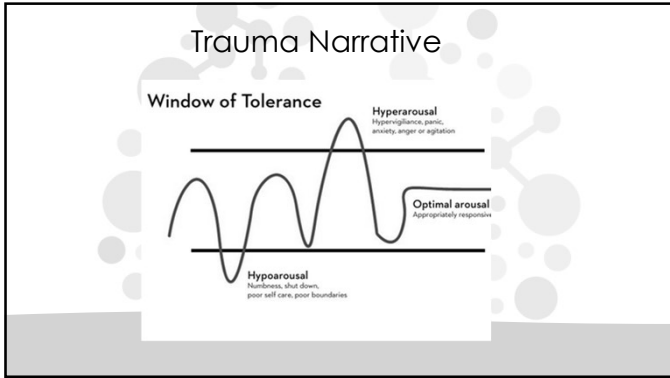
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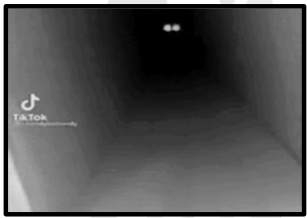
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### Why is the trauma narrative so important?



- 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!**

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### Gradual exposure in telling the story

Tell me about when ..., in 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.



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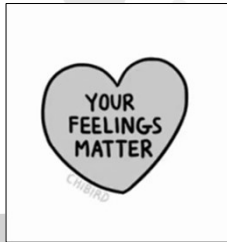
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## Conjoint Session



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

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## 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



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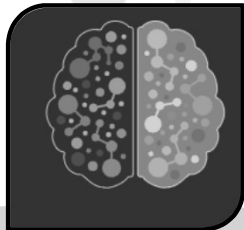
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## Empowerment through Understanding!



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