TF-CBT
Introduction & Implementation
Planning
TF-CBT Overview
TF-CBT Outcomes

- *Children ages 5-18 years*
- Decreases PTSD symptoms
- Decreases negative attributes (self-blame) about the traumatic event
- Decreases externalizing problem behaviors
- Improves parent-child relationship
- Decreases parental depression
- Improves parenting
- Judith Cohen, Anthony Mannarino, Esther Deblinger
- [http://tfcbt.musc.edu/](http://tfcbt.musc.edu/)
Model and Staffing

- Therapists--masters level clinicians (LPHA)
- Enhance/improve the course of the child’s developmental trajectory
- Individual sessions (weekly) with the child, parent and joint child-parent (12-16 sessions)
  - Psychoeducation and parenting skills
  - Relaxation
  - Affective modulation
  - Cognitive processing
  - Trauma narrative
  - In vivo desensitization
  - Conjoint parent-child sessions
  - Enhancing safety and social skills
TF-CBT Sessions Flow

Baseline Assessment → Entire Process is Gradual Exposure

Sessions

1-4
P = Psychoeducation
R = Relaxation
A = Affective
C = Cognitive Coping
P = Parenting Skills

5-8
T = Trauma Narrative
I = In-vivo Gradual
E = Enhancing
P = Development and Processing
E = Safety and Future
C = Conjoint Parent
D = Regulation
Child Sessions

9-12
C = Cognitive Coping

Entire Process is Gradual Exposure
Child and Parent Components

• Individual sessions for both child and parent
• Parent sessions - generally parallel child sessions
• Same therapist for both child and parent
Psychoeducation and Parenting

- Educate
- Normalize
- Validate
- Engage
- Instill Hope
- Outline process of “program”

- Praise
- Selective Attention
- Behavioral Charts
- Time out
- How to give consequences
Relaxation

- Reduce physiological manifestations of stress
  - Progressive Muscle Relaxation
  - Tin Soldier / Wet noodle
  - Blowing bubbles
  - Individualized (dancing, shooting hoops…etc.)
  - Yoga
Affective Modulation

• Learn vocabulary of language
• Learn about connection with body
• Gain another language to talk about feelings (e.g., colors, cars…etc.)
• Learn about intensity
• Learn about corresponding situations
Cognitive Triangle: Thoughts, Feelings, and Behaviors

Trigger

Thinking

Doing

Feeling
Trauma Narrative

• Write a book about traumatic experience(s)
  – Title page,
  – Timeline; Table of Contents

• Ask about thoughts, feelings and behaviors

• Last chapter on what they have learned
Cognitive Processing of the Trauma

• Explore inaccurate or unhelpful cognitions about the trauma and the feelings that accompany them
  – Inaccurate thoughts (ex: “the sexual abuse was my fault”)
  – Unhelpful thoughts (ex: “you can never tell when a drive-by shooter might might hit you”)
Cjoint Parent-Child Session

- Child shares completed narrative with the parent
- Exchange of questions/answers related to the trauma or other relationship issues
  - Open lines of communication
- Preparing for future traumas or reminders
- Safety planning
Enhancing Safety Skills

• Typically done in conjoint parent-child sessions, but may also be done individually
• Develop a safety plan which is responsive to the child’s and family’s circumstances and the child’s realistic abilities
• Practice these skills at home
• For sexually abused children, include education about healthy sexuality
• For children exposed to domestic or community violence, may include education about bullying, conflict resolution, etc.
TF-CBT Summary

- Many therapeutic techniques clinicians are already familiar with
- Specific goals with each component that flow and work together
- Strategies that successfully address many avoidant problems
- Pacing is appropriate for children/adolescents
- Adds structure and concrete activities to help with the “chaos” of a trauma
Community Development Teams
Development Team Goals

• High quality, model adherent (high fidelity) and sustainable implementation of TF-CBT
  – Prepare practitioners to be proficient in the use of TF-CBT
  – Prepare agencies to support and sustain TF-CBT programs
Development Team Features

• Community Development Teams are a training and technical assistance process to promote adoption of a practice
• Consisting of a team of agencies committed to implementing a practice in common
• Combines four features
  – Clinical training
  – Organizational supports
  – Site specific planning
  – Peer-to-peer assistance
Development Team Features

• Clinical training and consultation provided by the TF-CBT national trainers

• Implementation planning and organizational supports provided by CIMH
  – Planning meetings or conference calls
  – Monthly administrator conference calls
  – Program performance evaluation support (analysis and reporting)

• Peer-to-peer assistance
Sustainability

- Designate an administrator/manager lead to “champion” learning and using the model
- Develop a concrete implementation plan
- Select staff based on a full understanding of the intervention requirements and commitment to achieving and maintaining fidelity
- Adhere to practice workloads and related intervention characteristics
Sustainability

• Focus on fidelity from the outset
• Support fidelity thorough training, coaching, monitoring, and evaluation
• Convene weekly group supervision
• Routinely collect program performance measures
• Maintain momentum
• Expect and plan for interrupted progression
• Expect and plan for staff turnover (replacement training)
Clinical Training/Consultation

• Complete on-line course (independent study)
• Clinical training (2-days) + Supervisor training (.5 day)
• Booster training (1-day) + Supervisor training (.5 day)
• Consultation calls (12 with team + 4 with supervisor)
• Audio-tapes review (2 per practitioner)
Expectations

• Each agency is committed to participating fully in all training and consultation activities
• Each agency is committed to implementing TF-CBT with fidelity
• Each agency is responsible for outcome data collection, entry and submittal
• Agencies are responsible for additional training fees associated with replacing a therapist
Maintaining Proficiency

- Initial clinical training to replace clinicians or expand teams
- Weekly supervision with a TF-CBT trained agency-supervisor
- Use of fidelity checklists
- Routine use of program performance evaluation protocol
- Annual symposium training
Implementation Planning Guide
Implementation Plans

- Youth and families
- Integration into service system
- Staffing
- Supervision
- Assuring fidelity and program performance evaluation
- Administrative oversight
Youth & Families

• Who will be responsible for coordinating/insuring referrals?

• Who will be referred? Will there be inclusion or exclusion criteria?

• Where will TF-CBT fit into your service system?
Staffing

• Who will be the practitioners? How will they be selected? Will they have a choice?

• What educational background and clinical experience will be required?

• Will they have time to learn the practice? What other duties will they have?

• What will their TF-CBT caseload involve?
Supervision

• Who will supervise the TF-CBT practitioners? How will they be selected?

• What educational background and clinical experience will be required?

• Will they carry a small caseload? If yes, what size?

• Will they be responsible for supervising other programs? If yes, which programs?
Fidelity and Evaluation

- Who will be responsible for insuring collection of program performance measures?

- Who will be responsible for data collection and submittal?
Administrative Oversight

- Who at the administrative level participated in implementation planning?

- Who at the administrative level is committed to making sure that everything happens as planned?

- Who at the administrative level will review fidelity and outcome reports and oversee any needed corrections?

- How will staff attrition be managed?