Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): AT-A-GLANCE

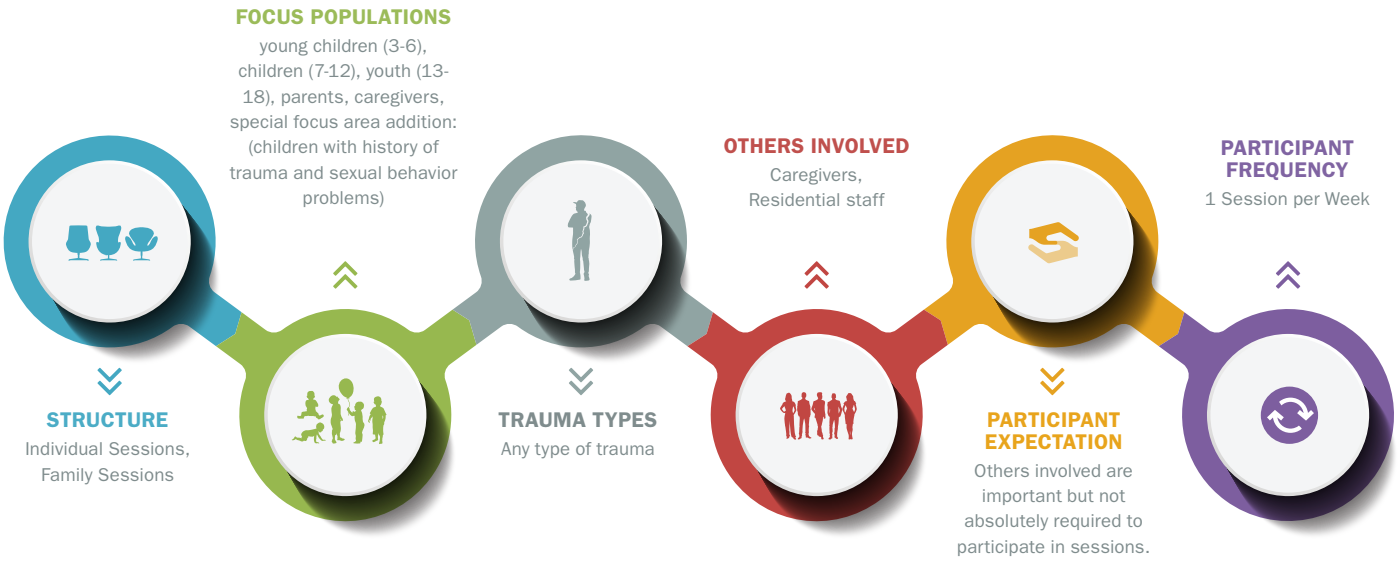
What is TF-CBT?

TF-CBT is an evidence-based treatment to address youth (ages 3-18 years) posttraumatic stress disorder (PTSD) and related difficulties. It is a components- and phase- based treatment that therapists provide individually and in parallel to youth and their parents or primary caregivers, with additional conjoint child-parent sessions. TF-CBT has been tested in 25 randomized controlled trials and many additional effectiveness studies around the world, with strong evidence of improving children's PTSD and related difficulties in 8-25 sessions, for children of different genders, races, ethnicities, and who have experienced diverse types of traumas.

What are the goals of TF-CBT?

1. Improve children's PTSD symptoms
2. Improve chidren's comorbid mental health symptoms (e.g., depression, anxiety, behavioral difficulties)
3. Improve children's adaptive functioning

What does TF-CBT look like?



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What is the commitment?

Model can be provided in as few as 8 sessions or as many as 25 sessions, depending on the family's preference and the child's clinical presentation. Typical length is 12-20 sessions, with youth who have experienced multiple or more complex traumas typically having about 16-25 sessions. Sessions are typically 60 minutes (30 minutes for youth, 30 minutes for parent, with some sessions dedicated to conjoint sessions). Caregivers and children will both participate in assessment, including written assessment tools and interviews.

How do we know it works?

TF-CBT has Practice-based evidence, Research evidence, and Traditional Knowledge to support its benefits. For more information, see page 3.

TF-CBT was developed by individuals in collaboration with teams, community members and youth, for children who experienced sexual abuse and multiple traumas. The majority of children, youth, and families involved in the development of this model identified as White or African American, lived in an urban environment, and spoke English at home. Research has documented the efficacy of TF-CBT implemented in individual and group therapy formats.

Additionally, there have been adaptations of the practice for Latino Children; American Indian and Alaska Native Children; Military Children; LGBTQ Youth; TF-CBT+ Racial Socialization for Black Youth; Commercially Sexually Exploited Children; Youth in Foster Care; Youth in Residential Treatment; Youth with Intellectual or Developmental Disabilities. There are translation of TF-CBT materials available for children, youth, and families in German, Dutch, Norwegian, Japanese, Chinese, Polish, Russian, Ukrainian, Arabic, Hebrew, Spanish, Finnish, Swedish and Italian. Learn more on page 4.

LOCATION:
Anywhere you and your provider decide

For more information explore the next several pages or check out:

https://tfcbt.org; https://tfcbt2.musc.edu

TF-CBT: THE EVIDENCE

What types of evidence are available for TF-CBT?

- ❒ Best Practices
- ❒ Evidence-based Treatment
- ❒ Practice-Based Evidence
- ❒ Case Study
- ❒ Pilot Study
- ❒ Program Evaluation
- ❒ Quasi-experimental Research
- ❒ Randomized Clinical/Controlled Trial

Where can I learn more about the evidence?

- TF-CBT.org
- California Clearinghouse for Child Welfare
- A multisite randomized controlled trial for children with sexual abuse-related PTSD symptoms
- Community treatment of Posttraumatic Stress Disorder for children exposed to intimate partner violence: A randomized controlled trial
- A randomized controlled trial of therapy for sexually exploited, war affected Congolese girls
- A randomized effectiveness study comparing Trauma-Focused Cognitive Behavioral Therapy with therapy as usual for youth.
- Effectiveness of Trauma-Focused Cognitive Behavioral Therapy among trauma-affected children in Lusaka, Zambia – A Randomized Clinical Trial.
- Effectiveness of Trauma-Focused Cognitive Behavioral Therapy for children and adolescents: A randomized controlled trial in eight German mental health clinics.
- Effectiveness of abbreviated Trauma-Focused Cognitive Behavioural Therapy for South African adolescents: A randomized controlled trial
- Trauma-Focused Cognitive Behavioral Therapy or Eye movement Desensitization and Reprocessing: What works in children with posttraumatic stress symptoms? A randomized controlled trial

How is TF-CBT measured in real time?

TF-CBT clinicians must use at least one standardized self-report instrument for assessing the child's trauma exposure and symptoms at pre-treatment and post-treatment, at a minimum; it is also helpful to readminister the instrument after each TF-CBT treatment phase. Suggested instruments include the CPSS-5 or CATS-2 (both are freely available). Obtaining parent report is also highly recommended.

What changes for the better as a result of TF-CBT?

After TF-CBT treatment, the vast majority of children experience significant improvement in their PTSD symptoms and diagnosis as well as related symptoms such as depressive, anxiety, and/or externalizing behavior problems. Parents/caregivers who participate also experience significant improvement in their PTSD and other symptoms, in positive parenting skills and in child-parent relationships.

> ***"At first, I didn't want to talk about my past. But now that I've gone through it, it's like a huge weight off my back. I'm doing good in school, I have friends, and I'm getting along with my aunt. Everything's changed for the better."***
> – 15 year old who completed TF-CBT

What do the numbers tell us (i.e., quantitative data)?

In 25 randomized controlled trials, TF-CBT was significantly superior to usual community treatment or other comparison conditions, in improving children's PTSD, depressive, anxiety, behavioral symptoms and adaptive functioning, and in improving parental outcomes across countries, trauma experiences, children's ethnicities, race, sex and other demographic differences.

What do the stories tell us (i.e., qualitative data)?

Youth and parents have consistently reported that TF-CBT is an engaging and effective treatment. that they would recommend to others. Interestingly, several qualitative studies have documented that, although youth initially find the trauma narration and processing component to be challenging, it is the part of TF-CBT treatment that they find most helpful and important to their healing process.

TF-CBT: ADAPTABILITY AND ACCESSIBILITY

- **What is the history of TF-CBT?**

  This model was developed by Judith Cohen, M.D. Anthony Mannarino, Ph.D. and Esther Deblinger, Ph.D., for youth who experienced sexual violence and multiple traumas. Children involved in the initial development of this practice identified primarily as white and African American, from the northeastern US (Pennsylvania and New Jersey), including urban, suburban and rural settings, of primarily lower socioeconomic status, and primarily English speaking. Since that time, the model continued to evolve, and has included many additional populations and formal adaptations, including for the following populations: 1) Hispanic youth; 2) American Indian and Alaska Native youth; 3) Black youth incorporating Racial Socialization; 4) LGBTQ youth; 5) military youth; 6) youth who experience commercial sexual exploitation; 7) youth in residential treatment; 8) youth in foster care; 9) youth with intellectual or developmental disabilities including autism. More information is available at https://tfcbt.org

- **How did TF-CBT developers proactively reach out to, center, amplify, and learn from the voices of those most impacted by racism and trauma?**

  The TF-CBT developers proactively reached out to collaborate with several NCTSN centers and Dr. Isha Metzger to conduct an 18-month Learning Community to integrate Racial Socialization (RS) with TF-CBT for Black youth impacted by racism and trauma. Our data document the positive impact of TF-CBT + RS for Black youth, and we continue to increase racial diversity among our trainers and supervisors.

- **What is the role of TF-CBT providers in tailoring the model for individuals, families, and communities?**

  TF-CBT therapists balance fidelity to the model with flexibility to tailor the model to the needs of the individual youth's interests, developmental level and abilities; the family's concerns and needs; and community issues such as school or other system demands.

- **How are lessons learned from individuals, families, communities and providers used to keep improving TF-CBT?**

  We receive ongoing feedback from youth and families receiving treatment in our clinics from surveys requesting suggestions for quality improvement; and from youth, families, communities and providers involved in our learning communities and other implementation/dissemination projects. We use this feedback to constantly update and revise TF-CBT in response to suggestions.

- **Resources and materials are available:**
  - In more than one language – Spanish; Norwegian; German; Dutch; Swedish; Finnish; Polish; Ukrainian; Russian; Chinese; Japanese; Korean; Hebrew; Arabic. Translations were done via Professional translation and back translation; bicultural language adaptation.
  - In more than one format (multiple select below):
    - Materials are available in written, video, ASL, visual art
    - Written materials can be used verbally.
    - Video and audio materials have closed captioning available.
    - Web materials meet universal design standards: captions
    - Media reflects providers and families that use the model: age, race, ethnicity; ASL materials in development
  - For more information on adaptation and access, see https://tfcbt.org/resources

TF-CBT:
PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

TO PROVIDE TF-CBT

Provider prerequisites:
- Experience: master's level mental health clinician
- Education: master's mental health clinician (or in training)
- Licensure: not required to provide but to be certified

Trained providers can:
- Deliver TF-CBT
- Earn certification in TF-CBT
- Qualify for enhanced rates if available
- With state licensure, earn national certification and qualify for enhanced rates

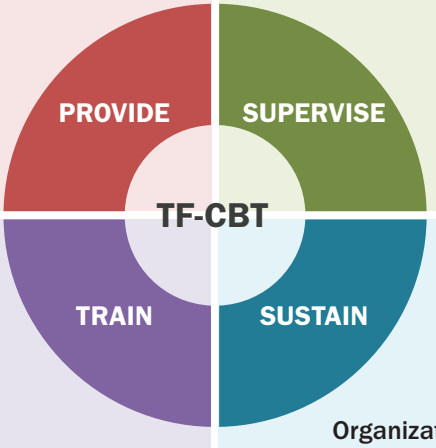
Access for Provider Training:
- Through live in-person training
- Through live virtual training
- Through consultation
- TF-CBTWeb is a pre-requisite

TO SUPERVISE TF-CBT

Supervisor prerequisites:
- National TF-CBT Therapist Certification tfcbt.org
- 2 years experience as supervisor
- National TF-CBT certified

Trained supervisors can:
- Supervise others in TF-CBT
- Earn supervisor certification in TF-CBT

Access for Supervisor Training:
- Through consultation
- Through Train the Supervisor Program



TO TRAIN TF-CBT

Trainer prerequisites:
- Market certified providers/supervisors/trainers
- Meet Provider and Nationally Certified TF-CBT Therapist requirements
- 2 years of experience with model; National TF-CBT Certified Therapist
- 2 years as trainer
- Complete established trainer process (details on page 6)

Approved trainers can:
- Train within their own organization
- Train locally
- Train nationally
- Train providers
- Charge for training

Access for Trainer Training:
- Through consultation
- Through Train the Trainer Program

TO SUSTAIN TF-CBT

Organization prerequisites:
- Discussions on readiness and fit
- Adjust workloads for providers to participate in training and implementation
- Support a training infrastructure

Organizations can:
- Qualify for enhanced rates
- List certified therapists on their website and tf-cbt.org

Access for Organizational Readiness Supports:
- Consultation for senior leaders
- Connection to other organizations using model

TF-CBT:
MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE TF-CBT

- **Training cost:** About $500-800 depending on which training you attend (more information at tfcbt.org/trainings)
- **Time Commitment:** 11 hours for initial web-based training; 12 hours for live face-to face or virtual training; and 12 hours for consultation calls; as well as time to provide TF-CBT to at least 3 youth and families (average of 12-18 1-hour sessions/family).
- **Additional Details:** National TF-CBT Therapist Certification is for 5 years, for information: https://tfcbt.org

SUPERVISE TF-CBT

- **Training cost:** The TF-CBT Train the Supervisor (TTS) Program is currently free. Candidates must apply and be accepted to participate in the program, which is offered through the Developers' NCTSN grants. In the future there may be a charge to participate.
- **Time Commitment:** One hour/month via zoom for approximately 15 months
- **Additional Details:** To apply to the TTS program, supervisors must be Nationally Certified TF-CBT therapists, must have been providing TF-CBT supervision at their agency for at least 2 years, and must commit to remain at their current agency for at least 3 more years.

TRAIN TF-CBT

- **Training cost:** The TF-CBT Train the Trainer (TTT) program is currently provided free of charge through the developers' NCTSN grants; there may be a charge in the future. There is a rigorous application process. For more information contact anthony.mannarino@ahn.org
- **Time Commitment:** One hour/month via zoom for approximately 15 months
- **Additional Details:** This is a highly competitive process requiring letter of recommendation, documentation of TF-CBT experience and commitment as well as other training experience

SUSTAIN TF-CBT

- **Training cost:** Depending on the number to be trained, $500-800/therapist or it may be less costly to arrange for a trainer to train your program's staff (cost is typically ~ $4000/day plus any travel expenses)
- **Time Commitment:** For each therapist to train: 11 hours for web-based training; 12 hours for live training; 12 hours for consultation calls. Delivering treatment takes approximately 12-18 hours/patient.
- **Additional Details:** Organizations should commit to training at least one supervisor in TF-CBT, who will supervise in TF-CBT on an ongoing basis; and to using at least one standardized instrument to assess, monitor progress and provide feedback in the model.

To learn more about providing, supervising, training, or sustaining, please visit: https://tfcbt.org.
For additional resources and related products, please explore: https://tfcbt.org; https://tfcbt2.musc.edu

The Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): At-A-Glance was reviewed and approved for accuracy by Judith Cohen, Allegheny Health Network; Anthony Mannarino, Allegheny Health Network; Esther Deblinger, Rowan University in July 2024.

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