Trauma Focused Coping/Multimodality Trauma Treatment (TFC/MMTT): AT-A-GLANCE

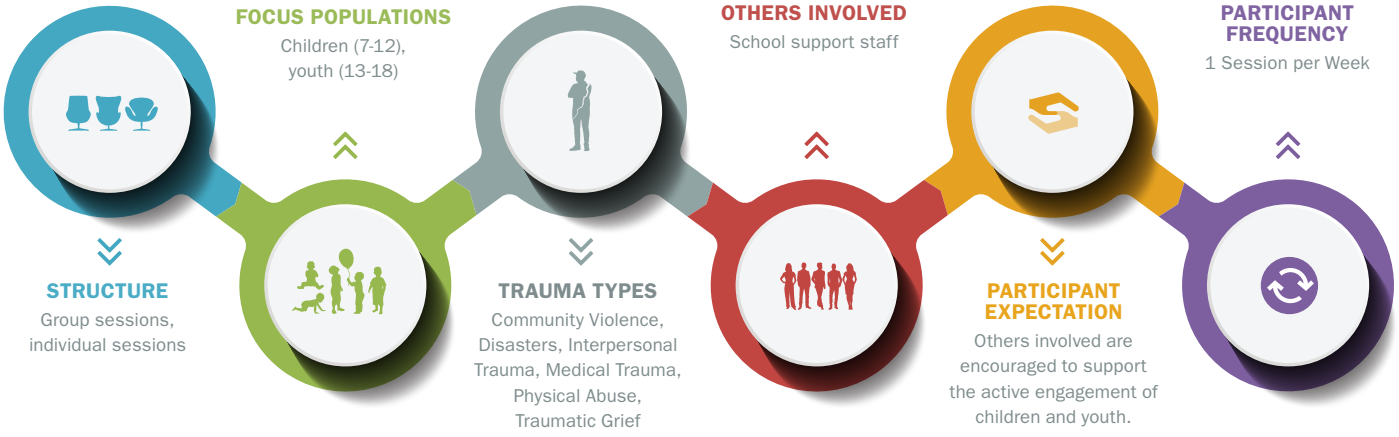
What is TFC/MMTT?

Trauma Focused Coping (TFC), also known as Multimodality Trauma Treatment (MMTT), is a school-based, skills-oriented cognitive-behavioral treatment (CBT) designed for children and adolescents exposed to single-incident trauma. It was the first controlled trauma treatment study in the school setting that addressed PTSD and related symptoms—including depression, anxiety, anger, and locus of control. Initially developed as a peer-mediating group intervention for schools, TFC is adaptable for individual therapy in clinical settings.

What are the goals of TFC/MMTT?

1. Reduce PTSD Symptoms: Mitigate the effects of PTSD and related distress.
2. Enhance Coping Skills: Equip individuals with tools to manage anxiety, anger, and depression, gaining a sense of control over their lives.
3. Improve Cognitive Processing: Aid in processing traumatic experiences.
4. Foster Emotional Regulation: Help in understanding and managing emotional responses.

What does TFC/MMTT look like?



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Additional Information

TFC is designed to be adaptable for various settings, including schools and clinics. It can be tailored for different group dynamics and individual needs, making it versatile for addressing both trauma and related symptoms. The approach supports both individual and group therapy formats, enhancing its flexibility and applicability. Its manual is free, easily accessible, and comes with an Implementation Manual for Schools.

The session structure includes 14 group sessions with 6-8 members, typically held weekly, including a mid-protocol individual pull-out session to conduct the trauma narrative. The participants are children and adolescents who experienced trauma. The therapists are trained clinicians or therapists who facilitate the group and individual sessions. The support staff in school settings may include school counselors or mental health professionals who assist in co-leading groups or supporting implementation. Participants are expected to actively engage in all sessions, including sharing aspects of their experiences and practicing new skills. Other expectations include: Homework: Completion of coping skill assignments or exercises between sessions to reinforce learning. • Skill Application: Applying coping skills and techniques learned in sessions to real-life situations. • Commitment: Regular attendance and participation throughout the 14-session program. • Consent: Consent from the caregiver is required for participation in the group at school.

LOCATION:

Anywhere you and your provider decide,
In a provider's office,
In a school

What is the commitment?

- Time: Involves fourteen group sessions and one or two individual pull-out sessions.
- Engagement: Requires active participation in sessions and application of skills learned.
- Preparation: Initial assessment and ongoing adjustments to treatment based on individual progress.

Written assessment tools and interviews are used in assessment.

How do we know it works?

TFC/MMTT has Practice-based Evidence and Research Evidence to support its benefits in child welfare and behavioral health treatment centers.

TFC/MMTT was developed by Lisa Amaya Jackson and John S. March for children who have experienced trauma. The majority of children, youth, and families involved in the development of this model identified as white, lived in a rural environment, and spoke English at home.

No adaptations for this model at this time.

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

www.nctsn.org

TFC/MMTT: THE EVIDENCE

What types of evidence are available for TFC/MMTT?

- ❒ Evidence-based Treatment
- ❒ Practice-Based Evidence
- ❒ Community-based Participatory Research
- ❒ Controlled Study with multiple cohorts from different settings, measured at baseline and at successive time intervals

Where can I learn more about the evidence?

- Amaya-Jackson, L., Reynolds, V., Murray, M. C., McCarthy, G., Nelson, A., Cherney, M. S., Lee, R., Foa, E., & March, J. S. (2003). Cognitive-behavioral treatment for pediatric posttraumatic stress disorder: Protocol and application in school and community settings. Cognitive and Behavioral Practice, 10(3), 204–213.

- March, J. S., Amaya-Jackson, L., Murray, M. C., & Schulte, A. (1998). Cognitive-Behavioral Psychotherapy for Children and Adolescents With Posttraumatic Stress Disorder After a Single-Incident Stressor. Journal of the American Academy of Child & Adolescent Psychiatry, 37(6), 585–593.

How is TFC/MMTT measured in real time?

TFC can use a variety of tools that are effective and efficient in school settings. Any measure of PTSD (including types of trauma exposure) would be prioritized along with depression and anxiety as recommended. If other key symptoms (such as anger) are present, a symptom scale assessment of those symptoms is recommended. Regular assessments help adjust the treatment to meet individual needs.

What changes for the better as a result of TFC/MMTT?

Improvements include reduced symptoms of PTSD, decreased depression and anxiety, better anger management, and enhanced internal locus of control.

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

Outcome studies show significant reductions in PTSD diagnoses and symptoms, anxiety, depression, anger, and improved internal locus of control, as reported in controlled studies and clinical trials.

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

Students with significant levels of distress can be screened for trauma and then treated for the distress and impairment caused by adverse childhood experiences and traumas in the school setting. The combination of group processes that illustrate to a despairing student that they are not alone, along with positive feedback from peers, helps in building skills and changing distorted views of themselves.

TFC/MMTT: ADAPTABILITY AND ACCESSIBILITY

- **What is the history of TFC/MMTT?**

  Developed by John S. March and Lisa Amaya-Jackson, TFC/MMTT was first tested in 5 schools in rural North Carolina following a tragic industrial fire disaster with students having multiple traumas beyond the fire. It has since been adapted for various settings and populations. While a small study it was pioneering in content (as one of the first trauma treatment studies for PTSD) and science (multiple baseline design across time and setting) and received two national awards: one for the peer-reviewed article on the study and its methodology, and another for its service excellence and effectiveness. TFC/MMTT is an early predecessor of CBITS (Cognitive Behavioral Intervention for Trauma in Schools). It has also been used as a template for preschool treatment and a therapist/parent-led treatment, Stepping Together (Scheeringa, M.S., Salloum, A., Arnberger, R.A., Weems, C.F., Amaya-Jackson, L. and Cohen, J.A. (2007), Feasibility and effectiveness of cognitive–behavioral therapy for posttraumatic stress disorder in preschool children: Two case reports. J. Traum. Stress, 20: 631-636. https://doi.org/10.1002/jts.20232).

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

  The developers' original study included multiple schools, including several in rural areas serving students from underserved, low SES, minority populations and the manuals incorporated feedback from children, families, and education staff. Because each school and community is different, the model allows flexibility for therapists and counselors to incorporate community-informed strategies.

- **What is the role of TFC/MMTT providers in tailoring the model for individuals, families, and communities?**

  Providers (therapists and counselors) are responsible for tailoring the model to meet the unique needs of individuals and families, ensuring cultural competence and addressing specific community challenges. Use of measurement-based care (measuring metrics and outcomes) is strongly encouraged.

- **How are lessons learned from individuals, families, communities and providers used to keep improving TFC/MMTT?**

  Feedback from participants and providers informs ongoing adjustments and improvements to the model, ensuring it remains effective and relevant. An implementation manual has been created to incorporate organizational readiness and school-specific lessons learned for using the treatment.

- **Resources and materials are available:**

  - Materials are available in more than one format: slides and written.
  - Manual and materials are free and available for use with or without additional training. Protocol is considered basic cognitive-behavioral therapy tailored for trauma and administered by a licensed clinician.
  - For more information on adaptation and access for diverse populations, contact Lisa Amaya-Jackson, MD: Lisa.Amaya.Jackson@duke.edu; Robert Murphy, PhD: Robert.Murphy@duke.edu.

TFC/MMTT: PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

TO PROVIDE TFC/MMTT

Provider prerequisites:
- Experience: Experience with CBT, trauma, children, schools, groups
- Education: Masters degree or higher in relevant skill
- Licensure: LCSW, LPC or equivalent credentials

Trained providers can:
- Deliver TFC-MMTT

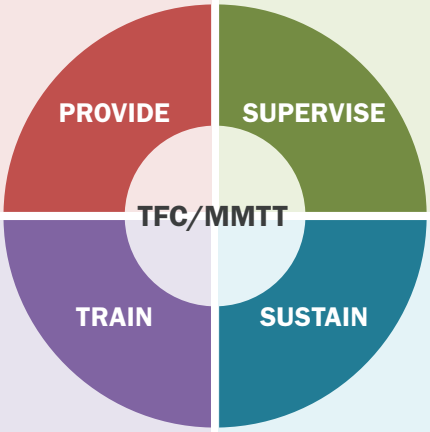
Access for Provider Training:
- Through a training manual

TO SUPERVISE TFC/MMTT

Supervisor prerequisites:
- Supervisors need TFC/MMTT experience and protocol

Trained supervisors can:
- Supervise others in TFC-MMTT

Access for Supervisor Training:
- Through a training manual



TO TRAIN TFC/MMTT

Trainer prerequisites:
- Meet provider and supervisor requirements
- Experience with model in cinical or school setting
- Licensure: LCSW, LPC or equivalent credentials

Approved trainers can:
- There is no official approval for trainers

Access for Trainer Training:
- Through a training manual

TO SUSTAIN TFC/MMTT

Organization prerequisites:
- Support a training infrastructure
- Communication with the developer is suggested but not required
- Provide resources for studying the manual, regular meetings with group leaders, ongoing supervision, and necessary materials for implementing the model

Organizations can:
- Train new staff on the job by in-agency providers or supervisors
- Use free materials

Access for Organizational Readiness Supports:
- Free manual and materials

TFC/MMTT: MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE TFC/MMTT

- **Training cost:** Free
- **Time Commitment:** N/A
- **Additional Details:** N/A

SUPERVISE TFC/MMTT

- **Training cost:** Free
- **Time Commitment:** N/A
- **Additional Details:** N/A

TRAIN TFC/MMTT

- **Training cost:** Free
- **Time Commitment:** N/A
- **Additional Details:** N/A

SUSTAIN TFC/MMTT

- **Training cost:** Free
- **Time Commitment:** N/A
- **Additional Details:** N/A

To learn more about providing, supervising, training, or sustaining, please see www.nctsn.org or email: lisa.amaya.jackson@duke.edu

The Trauma Focused Coping/Multimodality Trauma Treatment (TFC/MMTT) was reviewed and approved for accuracy by Dr. Lisa Amaya-Jackson in October, 2024.

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