

# Trauma-Focused Cognitive Behavioral Therapy for Sexually Abused Children

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# Disclosure

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# What Are TF-CBT and Other Evidence Based Treatments for Traumatized Children?

What They Are Not:

Rigid

Lockstep

Inflexible...

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# What is TF-CBT?

A hybrid treatment model that integrates trauma-sensitive interventions with cognitive-behavioral strategies. Also includes a focus on:

- Attachment theory
- Developmental Neurobiology
- Family Therapy
- Empowerment Therapy
- Humanistic Therapy

# Treatment Research

- Trauma-Focused CBT is the most rigorously tested treatment for traumatized children
  - 10 randomized trials
- Improved PTSD, depression, anxiety, shame and behavior problems compared to nondirective treatment
- PTSD improved more with direct child treatment
- Improved parental distress, parental support, and parental depression compared to nondirective treatment

# Difficulties Addressed by TF-CBT

## CRAFTS

Cognitive Problems

Relationship Problems

Affective Problems

Family Problems

Traumatic Behavior Problems

Somatic Problems

# Core Values of TF-CBT

## CRAFTS

Components-Based

Respectful of Cultural Values

Adaptable and Flexible

Family Focused

Therapeutic Relationship is Central

Self-Efficacy is emphasized

# Child and Parent Components

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

# TF-CBT Core Components

## PRACTICE

Psychoeducation and Parenting Skills

Relaxation

Affective Modulation

Cognitive Processing

Trauma Narrative

In Vivo Desensitization

Conjoint parent-child sessions

Enhancing safety and social skills

# Psychoeducation

- Normalizes child and parent reactions to severe stress
- Provides information about psychological and physiological reactions to stress
- Instills hope for child and family recovery
- Educates family about the benefits and need for early treatment

# Parenting Skills

- TF-CBT views parents as central therapeutic agent for change
- Goal is to establish parent as the person the child turns to for help in times of trouble
- Explain the rationale for parent inclusion in treatment, i.e., not because parent is part of the problem but because parent can be the child's strongest source of healing
- Emphasize positive parenting skills (praise), enhance enjoyable child-parent interactions

# Common Parental Issues in Child Traumatization

- Inappropriate self-blame and guilt
- Inappropriate child blame
- Overprotectiveness
- Overpermissiveness
- PTSD symptoms

# Treatment of Parents Research

Evidence that treating parent is important:

- Deblinger et al. (1996): Treating parents resulted in decreased behavioral and depressive symptoms in child
- Cohen and Mannarino (1997): At the 12 month follow-up, parental support was significantly related to decreased symptoms in child
- Cohen and Mannarino (1996): Parents' emotional reaction to trauma was the strongest predictor of treatment outcome (other than treatment type)

# Relaxation and Affective Modulation

- Develop individualized parent and child relaxation and affective modulation skills
- Developmentally, culturally sensitive and appropriate
- Practice these together at home in ways that enhance child-parent bonding and positive interactions, and that enhance the parent's and child's perception of the parent's efficacy

# Cognitive Processing

- Help children and parents understand the cognitive triad: connections between thoughts, feelings and behaviors, as they relate to everyday events
- Help children and parents view events in more accurate and helpful ways
- Encourage parents to assist children in cognitive processing of upsetting situations, and to use this in their own everyday lives for affective modulation

# Direct Discussion of Traumatic Events

Reasons we avoid this with children:

- Child discomfort
- Parent discomfort
- Therapist discomfort
- Legal issues

Reasons to directly discuss traumatic events:

- Gain mastery over trauma reminders
- Resolve avoidance symptoms
- Correction of distorted cognitions
- Model adaptive coping
- Identify and prepare for trauma/loss reminders

# Trauma Narrative

- Over several sessions the child creates a narrative of the traumatic events, or for multiply traumatized children, a life narrative
- Develop mastery over traumatic memories (decrease avoidance)
- Identify and correct cognitive distortions
- Contextualize traumatic experiences so that identity is not primarily that of a “victim”
- Parent has parallel sessions for same goals

# Cognitive Processing of Trauma

- Identify child and parent trauma-related cognitive distortions, from trauma narrative or otherwise
- Use cognitive processing techniques to replace these with more accurate and/or helpful thoughts about the trauma
- Encourage parents to reinforce children's more accurate/helpful cognitions
- Ex: it's my fault, I'll never be like other kids, she's lost her innocence, you can't trust any men, etc...

# In Vivo Mastery of Trauma Reminders

- Mastery of trauma reminders is critical for resuming normal developmental trajectory
- Parents and children identify trauma reminders likely to trigger future trauma symptoms
- For ubiquitous reminders, may use in vivo exposure to help children develop mastery over these cues

# Conjoint Child-Parent Sessions

- Child-parent implementation of all of these components, especially the trauma narrative, are the culmination of the TF-CBT model
- Highlighting the child's and parent's accomplishments during therapy
- Moving from primacy of the therapist -child and therapist-parent interactions to the parent-child interactions during sessions

# Enhancing Safety Skills

- Identify safety skills the child and parent may need to enhance safety going forward
- Practice these in joint session
- For sexually abused children these may include education about healthy sexuality
- For children exposed to physical abuse, domestic, community or school violence, these may include education about bullying, appropriate discipline, problem solving, etc.
- These skills may be practiced in joint sessions and at home; conjoint treatment may be recommended

# Multisite TF-CBT Study (2004): Design

Cohen, Deblinger, Mannarino & Steer (2004) A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms. *JAACAP*, 43, 393-402

229 8-14yo children (mean = 3.6 types of traumas) and their parents randomly assigned to 12 sessions TF-CBT or CCT

89% met full PTSD criteria (5 PTSD sx required)

No differences pre-treatment on any variables (demographics; symptoms, diagnosis)

# Multisite TF-CBT Study (2004): Results

Child improvement in TF-CBT>CCT in PTSD (all 3 clusters and diagnosis), CBCL total, CDI, CAPS credibility and trust, shame

Parent improvement in TF-CBT>CCT in BDI and PERQ, PPQ and PSQ

No differences based on SES, age, gender, ethnicity, site or number of sessions

Clinical significance: At post-treatment:

- 21% in TF-CBT group still met PTSD criteria
- 46% in CCT group still met PTSD criteria,  
Chi square (1, N=180) =11.28,  $p<.001$

# A Learning Resource for TF-CBT



Access at:

[www.musc.edu/tfcbt](http://www.musc.edu/tfcbt)

- Web-based learning
- Learn at own pace
- Concise explanations
- Video demonstrations
- Clinical scripts
- Cultural considerations
- Clinical Challenges
- Resources
- Links
- 10 hours of CE
- Free of charge

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Introduction

Resources

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## TRAUMA-FOCUSED COGNITIVE-BEHAVIORAL THERAPY

- Psychoeducation
- Stress Management
- Affect Expression and Modulation
- Cognitive Coping
- Creating the Trauma Narrative
- Cognitive Processing
- Behavior Management Training
- Evaluation



*A Strategy to Help*

System Requirements | Credits



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