Trauma-Focused Cognitive Behavioral Therapy for Sexually Abused Children

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Disclosure

No conflict of interest or relevant financial relationships.
What Are TF-CBT and Other Evidence Based Treatments for Traumatized Children?

What They Are Not:
   Rigid
   Lockstep
   Inflexible...
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


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

- 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

Access at: www.musc.edu/tfcbt