

GENERAL INFORMATION

<p><b>Treatment Description</b></p>	<p><b>Acronym (abbreviation) for intervention:</b> TF-CBT</p> <p><b>Average length/number of sessions:</b> 12-25 sessions (60-90 minute sessions, divided approximately equally between youth and parent/caregiver)</p> <p><b>Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers):</b> TF-CBT has been modified to address the needs of Latino, Native American, deaf and hearing impaired, military and many international populations. It has been provided in group formats and in multiple settings(e.g., homes, foster homes, schools, residential treatment facilities) to address transportation barriers</p> <p><b>Trauma type (primary):</b> Sexual abuse, domestic violence, traumatic grief, disaster, terrorism, multiple or complex traumas</p> <p><b>Trauma type (secondary):</b> Other trauma types</p> <p><b>Additional descriptors (not included above):</b> TF-CBT addresses the multiple domains of trauma impact including but not limited to Posttraumatic Stress Disorder (PTSD), depression, anxiety, externalizing behavior problems, relationship and attachment problems, school problems and cognitive problems. TF-CBT includes skills for regulating affect, behavior, thoughts and relationships, trauma processing, and enhancing safety, trust, parenting skills and family communication.</p>
<p><b>Target Population</b></p>	<p><b>Age range:</b> 3 to 21</p> <p><b>Gender:</b> <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both</p> <p><b>Ethnic/Racial Group (include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans):</b> TF-CBT has been tested in U.S. Caucasian, African American and Latino populations as well as in European, Australian and African youth with positive outcomes in multiple domains. Applications for childhood traumatic grief (CTG) have also been used for multiple populations with positive outcomes.</p> <p><b>Other cultural characteristics (e.g., SES, religion):</b> TF-CBT has been used with families of diverse SES and religions.</p> <p><b>Language(s):</b> The TF-CBT treatment book has been translated into Chinese (Mandarin), German, Dutch, Polish, Japanese and Korean. French and Russian translations are underway. Instruments to assess TF-CBT outcomes are available in multiple languages including all of the above as well as Spanish and a variety of African tribal languages.</p> <p><b>Region (e.g., rural, urban):</b> TF-CBT has been used in urban, suburban and rural regions.</p> <p><b>Other characteristics (not included above):</b> TF-CBT has been modified for use in military settings as well as for residential treatment facilities (e.g., additional training materials are available for training direct care staff to support the use of TF-CBT skills in the residential setting); in schools; and for youth with developmental challenges.</p>

GENERAL INFORMATION

<p><b>Target Population</b> <b>continued</b></p>	<p>TF-CBT should be provided to youth who have significant emotional or behavioral difficulties related to one or more traumatic life events (including complex trauma); youth do not have to meet PTSD criteria to receive TF-CBT. TF-CBT treatment has been shown to result in improvement in PTSD symptoms, depression, anxiety symptoms, externalizing behavioral problems, sexualized behavior problems, shame, trauma-related cognitions, interpersonal trust, and social competence.</p>
<p><b>Essential Components</b></p>	<p><b>Theoretical basis:</b> Cognitive-behavioral, family, empowerment</p> <p><b>Key components:</b></p> <ul style="list-style-type: none"> <li>• Establishing a therapeutic relationship with youth and parent</li> <li>• Use of gradual exposure throughout treatment</li> </ul> <p><b>PRACTICE components:</b></p> <ul style="list-style-type: none"> <li>• Psychoeducation about child trauma and trauma reminders</li> <li>• Parenting component including parenting skills</li> <li>• Relaxation skills individualized to youth and parent</li> <li>• Affective modulation skills tailored to youth, family and culture</li> <li>• Cognitive coping: connecting thoughts, feelings and behaviors</li> <li>• Trauma narrative and processing</li> <li>• In vivo mastery of trauma reminders</li> <li>• Conjoint youth-parent sessions</li> <li>• Enhancing safety and future developmental trajectory</li> <li>• Traumatic grief components</li> </ul>
<p><b>Clinical &amp; Anecdotal Evidence</b></p>	<p><b>Are you aware of any suggestion/evidence that this treatment may be harmful?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p><b>Extent to which cultural issues have been described in writings about this intervention</b> (scale of 1-5 where 1=not at all to 5=all the time). 3</p> <p><b>This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group.</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If YES, please include citation:</b>          All of our treatment outcome studies (cited below) include dropout statistics.</p> <p><b>Has this intervention been presented at scientific meetings?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

GENERAL INFORMATION

<p><b>Clinical &amp; Anecdotal Evidence continued</b></p>	<p><b>If YES, please include citation(s) from last five presentations:</b>          Numerous citations available upon request.</p> <p><b>Are there any general writings which describe the components of the intervention or how to administer it?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If YES, please include citation:</b> Cohen, JA, Mannarino, AP &amp; Deblinger, E (2006). Treating trauma and traumatic grief in children and adolescents. New York: Guilford Press          Free online training course: TF-CBT Web: <a href="http://www.musc.edu/tfcbt">www.musc.edu/tfcbt</a></p> <p><b>Has the intervention been replicated anywhere?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Other countries?</b> <i>(please list)</i>          Zambia; Cambodia; Norway; Germany; Holland; Japan</p> <p><b>Other clinical and/or anecdotal evidence</b> <i>(not included above):</i>          Multiple replication studies</p>	
<p><b>Research Evidence</b></p>	<p><b>Sample Size (N) and Breakdown</b>  <i>(by gender, ethnicity, other cultural factors)</i></p> <p>TF-CBT has the strongest research evidence of any treatment model for traumatized children. Multiple randomized controlled trials (RCT) and replication studies including international studies have been conducted documenting the effectiveness of TF-CBT for improving a range of problems for these children.</p>	<p><b>Citation</b></p>
<p><b>Pilot Trials/Feasibility Trials</b> <i>(w/o control groups)</i></p>	<p><b>N=19</b>          Gender:          female=19, male=0</p>	<p>Deblinger et al, 1990</p>
<p><b>Clinical Trials</b>  <i>(w/control groups)</i></p>	<p>Foster care: TF-CBT=69, Usual care  <b>N=2218</b></p> <p>Disaster:  <b>N=306</b></p>	<p>Weiner et al, 2009          CATS Consortium, 2010</p>

GENERAL INFORMATION

<b>Research Evidence</b>	<b>Sample Size (N) and Breakdown</b> <i>(by gender, ethnicity, other cultural factors)</i>	<b>Citation</b>
<b>Randomized Controlled Trials</b>	<p>921 total youth; 743 treatment completers</p> <p><b>By gender:</b> 507 female; 236 male</p> <p><b>By self-identified ethnicity:</b>            447 Caucasian            176 African American            29 Latino            42 Biracial            13 Other            36 Australian children</p> <p>Democratic Republic of Congo:            Former child soldiers: <b>N=52</b>            Sex trafficked girls: <b>N=52</b></p>	<p>Cohen &amp; Mannarino, 1996</p> <p>Cohen, Mannarino &amp; Knudsen, 2005</p> <p>Cohen, et al, 2004</p> <p>Cohen, et al, 2011</p> <p>Deblinger, et al, 1996</p> <p>Deblinger et al, 2001</p> <p>Deblinger et al, 2011</p> <p>King et al, 2000</p> <p>O’Callaghan &amp; McMullen, 2012</p> <p>McMullen &amp; O’Callaghan, 2012</p>
<b>Studies Describing Modifications</b>	<p>Childhood traumatic grief: 61</p> <p><b>By gender:</b>            38 female, 23 male</p> <p><b>By ethnicity:</b>            43 Caucasian            15 African American            3 Biracial</p>	<p>Cohen, Mannarino &amp; Knudsen, 2004</p> <p>Cohen, Mannarino &amp; Staron, 2006</p>
<b>Outcomes</b>	<p><b>What assessments or measures are used as part of the intervention or for research purposes, if any?</b></p> <ul style="list-style-type: none"> <li>• PTSD: UCLA PTSD Reaction Index; CPSS and/or KSADS</li> <li>• Depression: Children’s Depression Index; TSCC</li> <li>• Anxiety: SCARED; STAIC; TSCC</li> <li>• Externalizing and Internalizing behavior problems: CBCL</li> <li>• Sexual behavior problems: CSBI or TSCC</li> <li>• Trauma-related cognitions: Children’s Attribution and Perception Scale (CAPS)</li> <li>• Parental support: PSQ</li> <li>• Parental distress: PERQ</li> <li>• Parental depression: BDI</li> <li>• Parenting practices: Parenting Practices Questionnaire</li> <li>• Parental conflict/violence: Conflict Tactics Questionnaire</li> </ul>	

GENERAL INFORMATION

<p><b>Outcomes continued</b></p>	<p><b>If research studies have been conducted, what were the outcomes?</b> TF-CBT superior to Child Centered Therapy, wait list and usual treatment on multiple outcomes listed above</p>
<p><b>Implementation Requirements &amp; Readiness</b></p>	<p><b>Space, materials or equipment requirements?</b> Private office or other meeting room for therapy sessions</p> <p><b>Supervision requirements (e.g., review of taped sessions)?</b> Approved TF-CBT training and expert consultation (web-based; 2 days of face to face training; at least 6 months of twice monthly consultation with expert trainer) OR participation in approved learning collaborative use of fidelity monitoring using fidelity checklist and use of at least one standardized instrument to assess progress pre-post treatment</p> <p><b>To ensure successful implementation, support should be obtained from:</b> An approved TF-CBT trainer</p>
<p><b>Training Materials &amp; Requirements</b></p>	<p><b>List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.</b> TF-CBT Implementation Manual</p> <p><b>How/where is training obtained?</b> TF-CBT Web (<a href="http://www.musc.edu/tfcbt">www.musc.edu/tfcbt</a>) followed by 2 day training from approved TF-CBT trainer and at least 6 months of consultation calls OR participation in approved learning collaborative</p> <p><b>What is the cost of training?</b> Approximately \$10,000/10 clinicians</p> <p><b>Are intervention materials (handouts) available in other languages?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If YES, what languages?</b> German, Dutch, Japanese, Chinese, Polish, Spanish</p> <p><b>Other training materials &amp;/or requirements (not included above):</b></p> <ul style="list-style-type: none"> <li>• Free web-based TF-CBT for Childhood Traumatic Grief training available at CTGWeb: <a href="http://www.musc.edu/ctg">www.musc.edu/ctg</a></li> <li>• Free web-based TF-CBT consultation program (Funded by the Annie E. Casey Foundation) available at <a href="http://www.musc.edu/tfcbtconsult">www.musc.edu/tfcbtconsult</a></li> <li>• National TF-CBT Certification Program will be available in spring 2012</li> </ul>
<p><b>Pros &amp; Cons/ Qualitative Impressions</b></p>	<p><b>What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)?</b> TF-CBT is a flexible model that includes many components that are already familiar to many community therapists. It is relatively easy to learn in a short time and is acceptable to most families and therapists.</p>

GENERAL INFORMATION

<p><b>Pros &amp; Cons/ Qualitative Impressions continued</b></p>	<p><b>What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)?</b> Some therapists do not like to use structured therapy approaches nor to talk directly about children’s traumatic experiences. These therapists may prefer a different treatment model.</p>
<p><b>Contact Information</b></p>	<p><b>Name:</b> Judith Cohen, M.D.; Anthony Mannarino, Ph.D. or Esther Deblinger, Ph.D. <b>Address:</b> 4 Allegheny Center, 8th Floor <b>Email:</b> jcohen1@wpahs.org; amannari@wpahs.org; deblines@umdnj.edu <b>Website:</b> www.pittsburghchildtrauma.net; www.musc.edu/tfcbt</p>
<p><b>References</b></p>	<p>CATS Consortium (2010). Implementation of CBT for youth affected by the World Trade Center disaster: Matching need to treatment intensity and reducing trauma symptoms. <i>JTS</i>, 23, 699-707.</p> <p>Cohen, JA, Mannarino, AP &amp; Deblinger, E (2006). <i>Treating Trauma and Traumatic Grief in Children and Adolescents</i>. New York: Guilford Press.</p> <p>Cohen, JA, Mannarino AP &amp; Iyengar, S (2011). Community treatment of PTSD for children exposed to intimate partner violence: A randomized controlled trial. <i>Arch Ped Adol Med</i>, 165, 16-21.</p> <p>Cohen, JA, Deblinger, E, Mannarino, AP &amp; Steer, R (2004). A multisite randomized controlled trial for children with sexual abuse-related PTSD symptoms. <i>JAACAP</i>, 43, 393-402</p> <p>Cohen, JA, Mannarino, AP (1996). Treating sexually abused preschool children: Initial treatment outcome findings. <i>JAACAP</i>, 35, 42-50.</p> <p>Cohen, JA, Mannarino AP &amp; Knudsen K (2005). Treating sexually abused children: 1 year follow-up of a randomized controlled trial. <i>Child Abuse Neglect</i>, 29, 135-145.</p> <p>Cohen, JA, Mannarino, AP &amp; Knudsen, K (2004). Treating childhood traumatic grief: A pilot study. <i>JAACAP</i>, 43, 1225-1233.</p> <p>Cohen, JA, Mannarino, AP &amp; Staron, V (2006). JAACAP A pilot study of modified cognitive behavioral therapy for childhood traumatic grief. <i>JAACAP</i>, 45, 1465-1473.</p> <p>Deblinger, E, Lippmann, J &amp; Steer, R (1996). Sexually abused children suffering posttraumatic stress symptoms: Initial treatment outcome findings. <i>Child Maltreatment</i>, 1, 310-321.</p> <p>Deblinger, E, McLeer, SV &amp; Henry, DE (1990). Cognitive, behavioral treatment for sexually abused children suffering posttraumatic stress: preliminary findings. <i>JAACAP</i>, 29, 747-752.</p> <p>Deblinger, E, Mannarino, AP, Cohen, JA, Runyon, M &amp; Steer, R (2011). Trauma-focused CBT for children: Impact of the trauma narrative and treatment length. <i>Depression and Anxiety</i>, 28, 67-75.</p> <p>Deblinger, E, Stauffer, L &amp; Steer, RA (2001). Comparative efficacies of supportive and cognitive behavioral group therapies for young children who have been sexually abused and their non-offending mothers. <i>Child maltreatment</i>, 6, 332-343.</p> <p>King, NJ, Tonge, BJ, Mullen, P, Myerson, N, Heyne, D, Rollings, S, Martin, R &amp; Ollendick, TH (2000). Treating sexually abused children with posttraumatic stress symptoms: A randomized clinical trial. <i>JAACAP</i>, 39, 1347-1355.</p>

## GENERAL INFORMATION

### References continued

McMullen, J & O'Callaghan, P (2012). *Delivering and evaluating a group intervention with former child soldiers and other war-affected children: A randomised controlled trial*. Paper presented at the Division of Educational and Child Psychology, British Psychological Society Annual Meeting, Stratford Upon Avon, January 2012.

O'Callaghan, P & McMullen, J (2012). *Psychological and psychosocial interventions with war affected children*. Clinical trials ID NCT01509872

Weiner, D, Schneider, S & Lyons, JS (2009). Evidence-based treatments for trauma among culturally diverse foster care youth: Treatment retention and outcomes. *Children and Youth Services Review*, 31,1199-1205