

The Application of TF-CBT to Youth Who Present with Complex Trauma

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What is TF-CBT?

A hybrid treatment model that integrates:

- Trauma sensitive interventions
- Cognitive-behavioral principles
- Attachment theory
- Developmental Neurobiology
- Family Therapy
- Empowerment Therapy
- Humanistic Therapy

For Whom IS TF-CBT Appropriate?

- Children with known trauma history- single or multiple, any type
- Children with prominent trauma symptoms (PTSD, depression, anxiety, with or without behavioral problems)
- Children with severe behavior problems may need additional or alternative interventions
- Parental/caretaker involvement is optimal
 - However, PTSD improves even in the absence of caretaker involvement

For Whom is TF-CBT Appropriate (cont'd)

- Treatment settings: clinic, school, residential, home, inpatient
- TF-CBT is appropriate for the following groups:
 - Children in foster care
 - Children with exposure to chronic trauma
 - Children with PTSD or other trauma symptoms
 - Children ages 3-18
 - Children with PDD who function at higher level
 - Children of different cultural groups including Latino, African-American, and Native-American

TF-CBT Treatment Research: Randomized Clinical Trials

- 21 RCTs
- 9 RCTs have been completed by the Cohen, Deblinger, and Mannarino team
- Two RCTs in the Democratic Republic of Congo for sex trafficked girls and boy soldiers
- Study in Zambia by Laura Murray
- One RCT in Norway by Tine Jensen and her group
- The Netherlands: TF-CBT vs. EMDR
- One RCT just finished in Germany

TF-CBT Studies and Complex Trauma

- Complex trauma *experiences*: TF-CBT studies have focused on interpersonal traumas (e.g., sexual abuse, domestic violence); contrary to the belief that “TF-CBT is for simple traumas”, research cohorts have documented multiple ongoing interpersonal traumas (**Average number of trauma in recent studies: 3.4**)
- Complex trauma *outcomes*: TF-CBT studies consistently assess these, e.g., PTSD, affective dysregulation, behavior problems, cognitive and perceptual issues, relationship/attachment outcomes

TF-CBT Studies

- Randomized controlled trials show TF-CBT is superior to **other active treatments** for improving outcomes in multiple complex trauma domains, e.g.:
- PTSD symptoms and diagnosis
- Depression and anxiety symptoms
- Maladaptive trauma cognitions
- Behavior problems
- Social competence
- Dissociation
- Parent-child relational factors

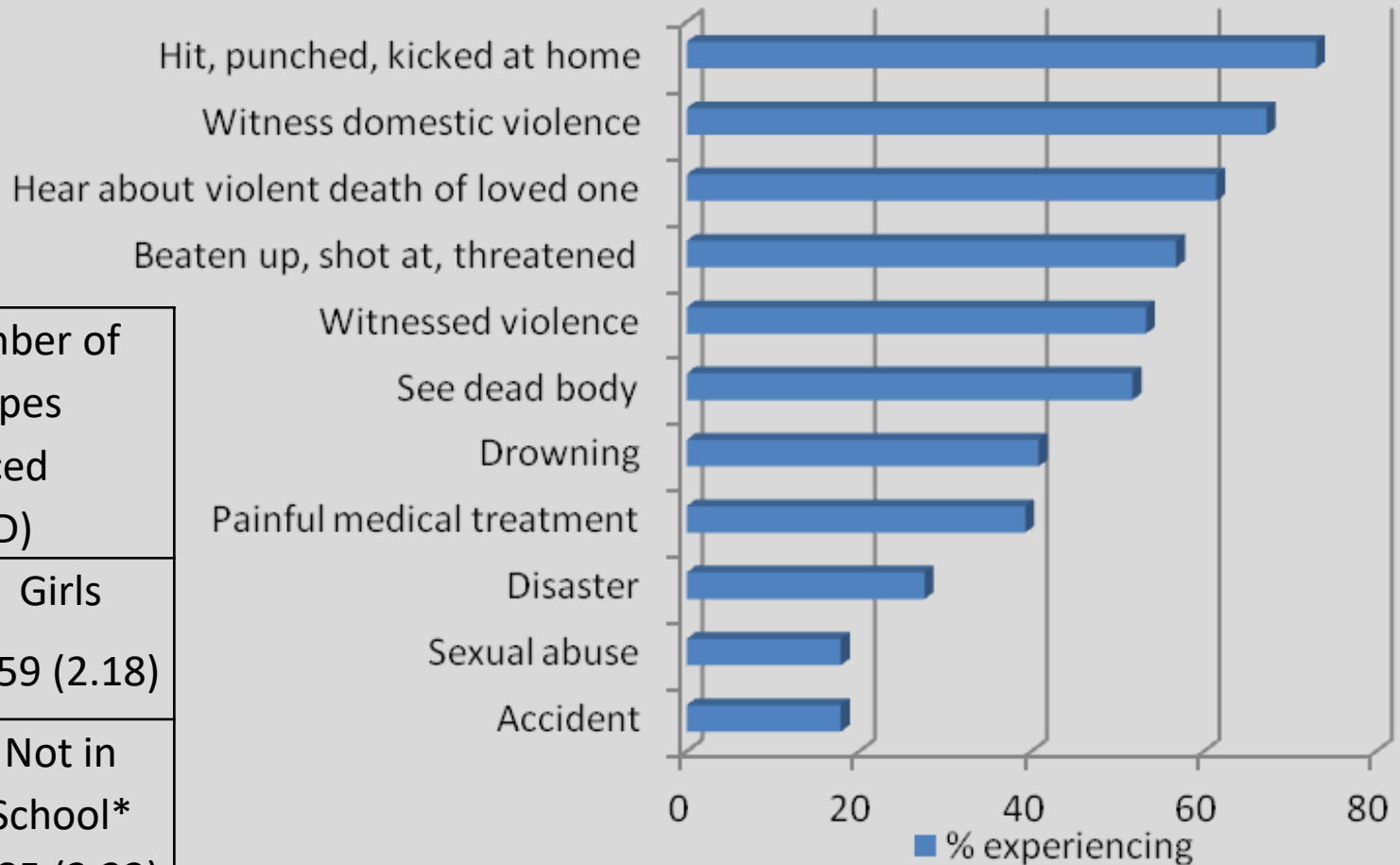
TF-CBT RCT for Zambian HIV Affected Orphans and Vulnerable Children (OVC)

- Attachment disruption: HIV death of parent, sexual abuse, other traumas
- 257 5-18 year old OVC with trauma and significant MH problems, guardian consent
- Randomization: 131 TF-CBT; 126 WL, 20 trained lay counselors provided treatment
- 85% completed T2 instruments
- Assessments locally validated, 11 independent assessors
- Mean # trauma types =5

Murray et al, 2014

Results: Traumas Experienced

Traumatic Event Types Experienced



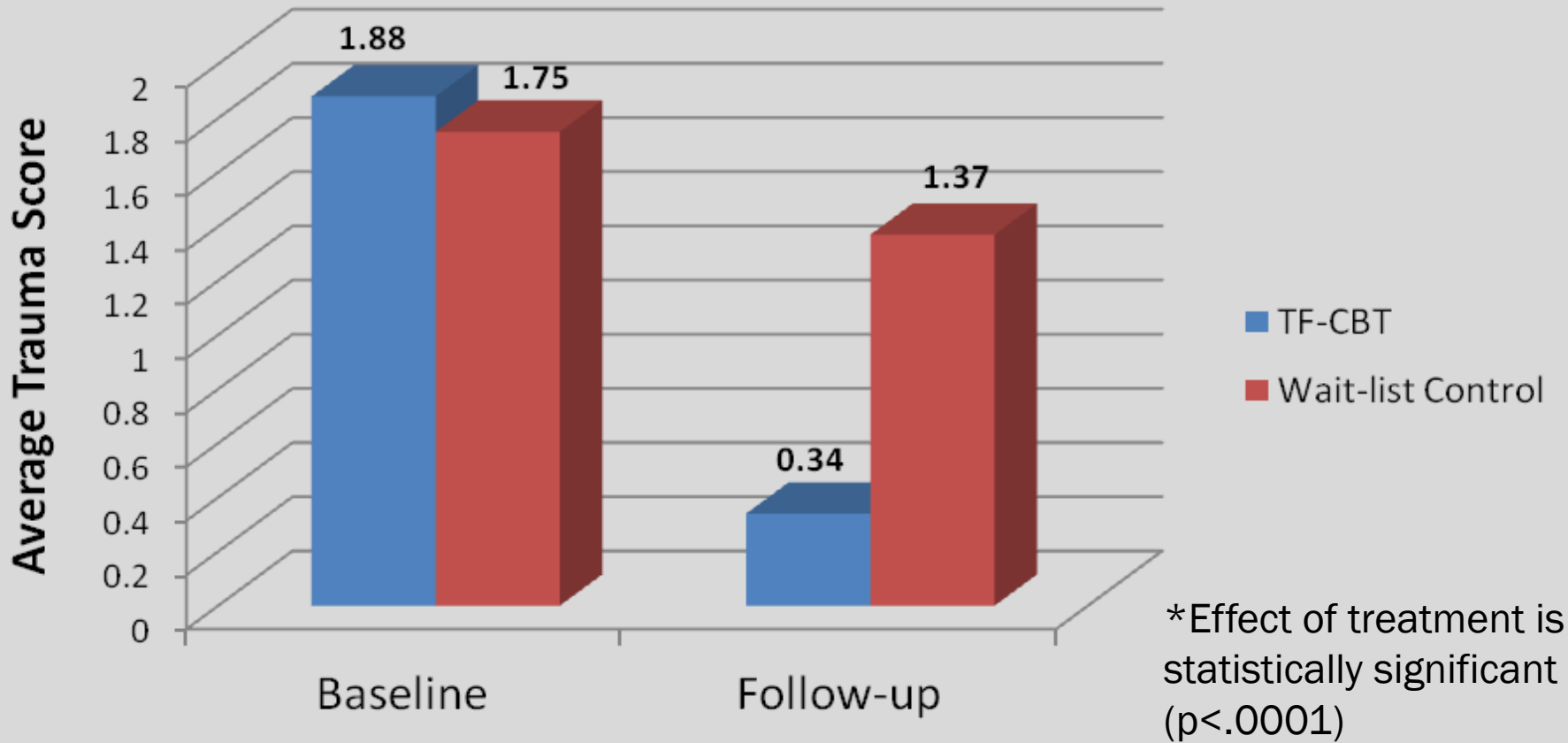
Average Number of Trauma Types Experienced
Mean (SD)

Boys*	Girls
5.54 (2.15)	4.59 (2.18)

Currently in School	Not in School*
4.95 (2.19)	5.85 (2.23)

Results: Treatment Effect on PTSD

Reduction of Trauma Symptoms by Group

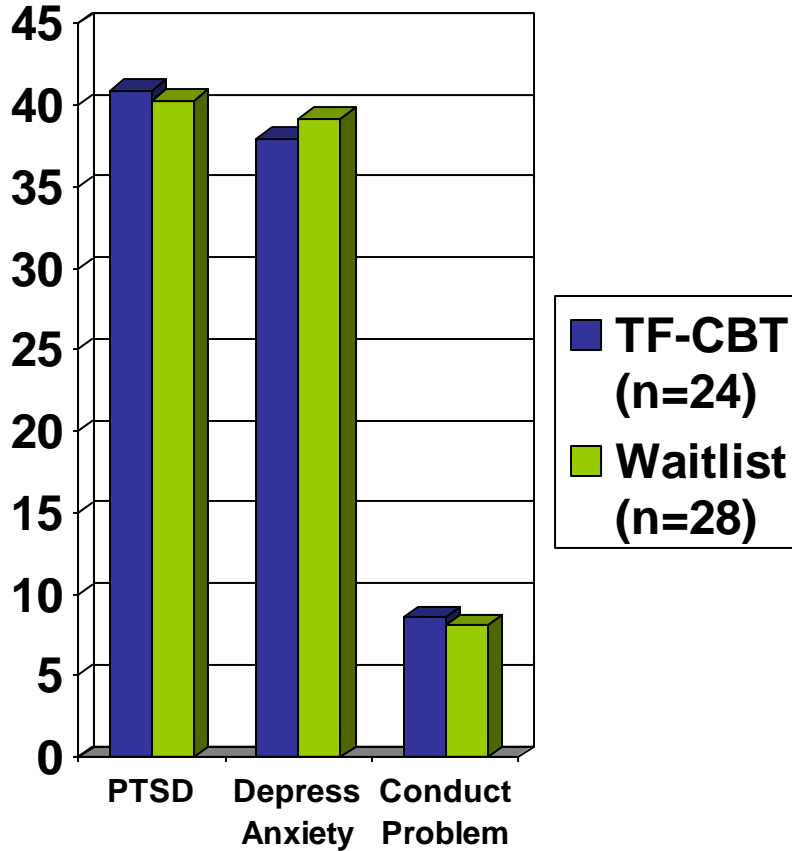


Sex Trafficked, War Exposed Girls in DR Congo

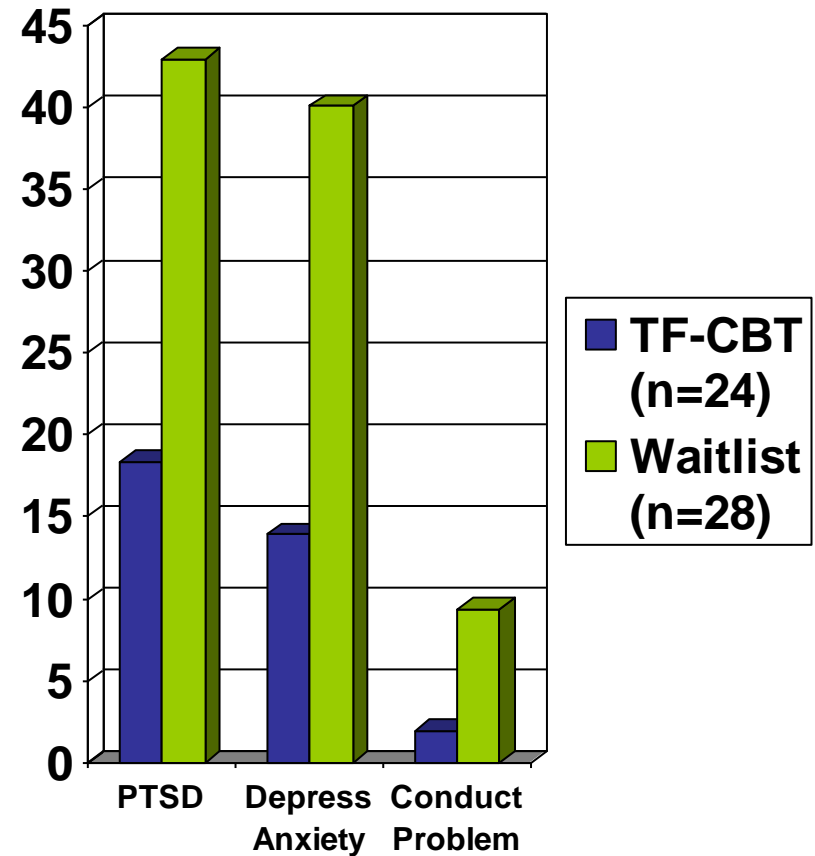
- 52 sex trafficked, war exposed girls 10-18 years rescued from brothels randomized to TF-CBT vs. WL control (treated after study)
- Treatment provided by non-MH facilitators trained in culturally modified group TF-CBT
- Blind assessors used culturally appropriate instruments: AYAP, Swahili RI
- Mean number of traumas=12, severe pre-treatment symptoms in multiple domains

TF-CBT vs. WL Control in DR Congo

Pre-Treatment



Post-Treatment



TF-CBT for War-Exposed Boys in DR Congo

- 50 boys, 13-17 years (former boy soldiers, N=39; other war-affected boys, N=11)
- Randomized to 15 session, 5 week culturally modified group TF-CBT or WL comparison
- ANCOVA: TF-CBT significantly greater ($p < .001$) improvement than WL group in PTSD, depression, anxiety, conduct problems and pro-social behaviors at post-treatment; gains for TF-CBT group maintained at 3 month f/u
- ES higher for boy soldiers subgroup

TF-CBT vs. WL for Youth in Germany

- Many war exposed refugee youth
- Compared youth with typical vs. complex PTSD as proposed in ICD-11
- Youth with complex PTSD started and ended with higher PTSD symptoms BUT
- TF-CBT → comparable improvement in PTSD in youth with typical or complex PTSD

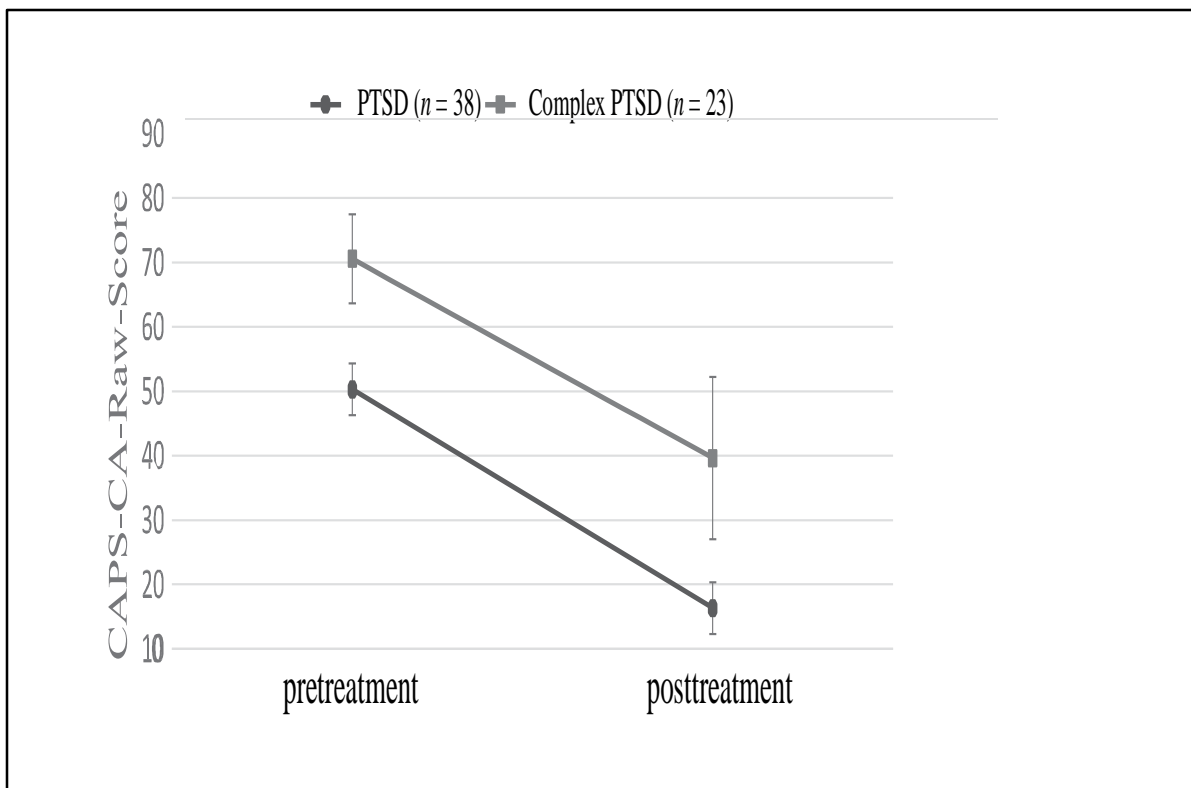


Figure 2: Posttraumatic stress symptoms measured with the CAPS- CA at baseline (pre-treatment) and 4-month follow-up (post-treatment) for posttraumatic stress disorder (PTSD) and complex posttraumatic stress disorder (CPTSD) including 95% confidence interval

Illinois Foster Care Study

- Quasi-randomized study; children ages 3-16 randomized by agency to receive TF-CBT (N=69 in 2 agencies) or IL Systems of Care Treatment as Usual (SOC)-highly effective
- CPP (N=82, ages 0-6) and SPARCS (N=65, ages 12-18) each in 2 separate agencies, also compared to SOC (N=2218)
- Trauma groups had significantly ($p<.000$) greater # of trauma experiences, symptoms (RI) and behavioral/emotional needs (CANS)

Treatment Outcome Results

- Control for complex trauma and baseline levels in EBTs vs SOC → TF-CBT significantly greater improvement than SOC in traumatic stress and behavioral/emotional needs
- All EBTs more effective than SOC at preventing foster placement disruption (EBT ½ as likely)
- TF-CBT → 1/10 as likely, SPARCS ½ as likely with respect to youth run away from placement as SOC

Weiner et al, 2009

Conclusions

- TF-CBT has significant empirical evidence for improving outcomes for youth with complex trauma experiences
- Studies from diverse settings, cultures, ages, by different research groups using different assessment instruments → strengthens generalizability of findings
- TF-CBT is effective when implemented by lay counselors in low resource settings, in individual or group formats

Child and Parent Components

- Individual sessions for both child and parent
- Parent sessions - generally parallel child sessions
- Same therapist for both child and parent
- **Child and parent receive about the same amount of time at each session**
- Treatment length: 8-25 sessions
 - Up to 25 and occasionally somewhat longer is typical for youth with complex trauma

TF-CBT 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**

Components- and Phase-Based Treatment

PRACTICE COMPONENTS:

Psychoeducation; Parenting Skills

Relaxation Skills

Affective regulation Skills

Cognitive processing Skills

Trauma narration and processing

In vivo mastery of trauma reminders

Conjoint child-parent sessions

Enhancing safety

TF-CBT PHASES:

STABILIZATION PHASE

TN PHASE

INTEGRATION PHASE

TF-CBT Pacing

Time: 8-16 sessions

Parenting Skills

Gradual Exposure

Pscyhoeducation
Relaxation
Affective Modulation
Cognitive Coping

**Stabilization
Phase**

1/3

Trauma Narrative
and Processing

**Trauma
Narrative
Phase**

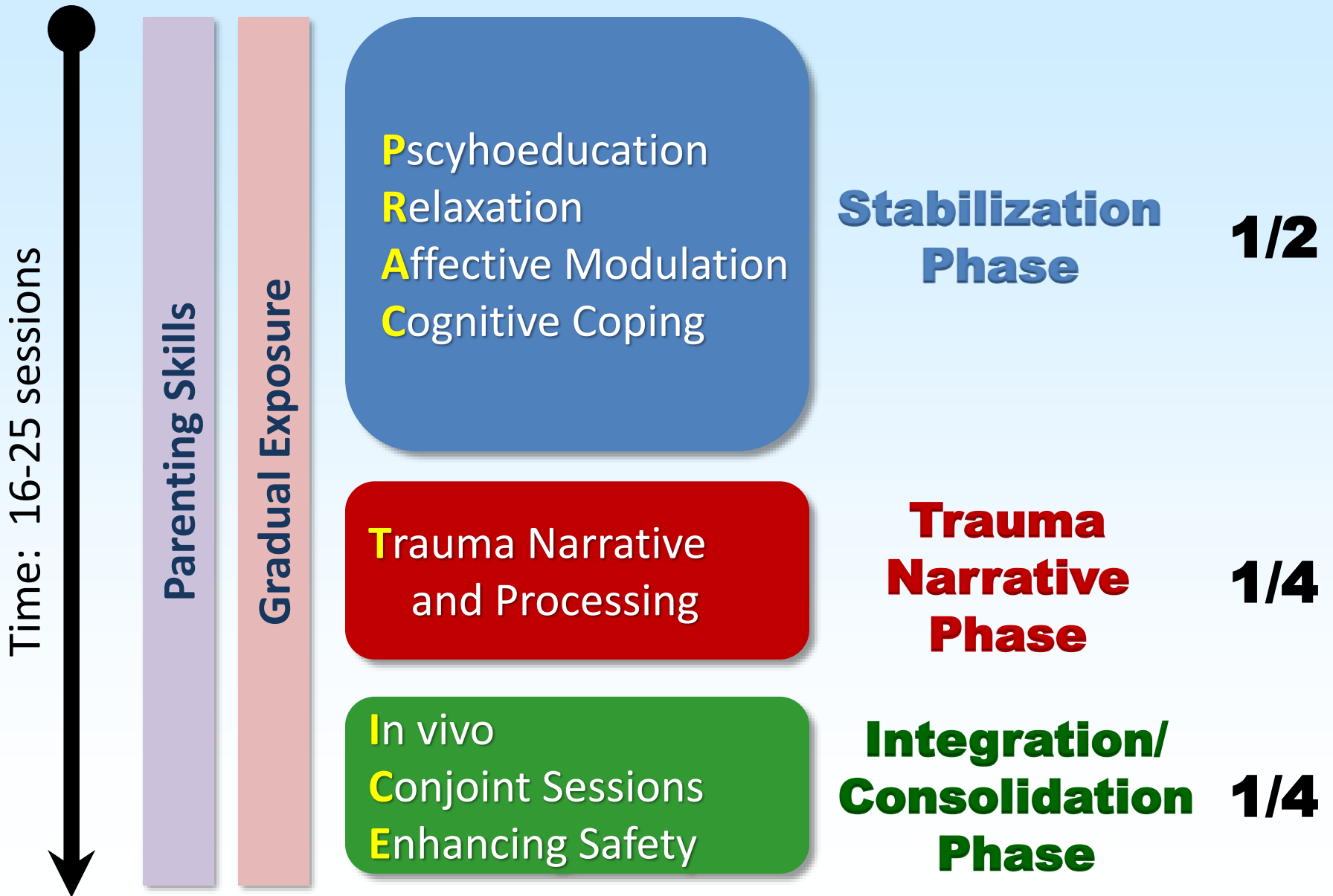
1/3

In vivo
Conjoint sessions
Enhancing safety

**Integration/
Consolidation
Phase**

1/3

TF-CBT Pacing – Complex Trauma



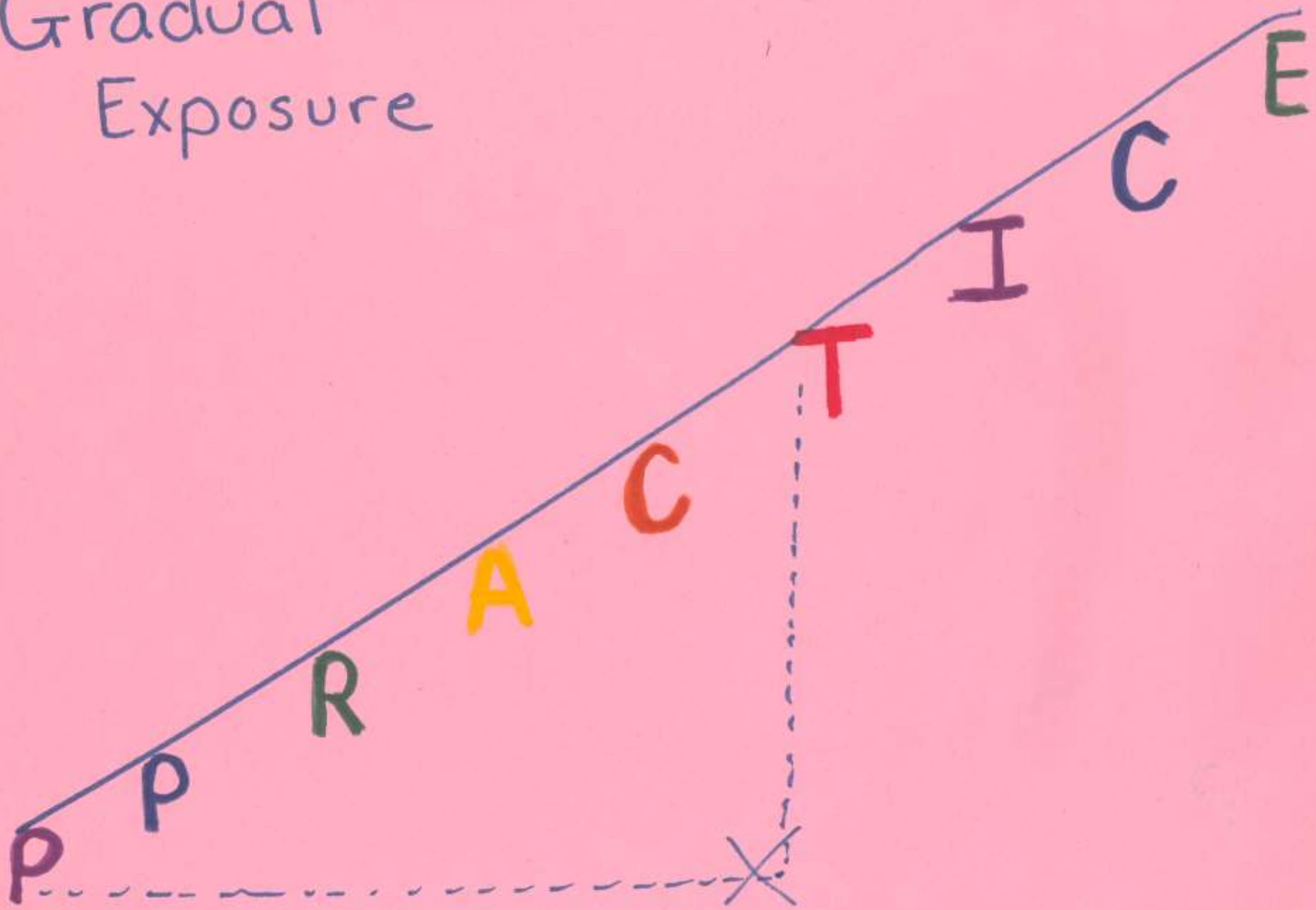
Critical TF-CBT Treatment Themes

- Order of PRACTICE components
- Incorporating gradual exposure into the skills-based components
- Importance of behavioral interventions with parents/caretakers
- TF-CBT is a treatment model which emphasizes proportion and balance

TF-CBT Treatment Themes (cont'd)

- Flexibility vs. fidelity
- Implement TF-CBT based on therapist's knowledge of youth's skills, talents, and interests
- TF-CBT at every treatment session: Do not let COWs (crises of the week) get you off track

Gradual Exposure



TF-CBT Applications with Complex Trauma

- Settings other than traditional outpatient clinics
- Adjusting proportionality and treatment length with emphasis on stabilization/regulation phase
- Enhancing safety component first and throughout
- Therapist as trauma reminder → GE to therapeutic relationship
- Trauma “themes”

Therapy Settings

- Outpatient
- Residential
- Day Treatment
- In Home Therapy
- Juvenile Justice settings
- *Regardless of setting, TF-CBT for youth with complex trauma benefit from structure of session

Initial Phase of TF-CBT for Youth with Complex Trauma

CHANGE ORDER OF PRACTICE COMPONENTS: START WITH SAFETY

- Building safety and trust
- Therapist potentially as a trauma reminder
- Developing safety plans
- Identifying other safe adults in youth's environment

Psychoeducation

- Focus is not so much on individual traumas
- Therapist works with youth to identify underlying trauma themes:
 - “I can’t trust anyone”
 - “I am worthless”
 - “I am damaged”
 - “No one ever believes me”
- What are the trauma reminders to these underlying themes?

Parenting

- Often significant externalizing behavior problems are present
- Validate caregiver's perception of being traumatized by the youth
- Helping caregiver understand the connection between trauma exposure and current problems
- Parent may see youth as simply “bad”
- Enhancing the quality of the parent-child relationship
- Appropriate behavioral interventions
- Increasing understanding of trauma reminders in order to prevent trauma re-enactment

Relaxation Skills for Youth with Complex Trauma

- These youth have often used maladaptive strategies such as drugs and alcohol, aggressive behaviors, or school truancy
 - Validate that these were youth's best attempts to cope with neurobiological impact of trauma
- Physically-based relaxation strategies may be most useful
 - Yoga; progressive muscle relaxation; dance
- Initially do not pair these strategies with youth's trauma reminders

Affective Modulation

- Therapist's use of attunement/attunement from caregivers
- Difficulties with numbing or dissociative responses
- In addition to identification and expression of feelings,
 - Discuss levels of intensity of emotions
 - Multiple emotions at same time
 - Negative affective states are temporary
 - Discussing negative emotions can alleviate their intensity
 - Emotional numbing and mindfulness approaches

Safety and Stability

- “Good Enough” Stability
 - Sufficient environmental stability
 - Don’t proceed if there are significant upcoming changes or stressors
 - Not looking for perfection
 - Sufficient stability in therapeutic relationship
 - Sufficient mastery of self-regulation to tolerate exposure to trauma memories

Trauma Narrative for Youth with Complex Trauma

- Limit the number of sessions for the TN so that it is not overwhelming for the youth
- Provide some structure so that the child understands what will be covered
- Possible utility of life narrative or timeline
- Example: “Life Before Living with Grandma”; “Life with Grandma”; “After Grandma Died”
- MOST OF NARRATIVE OCCURS INTERACTIVELY IN SESSION, DOES NOT APPEAR IN WRITTEN TN

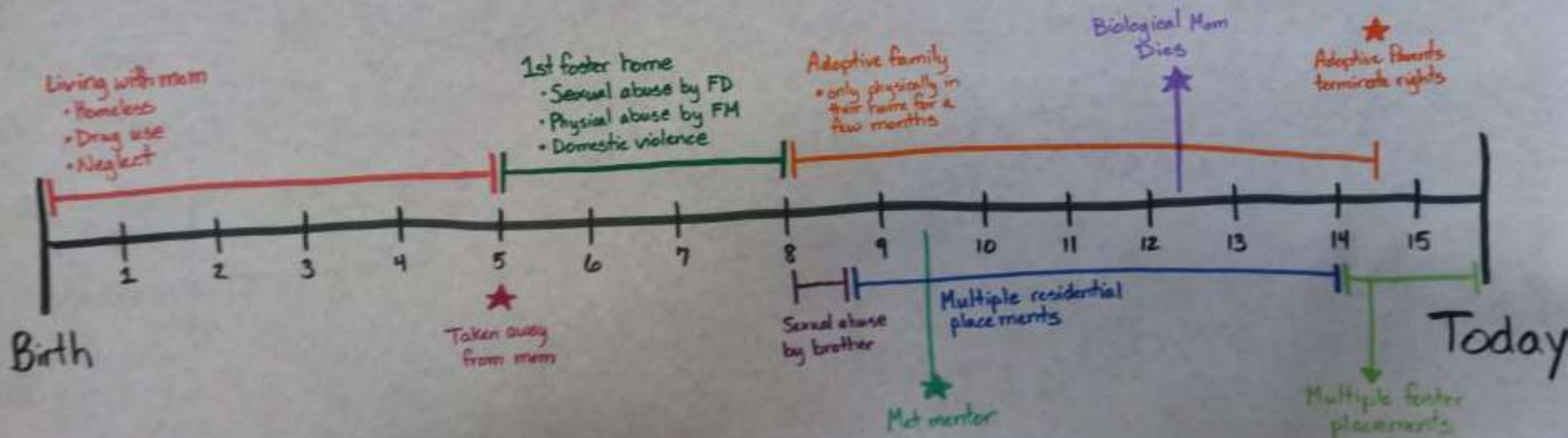
Trauma Narrative for Youth with Complex Trauma (cont'd)

- It's not the details of “what happened” but the meaning behind it that matters the most (i.e., underlying core trauma themes)
 - “People who are supposed to love you, hurt you.”
 - “People leave, abandon, or reject you”.
- Underlying themes of blame, shame, betrayal, feeling damaged

Complex TN: Timeline and Life Narrative

- Describe something about yourself
- Start with early memories—what was life or family like?
- Describe specific traumas that connect to theme, make more connections as details added during narration
- Continue TN to current time, with ongoing focus on central theme
- Include positive experiences also—resiliency, how you made it through

Complex TN: Use of Timelines



Addressing Maladaptive Cognitions

- Often occurs through the process of narrating experiences
- Recalling beginning of maladaptive beliefs from current perspective → recognize distorted premises
- Also use cognitive processing techniques learned during skills/stabilization phase

Cognitive Processing of Trauma Narrative

- Often extreme forms of guilt, self-blame
- Introduce concepts of accidents, random occurrences
- Regret vs. Responsibility
- Continuing psychoeducation may be helpful to clarify meaning for youth with complex trauma, e.g.,
“what are parents supposed to do for children?”; “why do people use drugs?”; “Why do people commit suicide?”, etc.

When is Trauma Processing Complete?

- Trauma processing is “complete” when youth can distinguish trauma reminders from current danger, can experience reminders without significant distress, AND have a healthy sense of meaning about their experiences.
- Realistic understanding of why they were exposed to so much trauma
- See trauma as only part of their life
- Trauma as experiences from which they can learn, grow and/or become stronger
- Have hope that the future can be different from the past

Treatment Consolidation and Closure

- Conjoint sessions
 - Sharing the narrative with the caregiver
 - This may not be appropriate for youth with complex trauma because of trust issues
- “Testing out” what youth learned in TF-CBT; this may be a longer process for youth a chronic trauma history

Summary

- TF-CBT is effective for youth with complex trauma with appropriate applications
- Many youth in TF-CBT studies have had complex trauma
- As with all TF-CBT treatment:
fidelity with flexibility,
creative implementation,
understand meaning of individual's experience