Trauma-focused Cognitive Behavior Therapy for Traumatized Children and Families

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KEYWORDS

• Children • Adolescents • Trauma • PTSD • Parents • Families
• Trauma-focused CBT • Treatment

KEY POINTS

- Trauma-focused cognitive behavioral therapy (TF-CBT) is a family-focused treatment in which parents or caregivers (hereafter referred to as "parents") participate equally with their traumatized child or adolescent (hereafter referred to as "child").
- TF-CBT is a components-based and phase-based treatment that emphasizes proportionality and incorporates gradual exposure into each component.
- Parents and child receive all TF-CBT components in parallel individual sessions that allow parents and child to express their personal thoughts and feelings about the child's trauma experiences, gain skills to help the child reregulate trauma responses, and master avoidance of trauma reminders and memories.
- Families also participate in several conjoint parent-child sessions to enhance family communication about the child's trauma experiences and parental support of the child.
- Research documents that parental participation significantly enhances the beneficial impact of TF-CBT for traumatized children.

OVERVIEW: NATURE OF THE PROBLEM

Child trauma is a serious societal problem. At least 1 trauma is reported by two-thirds of American children and adolescents (hereafter referred to as "children"); 33% of children experience multiple traumas before reaching adulthood.[1] Although most children are resilient, trauma exposure is associated with increased risk for medical and mental

Disclosures: Drs J. A. Cohen and A. P. Mannarino receive grant funding from NIMH (Grant No MH R01 95208) and SAMHSA (Grant No SM 061257) and book royalties from Guilford Press.
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Child Adolesc Psychiatric Clin N Am 24 (2015) 557–570
http://dx.doi.org/10.1016/j.chc.2015.02.005 **childpsych.theclinics.com**
1056-4993/15/$ – see front matter

Abbreviations

PTSD Posttraumatic Stress Disorder
TF-CBT Trauma-focused cognitive behavior therapy

health problems including posttraumatic stress disorder (PTSD), depression, anxiety, substance abuse, and attempted and completed suicide.[2,3] Early identification and treatment of traumatized children can prevent these potentially serious and long-term negative outcomes.

Parents can have a significant impact on children's trauma responses. For example, lower levels of parental distress about the child's trauma and greater parental support predict more positive outcomes after child trauma exposure, whereas greater parental PTSD symptoms predict more negative child outcomes.[4] Involving parents in the traumatized child's treatment can effectively address these factors and thus positively affect the child's outcome.

Nonoffending parents are typically children's primary source of safety, support, and guidance. (Note that trauma-focused cognitive behavior therapy [TF-CBT] does not include offending parents; ie, parents who perpetrated the trauma for which the child is receiving treatment, such as a parent who perpetrated the child's sexual abuse or domestic violence.) However, trauma experiences teach children that the world is dangerous and that adults may not protect them. Such children often become angry at and stop trusting their parents, leading parents to become confused and upset. Trauma-focused therapy can help parents recognize and respond appropriately to their children's trauma responses while setting appropriate behavioral limits. This approach enables parents to provide the traumatized child with ongoing opportunities to relearn (or learn for the first time) that people can be safe and trustworthy. Thus, there are many reasons to suggest that family-focused treatment that integrally includes parents significantly enhances outcomes for traumatized children.

CHILD EVALUATION OVERVIEW

Evaluating children after trauma exposure is complex and is described in detail elsewhere.[5] There are important differences between forensic and clinical evaluations, particularly after child abuse.[6] The following discussion pertains only to clinical evaluations. As with all child mental health evaluations, these evaluations should include multiple informants. At a minimum this includes interviewing the child and parent, but school reports, pediatric records, and/or other information should also be obtained as clinically indicated, and this often includes speaking to or reviewing records from the child's Child Protective Services case worker, juvenile justice parole officer, and/or past and current psychiatric treatment providers (eg, medication prescriber, in-home or wraparound services, residential treatment facility). If a forensic evaluation has been conducted by the local child advocacy center or a private evaluator, these records should also be reviewed and included in the evaluation.

To benefit from TF-CBT, children must have experienced at least 1 remembered trauma. The remembered trauma can be any type of trauma, including multiple traumas or complex trauma. Because avoidance is a hallmark of PTSD, children often initially minimize information about their trauma experiences and symptoms; in some cases they may completely deny having experienced trauma, thus contributing to underdiagnosis of trauma-related disorders. In addition, as noted earlier, trauma involves the betrayal of trust, typically by adults; meeting a new adult, such as a therapist, can therefore serve as a trauma reminder and lead to high levels of mistrust during the