

Trauma-Focused Cognitive Behavioral Therapy

A Bibliography



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Scope

This bibliography, while not comprehensive, provides an extensive list of citations and abstracts to articles, books, and other publications that cover many issues related to development and delivery of TF-CBT. International publications are included.

Organization

Publications are listed in date descending order with links to full text provided when possible.

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Trauma-Focused Cognitive Behavioral Therapy

A Bibliography

Deblinger, E., Pollio, E., Cooper, B., & Steer, R. A. (2020). [Disseminating Trauma-Focused Cognitive Behavioral Therapy with a systematic self-care approach to addressing Secondary Traumatic Stress: PRACTICE what you preach](https://doi.org/10.1007/s10597-020-00602-x). *Community Mental Health Journal*, 1-13. <https://doi.org/10.1007/s10597-020-00602-x>

This pilot study evaluated the effectiveness of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) training programs augmented with a systematic “PRACTICE What You Preach” (PWYP) self-care focus, which has trainees personally utilize the coping skills they teach their clients. Participants were 115 clinicians/supervisors who completed a PWYP TF-CBT training program. Pre- to post-training analyses documented significant increases in participants’ competency and fidelity in implementing TF-CBT ($p < .001$), significantly more frequent use of coping skills including instrumental social support ($p < .01$), active coping ($p < .001$), humor ($p < .01$), and restraint ($p < .01$), and significant decreases in secondary traumatic stress (STS; $p < .001$). Children’s symptoms of PTSD ($p < .001$) and behavior problems ($p < .05$) also decreased significantly. This preliminary evidence suggests that training augmented with PWYP may enhance clinicians’/supervisors’ personal coping and reduce their levels of STS without compromising treatment implementation efforts and client outcomes.

Jenkins, C. S., Grimm, J. R., Shier, E. K., van Dooren, S., Ciesar, E. R., & Reid-Quiñones, K. (2020). Preliminary findings of problematic sexual behavior-cognitive-behavioral therapy for adolescents in an outpatient treatment setting. *Child Abuse & Neglect*. <https://doi.org/10.1016/j.chiabu.2020.104428>

Background: The lack of empirical support for interventions commonly used to treat adolescents with problematic sexual behaviors (PSB) has led to restrictive policies and interventions largely based on perceptions of these youth as younger versions of adult sex offenders, without consideration for developmental and etiological differences between populations. Objective: This study’s aim is to evaluate a low-intensity outpatient treatment regarding the reduction of internalizing symptoms and externalizing behaviors to include, PSB. Participants & Setting: The study examined outcomes for 31 adolescents who completed Problematic Sexual Behavior –

Cognitive Behavioral Therapy for Adolescents (PSB-CBT-A) at a Children's Advocacy Center between 2013 and 2016. Methods: Evaluation of PSB and other symptomology was conducted through pre- and posttreatment administration of standardized instruments. Results: Adolescent PSB-CBT-A treatment completers demonstrated a trend towards statistical significance in reduction of PSB on the YSBPI from 5.33 (SD=6.86) at pre-treatment to 0.17 (SD=0.41) at completion. Additionally, significant reductions in caregiver-reported youth internalizing and externalizing problems were associated outcomes of completing PSB-CBT-A ($t(13) = 5.00, p < .001$ and $t(13) = 2.34, p = .036$, respectively). Conclusions: The promising results achieved in this study support further exploration of low intensity outpatient treatment interventions for adolescents with PSB.

Lindebø Knutsen, M., Sachser, C., Holt, T., Goldbeck, L., & Jensen, T. K. (2020). Trajectories and possible predictors of treatment outcome for youth receiving trauma-focused cognitive behavioral therapy. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(4), 336–346.

Objective: Even though there is strong evidence for the effectiveness of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for trauma-exposed youth, there are still youth who continue to struggle with posttraumatic stress symptoms (PTSS) after treatment. Investigating treatment trajectories and predictors of symptom change can increase our understanding of factors associated with nonresponse so that trauma treatment can be optimized. Method: The sample consisted of 155 youths (M age = 13.9 years, SD = 2.8, 72.3% girls) who received TF-CBT. To examine whether different treatment trajectories could be identified, growth mixture models with linear effects of time were estimated based on Clinical-Administered PTSD-Scale (CAPS-CA) scores at pretreatment, posttreatment and follow-up. We further explored whether gender, age, trauma type, comorbid depression and anxiety, and posttraumatic cognitions were associated with treatment response. Results: The participants' trajectories could best be represented by 2 latent classes; nonresponders (21% of the sample) and responders (79% of the sample). The nonresponder group was characterized by a higher pretreatment PTSS level and slower improvement in PTSS compared with the responder group. Gender was the only significant predictor, where girls were more likely to be assigned to the nonresponder group. Conclusions: The findings indicate that clinicians need to be aware that girls and youth with high levels of

pretreatment PTSS may be at risk of nonresponse. The results support previous findings showing that TF-CBT is suitable across different age groups and can be an effective treatment for youth with a range of traumatic experiences and additional comorbid symptoms.

Loos, S., Tutus, D., Kilian, R., & Goldbeck, L. (2020). [Do caregivers' perspectives matter? Working alliances and treatment outcomes in trauma-focused cognitive behavioural therapy with children and adolescents](https://doi.org/10.1080/20008198.2020.1753939). *European Journal of Psychotraumatology*, *11*(1), <https://doi.org/10.1080/20008198.2020.1753939>

Background: Caregivers play a key role in the success of trauma-focused cognitive behavioural therapy (TF-CBT). Yet, the effect of their alliance on treatment outcomes besides the other parties in treatment has hardly been studied. Objective: This study examined the working alliance (WA) of therapists, patients and caregivers in TF-CBT and its contribution on treatment outcome over time. Methods: N = 76 children and adolescents (mean age = 12.66 years, range 7–17, M/F ratio: .43) participated in the TF-CBT arm of a randomized controlled trial. The WA was assessed with the Working Alliance Inventory Short Version (WAI-S) at two measurement points, while symptom level of posttraumatic stress symptoms (PTSS) was assessed with the Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA). Paired sample t-tests, intraclass correlations (ICC), and mixed-effects regression models for longitudinal data were performed. Results: The alliance rating was high across all informants, with caregivers achieving the highest rating. The average level of cross-informant agreement on the alliance was low between therapists and caregivers (ICC = .26) and moderate between therapists and patients (ICC = .65). A significant contribution of an alliance improvement to the reduction of PTSS over time was found in each of the two tested models: therapists with patients model (b = .682) and therapists with caregivers model (b = .807). However, these effects were not detected with all four perspectives in one comprehensive model. Conclusion: In summary, the potential of caregivers' views should receive more attention in the therapeutic process of trauma-focused therapy.

Metzger, I. W., Anderson, R. E., Are, F., & Ritchwood, T. (2020). Healing interpersonal and racial trauma: Integrating racial socialization into trauma-focused cognitive behavioral therapy for African American youth. *Child Maltreatment*. DOI: 10.1177/1077559520921457

African American youth are more likely than their peers from other racial and ethnic groups to experience interpersonal traumas and traumatic racist and discriminatory encounters. Unfortunately, evidence-based trauma treatments have been less effective among these youth likely due to these treatments not being culturally tailored to address both interpersonal and racial trauma. In this article, we utilize the racial encounter coping appraisal and socialization theory to propose suggestions for adapting trauma focused cognitive behavioral therapy—an evidence-based trauma treatment for children and adolescents—to include racial socialization or the process of transmitting culture, attitudes, and values to help youth overcome stressors associated with ethnic minority status. We conclude by discussing implications for the research and clinical community to best promote healing from both interpersonal and racial trauma for African American youth.

Okamura, K. H., Skriner, L. C., Becker-Haimes, E. M., Adams, D. R., Becker, S., Kratz, H. E., ... & Beidas, R. S. (2020). Perceptions of evidence-based treatment among youth and caregivers receiving Trauma Focused-Cognitive Behavioral Therapy. *Journal of Child and Family Studies*, 29, 1712-1722. <https://doi.org/10.1007/s10826-020-01708-2>

Objectives There is growing recognition that it is important to involve youth and caregivers in the implementation of evidence-based treatments (EBTs). This study explored how youth and caregivers who received trauma-focused cognitive behavioral therapy (TF-CBT) in a public behavioral health system perceived the concept of EBT, their experience with treatment, their perceptions of TF-CBT, and whether their perceptions varied as a function of clinical improvement. **Methods** Participants were eight youth (aged 10–17) and nine caregivers/legal guardians who received TF-CBT in community mental health centers. Semi-structured interviews were conducted post-treatment and symptoms were assessed at pre- and post-treatment. An integrated approach was used to analyze the interview data and the reliable change index was used to assess whether youth and caregivers' impressions varied as a function of clinical improvement.

Results Participants rarely had exposure to the term “evidence-based” and often had the misconception that evidence referred to personal experience. Youth and caregivers found the concept of receiving treatment supported by research appealing but did not like the specific term “evidence-based” and worried that treatment guided by research alone may not individualize to their needs. Personal stories were noted as a good way to market TF-CBT and the therapist emerged as an important advocate for promoting this treatment approach. Clinical improvement was associated with the perception of therapists as collaborative and with trauma narrative completion. Conclusions Findings suggest that language and how therapists communicate EBTs to youth and caregivers may be important for targeted implementation strategies.

Ovenstad, K. S., Ormhaug, S. M., Shirk, S. R., & Jensen, T. K. (2020). Therapists’ behaviors and youths’ therapeutic alliance during trauma-focused cognitive behavioral therapy. *Journal of Consulting and Clinical Psychology*. <http://dx.doi.org/10.1037/ccp0000465>

Objective: Trauma-focused cognitive-behavioral therapy (TF-CBT) is a recommended treatment for posttraumatic stress (PTS) in youth, and a strong therapeutic alliance predicts reductions of PTS in TF-CBT. However, little is known of how therapists can build a strong alliance. This study seeks to understand which therapist behaviors are associated with the strength of alliance in TF-CBT. Method: Participants were 65 youth (M age = 15.1, SD = 2.19; 77% girls) engaged in TF-CBT and their therapists (n = 24). The alliance was assessed midtreatment using the Therapeutic Alliance Scale for Children-revised. Therapists’ behaviors were coded using the Adolescent Alliance-Building Scale—revised, and youth engagement behavior was coded using the Behavioral Index of Disengagement Scale. Linear mixed-effects models were used to evaluate clients’ and therapists’ in-session behaviors as predictors of the alliance, in addition to assessing the potential moderating effects of youth behaviors. Results: Rapport-building behaviors were significantly predictive of higher alliance scores (Est. = 1.81, 95% CI [0.11, 3.52], p = .038), whereas there was no predictive effect of treatment socialization or trauma-focusing behavior on alliance scores. Initial youth behavior significantly moderated the effect of trauma-focusing on the alliance (p = .007); greater focus on trauma was associated with higher alliance scores among passively disengaged youth (Est. = 4.92, 95% CI [1.80, 8.05], p = .003). Conclusions: Rapport-building behaviors are associated with a stronger alliance in TF-CBT. Gradual exposure through

initial trauma-eliciting does not appear to undermine alliance formation but is rather associated with higher alliance-scores among passively disengaged youth.

Stewart, R. W., Orengo-Aguayo, R., Young, J., Wallace, M. M., Cohen, J. A., Mannarino, A. P., & de Arellano, M. A. (2020). [Feasibility and effectiveness of a telehealth service delivery model for treating childhood posttraumatic stress: A community-based, open pilot trial of trauma-focused cognitive-behavioral therapy.](#) *Journal of Psychotherapy Integration*, 30(2), 274-289.

Telepsychotherapy (also referred to as telehealth or telemental health), the use of videoconferencing to deliver psychotherapy services, offers an innovative way to address significant gaps in access to care and is being used to deliver a variety of treatments for youth. Although recent research has supported the effectiveness of telehealth delivery of a variety of interventions for children, the literature has focused very little on childhood posttraumatic stress disorder. This pilot study examined the feasibility and potential effectiveness of trauma-focused cognitive-behavioral therapy (TF-CBT) delivered via telepsychotherapy in community-based locations of either schools or patient homes. Telepsychotherapy treatment was delivered to 70 trauma-exposed youth in 7 underserved communities. Of these, 88.6% completed a full course of TF-CBT and 96.8% of these treatment completers no longer met diagnostic criteria for a trauma-related disorder at posttreatment. Results demonstrated clinically meaningful symptom change posttreatment, with large effect sizes evident for both youth- and caregiver-reported reduction in posttraumatic stress disorder symptoms. The results observed in this pilot evaluation are promising and provide preliminary evidence of the feasibility and effectiveness of this novel treatment format. The COVID-19 global pandemic has resulted in an unprecedented need to rethink how mental health services are delivered, which is particularly applicable to high base rate conditions related to posttraumatic stress. Given the existing network of nationally certified TF-CBT therapists, and many international TF-CBT therapists, these findings suggest the potential for providing effective and accessible telepsychotherapy intervention during this public health crisis (as well as those that will occur in the future).

Wymer, B., Ohrt, J. H., Morey, D., & Swisher, S. (2020). Integrating expressive arts techniques into trauma-focused treatment with children. *Journal of Mental Health Counseling, 42*(2), 124-139.

In this article, we discuss the integration of expressive arts techniques within trauma-focused cognitive-behavioral therapy (TF-CBT) for child survivors of trauma. The TF-CBT approach is flexible and adaptable, making it well suited for the integration of expressive arts techniques. We discuss the effects of trauma in the context of childhood experiences. Additionally, we include information on the long-term developmental, psychological, and behavioral consequences of trauma and provide a rationale for counselors to use the integration with this population to meet their unique needs. Through a retrospective case illustration, we provide a framework and specific techniques for incorporating expressive arts interventions within the components of TF-CBT. For counselors working with child survivors of trauma, we provide additional expressive arts techniques to integrate within the context of TF-CBT. Finally, we discuss the limitations of the approach and implications for clinical practice.

Cohen, J. A., & Mannarino, A. P. (2019). Trauma-focused cognitive behavioral therapy for childhood traumatic separation. *Child Abuse & Neglect, 92*, 179-195.

Objectives: In light of the current U.S. family separation crisis, there is growing attention to Childhood Traumatic Separation, defined here as a significant traumatic stress reaction to a familial separation that the child experiences as traumatic. When living in a family setting, Childhood Traumatic Separation may interfere with the child's relationships with the current caregiver(s). Effective treatments for Childhood Traumatic Grief can be modified to address Childhood Traumatic Separation. This article describes current applications of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Childhood Traumatic Separation. **Methods:** Using two composite clinical cases, TF-CBT applications for Childhood Traumatic Separation are described. These include: (1) implementing the safety component first; (2) tailoring coping skills to address the uncertainty of Childhood Traumatic Separation; (3) integrating past traumas into trauma narration and processing of the traumatic familial separation; (4) providing Childhood Traumatic Separation-focused components to address challenges of committing to new relationships while retaining connections to the separated parent; and (5) addressing role changes.

Results: These modifications have been implemented for many youth with Childhood Traumatic Separation and have anecdotally resulted in positive outcomes. Research is needed to document their effectiveness. Conclusions: The above practical strategies can be incorporated into TF-CBT to effectively treat children with Traumatic Separation. Practical implications: Practical strategies include starting with safety strategies; tailoring skills components to address the ongoing uncertainty of traumatic separation; integrating past traumas into trauma narration and processing of traumatic separation; providing traumatic separation focused components to balance the challenges of committing to new relationships with retaining therapists can successfully apply TF-CBT for Childhood Traumatic Separation.

Lai, B. S., Tiwari, A., Self-Brown, S., Cronholm, P., & Kinnish, K. (2019). [Patterns of caregiver factors predicting participation in Trauma-Focused Cognitive Behavioral Therapy.](#) *Journal of Child & Adolescent Trauma*, 12(1), 97-106.

This study examined patterns of caregiver factors associated with Trauma- Focused Cognitive Behavioral Therapy (TF-CBT) utilization among trauma-exposed youth. This study included 41 caregivers (caregiver age $M = 36.1$, $SD = 9.88$; 93% African American) of youth referred for TFCBT, following a substantiated forensic assessment of youth trauma exposure. Prior to enrolling in TF-CBT, caregivers reported on measures for parenting stress, attitudes towards treatment, functional impairment, caregiver mental health diagnosis, and caregiver trauma experiences. Classification and regression tree methodology were used to address study aims. Predictors of enrollment and completion included: attitudes towards treatment, caregiver trauma experiences, and parenting stress. Several caregiver factors predicting youth service utilization were identified. Findings suggest screening for caregivers' attitudes towards therapy, parenting stress, and trauma history is warranted to guide providers in offering caregiver-youth dyads appropriate resources at intake that can lead to increased engagement in treatment services.

Stewart, R. W., Orengo-Aguayo, R., Wallace, M., Metzger, I. W., & Rheingold, A. A. (2019). Leveraging technology and cultural adaptations to increase access and engagement among trauma-exposed African American youth: exploratory study of school-based telehealth delivery of trauma-focused cognitive behavioral therapy. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260519831380>

African American youth are disproportionately represented among trauma-exposed youth; yet, they are significantly less likely to access and complete mental health services. Research suggests that barriers to accessing and engaging in trauma-focused treatment include both logistical factors and engagement factors. This multiple case study sought to illustrate the initial feasibility and acceptability of delivering culturally tailored, trauma-focused cognitive behavioral therapy (TF-CBT) via telehealth in a school setting with three African American youth presenting with multiple barriers to accessing treatment. Barriers to treatment, telehealth modifications, and cultural tailoring are described for each participant. The UCLA Posttraumatic Stress Disorder Reaction Index (UCLA PTSD-RI) was completed at pretreatment and posttreatment. Results demonstrated significant decreases in symptoms of posttraumatic stress, as evidenced by a reduction in total UCLA PTSD-RI scores to nonclinical levels for all participants at posttreatment (UCLA scores posttreatment = 8-12). In addition, at posttreatment no participants met diagnostic criteria for PTSD or adjustment disorder. This multiple case study provides preliminary support for school-based, culturally tailored TF-CBT delivered via telehealth with African American youth.

Vanderzee, K. L., Sigel, B. A., Pemberton, J. R., & John, S. G. (2019). Treatments for early childhood trauma: Decision considerations for clinicians. *Journal of Child & Adolescent Trauma*, 12(4), 515-528.

The period from birth to age six represents a time of significant risk for exposure to trauma. Following trauma exposure, children may experience significant negative and lasting psychological, cognitive, and physical effects. Over the last two decades, the demand for and availability of evidence-based treatments (EBTs) for children under the age of six who have experienced trauma has dramatically increased. Three of the most well-supported and widely disseminated EBTs for early childhood trauma are Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, and Child-Parent Psychotherapy. Increasingly, clinicians are receiving training in more than one EBT. This paper provides an overview of each

intervention; presents clinicians with various child, caregiver, and environmental factors to consider when deciding amongst these three EBTs; and applies these considerations to three composite cases.

Everhart Newman, J. L., Falligant, J. M., Thompson, K. R., Gomez, M. D., & Burkhart, B. R. (2018). Trauma-Focused Cognitive Behavioral Therapy with adolescents with illegal sexual behavior in a secure residential treatment facility. *Children and Youth Services Review, 91*, 431–438.

Adjudicated youth who completed TF-CBT experienced clinically significant reductions in PTSD symptoms. TF-CBT was implemented with fidelity among a sample of therapists in a secure treatment setting. Face-to-face workshops combined with ongoing consultations likely contribute to better TF-CBT implementation outcomes.

Lewey, J. H., Smith, C. L., Burcham, B., Saunders, N. L., Elfallal, D., & O’Toole, S. K. (2018). [Comparing the effectiveness of EMDR and TF-CBT for children and adolescents: A meta-analysis.](#) *Journal of Child & Adolescent Trauma, 1*(4), 457-472.

Efficacy of EMDR and TF-CBT for posttraumatic stress symptoms (PTSS) was explored through meta-analysis. A comprehensive search yielded 494 studies of children and adolescents with PTSS who received treatment with these evidence-based therapeutic modalities. Thirty total studies were included in the meta-analysis. The overall Cohen’s *d* was small (–0.359) and statistically significant ($p < 0.05$), indicating EMDR and TF-CBT are effective in treating PTSS. Major findings posit TF-CBT is marginally more effective than EMDR; those with sub-clinical PTSS responded more favorably in treatment than those with PTSD; and greater reductions in PTSS were observed with presence of comorbidity in diagnosis. Assessment of publication bias with Classic fail-safe *N* revealed it would take 457 nonsignificant studies to nullify these findings.

Tebbett, A. A., Brown, E. J., & Chaplin, W. F. (2018). [Caregiver report of child symptoms predicts attrition in abuse-specific cognitive behavioral therapies.](#) *Child Maltreatment, 23*(1), 54-62.

A common critique of empirically supported treatments for abuse-related psychopathology is attrition during critical phases of therapy (i.e., exposure). The goal of this study was to examine

whether child and caregiver symptoms were predictive of attrition among families in abuse-specific cognitive-behavioral therapies (CBTs). Children ($N = 104$) and their caregivers completed baseline assessments of internalizing symptoms, externalizing problems, and post-traumatic stress disorder (PTSD) and were enrolled in abuse-specific CBTs. Logistic regressions were conducted with baseline symptoms as predictor variables and treatment status (attrition vs. completion) as the criterion variable. Caregiver report of child internalizing symptoms showed the predicted quadratic relation to attrition. Caregiver report of child externalizing symptoms at moderate and high (vs. low) levels was associated with attrition. Child self-report and caregiver self-report of symptoms were not associated with the dyad's attrition. These results underscore the importance of attending to caregivers' initial perceptions of children's symptoms in abuse-specific therapy.

Allen, B., & Hoskowitz, N. A. (2017). Structured Trauma-Focused CBT and unstructured play/experiential techniques in the treatment of sexually abused children: A field study with practicing clinicians. *Child Maltreatment*, 22(2), 112-120.

Structured, trauma-focused cognitive-behavioral therapy (CBT) techniques are widely considered an effective intervention for children who experienced sexual abuse. However, unstructured (i.e., nondirective) play/experiential techniques have a longer history of widespread promotion and are preferred by many practicing clinicians. No evidence is available, however, to determine how the integration of these techniques impacts treatment outcome. In this study, community-based clinicians who received training in a structured, trauma-focused cognitive-behavioral intervention administered pretreatment and posttreatment evaluations to 260 sexually abused children presenting with elevated posttraumatic stress. In addition, they completed a questionnaire describing the treatment techniques implemented with each child. Overall, significant improvement was observed for each of the six clinical outcomes. Regression analyses indicated that technique selection was a significant factor in posttreatment outcome for posttraumatic stress, dissociation, anxiety, and anger/aggression. In general, a greater utilization of the structured CBT techniques was related to lower posttreatment scores, whereas a higher frequency of play/experiential techniques was associated with higher posttreatment scores. However, no interaction effects were observed. The implication of these findings for clinical practice and future research are examined.

Cohen, J. A., Mannarino, A. P., & Kinnish, K. (2017). [Trauma-Focused Cognitive Behavioral Therapy for commercially sexually exploited youth](#). *Journal of Child & Adolescent Trauma*, 10(2), 175-185.

Commercially sexually exploited children and adolescents (“commercially exploited youth”) present numerous clinical challenges that have led some mental health providers to question whether current evidence-based treatments are adequate to address the needs of this population. This paper 1) addresses commonalities between the trauma experiences, responses and treatment challenges of commercially exploited youth and those of youth with complex trauma; 2) highlights the importance of careful assessment to guide case conceptualization and treatment planning for commercially exploited youth; and 3) describes strategies for implementing Trauma-Focused Cognitive Behavioral Therapy for complex trauma specific to these youth.

Deblinger, E., Pollio, E., Runyon, M. K., & Steer, R. A. (2017). Improvements in personal resiliency among youth who have completed Trauma-Focused Cognitive Behavioral Therapy: A preliminary examination. *Child Abuse & Neglect*, 65, 132-139.

This preliminary investigation assessed whether different aspects of personal resiliency improved for youth (7–17 years old) impacted by child sexual abuse (CSA) after completing trauma-focused cognitive behavioral therapy (TF-CBT). The Resiliency Scales for Children and Adolescents (RSCA; Prince-Embury, 2007) were administered to 157 youth before and after participating in TF-CBT with their nonoffending caregivers. Hierarchical regression analyses were performed to ascertain whether pretest RSCA resiliency scores moderated decreases in the posttraumatic stress and self-reported depressive symptoms at posttreatment. The RSCA scales did not moderate any of the improvements on the PTSD and depression outcome measures. Paired t-tests between the mean pre- and posttest RSCA Sense of Mastery (MAS), Sense of Relatedness (REL), and Emotional Reactivity (REA) scores demonstrated significant ($p < 0.001$) improvements on these measures over time. Using residualized posttest scores for the three RSCA scales to assess improvement, significant correlations were found between changes in resiliency and various residualized outcome scores for posttraumatic stress disorder (PTSD) and depression measures. Decreases in the REA scores and increases in the MAS and REL scores were related to fewer symptoms of hypervigilance and less self-reported depression after completing TF-CBT. Only improvements in the REL scores were associated with fewer symptoms of reexperiencing after

treatment. The results were discussed as indicating that significant improvements in personal resiliency had occurred over time with effect sizes less than those found for post-traumatic stress symptoms, but comparable to those found for self-reported depression reductions. Limitations and future research recommendations are discussed. © 2016. Published by Elsevier Ltd.

Happer, K., Brown, E. J., & Sharma-Patel, K. (2017). Children's resilience and trauma-specific cognitive behavioral therapy: Comparing resilience as an outcome, a trait, and a process. *Child Abuse & Neglect*, 73, 30-41.

Resilience, which is associated with relatively positive outcomes following negative life experiences, is an important research target in the field of child maltreatment (Luthar et al., 2000). The extant literature contains multiple conceptualizations of resilience, which hinders development in research and clinical utility. Three models emerge from the literature: resilience as an immediate outcome (i.e., behavioral or symptom response), resilience as a trait, and resilience as a dynamic process. The current study compared these models in youth undergoing trauma-specific cognitive behavioral therapy. Results provide the most support for resilience as a process, in which increase in resilience preceded associated decrease in posttraumatic stress and depressive symptoms. There was partial support for resilience conceptualized as an outcome, and minimal support for resilience as a trait. Results of the models are compared and discussed in the context of existing literature and in light of potential clinical implications for maltreated youth seeking treatment.

Sachser, C., Keller, F., & Goldbeck, L. (2017). Complex PTSD as proposed for ICD-11: Validation of a new disorder in children and adolescents and their response to Trauma-Focused Cognitive Behavioral Therapy. *Journal of Child Psychology and Psychiatry*, 58(2), 160-168.

Background: To evaluate whether the symptoms of children and adolescents with clinically significant posttraumatic stress symptoms (PTSS) form classes consistent with the diagnostic criteria of complex PTSD (CPTSD) as proposed for the ICD-11, and to relate the emerging classes with treatment outcome of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Methods: Latent classes analysis (LCA) was used to explore the symptom profiles of the clinical baseline assessment of N = 155 children and adolescents participating in a randomized controlled trial of

TF-CBT. The treatment outcomes of patients with posttraumatic stress disorder (PTSD) and of patients with CPTSD were compared by a t-test for depended samples and a repeated-measures ANOVA. Results: The LCA revealed two distinct classes: a PTSD class characterized by elevated core symptoms of PTSD (n = 62) and low symptoms of disturbances in self-organization versus a complex PTSD class with elevated PTSD core symptoms and elevated symptoms of disturbances in self-organization (n = 93). The Group 9 Time interaction regarding posttraumatic stress symptoms was not significant. Pre–post effect sizes regarding posttraumatic stress symptoms were large for both groups (PTSD: $d = 2.81$; CPTSD: $d = 1.37$). For disturbances in self-organization in the CPTSD class, we found medium to large effect sizes ($d = 0.40$ – 1.16) after treatment with TF-CBT. Conclusions: The results provide empirical evidence of the ICD-11 CPTSD and PTSD distinction in a clinical sample of children and adolescents. In terms of relative improvement from their respective baseline posttraumatic stress symptoms, patients with PTSD and CPTSD responded equally to TF-CBT; however, those with CPTSD ended treatment with clinically and statistically greater symptoms than those with PTSD. Keywords: Complex posttraumatic stress disorder; Trauma-Focused Cognitive Behavioral Therapy; International Classification of Diseases; diagnostic category.

Stewart, R. W., Orenco-Aguayo, R. E., Gilmore, A. K., & de Arellano, M. (2017). [Addressing barriers to care among Hispanic youth: Telehealth delivery of Trauma-Focused Cognitive Behavioral Therapy](#). *The Behavior Therapist*, 40(3), 112.

The present study illustrates the feasibility of delivering TF-CBT via telehealth using a multiple-case study design aimed at answering the following exploratory questions: (1) What barriers did these youth initially have in accessing mental health services? (2) How did telehealth help address these barriers? (3) Did patients complete telehealth treatment? (4) What adaptations had to be made for a telehealth delivery format? and (5) Did we see clinically significant change in symptoms pre- to post-treatment with this mode of delivery?

Nixon, R. D. V., Sterk, J., Pearce, A., & Weber, N. (2017). A randomized trial of cognitive behavior therapy and cognitive therapy for children with posttraumatic stress disorder following single-incident trauma: Predictors and outcome at 1-year follow-up. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(4), 471–478.

The 1-year outcome and moderators of adjustment for children and youth receiving treatment for posttraumatic stress disorder (PTSD) following single-incident trauma was examined. Children and youth who had experienced single-incident trauma (N = 33; 7–17 years old) were randomly assigned to receive 9 weeks of either trauma-focused cognitive behavior therapy (CBT) or trauma focused cognitive therapy (without exposure; CT) that was administered to them and their parents individually. Intent-to-treat analyses demonstrated that both groups maintained posttreatment gains in PTSD, depression and general anxiety symptoms reductions at 1-year follow-up, with no children meeting criteria for PTSD. A large proportion of children showed good end-state functioning at follow-up (CBT: 65%; CT: 71%). Contrary to 6-month outcomes, maternal adjustment no longer moderated children's outcome, nor did any other tested variables. The findings confirm the positive longer-term outcomes of using trauma-focused cognitive–behavioral methods for PTSD secondary to single-incident trauma and that these outcomes are not dependent on the use of exposure.

Stewart, R. W., Orengo-Aguayo, R. E., Cohen, J. A., Mannarino, A. P., & de Arellano, M. A. (2017). A pilot study of Trauma-Focused Cognitive Behavioral Therapy delivered via telehealth technology. *Child Maltreatment*, 22(4), 324-333.

Significant barriers exist in access to evidence-based, trauma-focused treatment among youth from economically disadvantaged backgrounds, those living in rural areas, and belonging to a racial and ethnic minority group, despite the high prevalence rates of trauma exposure among these underserved groups. The present study is proof-of-concept pilot of trauma-focused cognitive–behavioral therapy (TF-CBT) delivered to underserved trauma-exposed youth (N = 15) via telehealth technology (i.e., via one-on-one videoconferencing), aimed at addressing barriers in access to TF treatment. This pilot study provides preliminary evidence of the ability to successfully deliver TF-CBT via a telehealth delivery format. Results demonstrated clinically meaningful symptom change posttreatment (large effect sizes for youth-reported ($d = 2.93$) and caregiver-reported ($d = 1.38$) reduction in posttraumatic stress disorder symptoms), with no treatment attrition (0% dropout). These findings are promising in showing treatment effects that are

comparable with TF-CBT delivered in an in-person, office-based setting and an important first step in determining how to best address the mental health needs of trauma-exposed youth with barriers in access to care.

Wamser-Nanney, R., & Steinzor, C. E. (2017). Factors related to attrition from Trauma-Focused Cognitive Behavioral Therapy. *Child Abuse & Neglect*, 66, 73-83.

Attrition from child trauma-focused treatments such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is common; yet, the factors of children who prematurely terminate are unknown. The aim of the current study was to identify risk factors for attrition from TF-CBT. One hundred and twenty-two children (ages 3–18; $M = 9.97$, $SD = 3.56$; 67.2% females; 50.8% Caucasian) who received TF-CBT were included in the study. Demographic and family variables, characteristics of the trauma, and caregiver- and child-reported pretreatment symptoms levels were assessed in relation to two operational definitions of attrition: 1) clinician-rated dropout, and 2) whether the child received an adequate dose of treatment (i.e., 12 or more sessions). Several demographic factors, number of traumatic events, and children's caregiver-rated pretreatment symptoms were related to clinician-rated dropout. Fewer factors were associated with the adequate dose definition. Child Protective Services involvement, complex trauma exposure, and child-reported pretreatment trauma symptoms were unrelated to either attrition definition. Demographics, trauma characteristics, and level of caregiver-reported symptoms may help to identify clients at risk for premature termination from TF-CBT. Clinical and research implications for different operational definitions and suggestions for future work will be presented. © 2017. Published by Elsevier Ltd.

Cohen, J. A., Mannarino, A. P., Jankowski, K., Rosenberg, S., Kodya, S., & Wolford, G. L. (2016). [A randomized implementation study of Trauma-Focused Cognitive Behavioral Therapy for adjudicated teens in residential treatment facilities.](#) *Child Maltreatment*, 21(2), 156-167.

Adjudicated youth in residential treatment facilities (RTFs) have high rates of trauma exposure and post-traumatic stress disorder (PTSD). This study evaluated strategies for implementing trauma-focused cognitive behavioral therapy (TF-CBT) in RTF. Therapists ($N = 129$) treating adjudicated youth were randomized by RTF program ($N = 18$) to receive one of the two TF-CBT implementation strategies: (1) web-based TF-CBT training + consultation (W) or (2) W + 2 day

live TF-CBT workshop + twice monthly phone consultation (W + L). Youth trauma screening and PTSD symptoms were assessed via online dashboard data entry using the University of California at Los Angeles PTSD Reaction Index. Youth depressive symptoms were assessed with the Mood and Feelings Questionnaire–Short Version. Outcomes were therapist screening; TF-CBT engagement, completion, and fidelity; and youth improvement in PTSD and depressive symptoms. The W + L condition resulted in significantly more therapists conducting trauma screening ($p = .0005$), completing treatment ($p = .03$), and completing TF-CBT with fidelity ($p = .001$) than the W condition. Therapist licensure significantly impacted several outcomes. Adjudicated RTF youth receiving TF-CBT across conditions experienced statistically and clinically significant improvement in PTSD ($p = .001$) and depressive ($p = .018$) symptoms. W + L is generally superior to W for implementing TF-CBT in RTF. TF-CBT is effective for improving trauma-related symptoms in adjudicated RTF youth. Implementation barriers are discussed.

Deblinger, E., Pollio, E., & Dorsey, S. (2016). [Applying Trauma-Focused Cognitive–Behavioral Therapy in group format](#). *Child Maltreatment*, 21(1), 59-73.

Trauma-focused cognitive–behavioral therapy (TF-CBT), a well-established, evidence-based treatment for children who have experienced trauma, has been increasingly utilized in a group format. Group therapy formats are appealing because they can be highly effective and have the potential to reach larger numbers of clients. Moreover, TF-CBT group delivery may be particularly valuable in reducing the feelings of shame, isolation, and stigma experienced by youth and their caregivers in the aftermath of traumatic experiences. This article reviews the group TF-CBT research, discusses the therapeutic benefits of TF-CBT therapy groups, and provides clinical and logistical guidance for implementing TF-CBT in group format, including a session-by-session protocol. Future directions for research and clinical work in this area are also discussed.

Salloum, A., Wang, W., Robst, J., Murphy, T. K., Scheeringa, M. S., Cohen, J. A., & Storch, E. A. (2016). [Stepped care versus standard Trauma-Focused Cognitive Behavioral Therapy for young children](#). *Journal of Child Psychology and Psychiatry*, 57(5), 614-622.

To compare the effectiveness and cost of stepped care trauma-focused cognitive behavioral therapy (SC-TF-CBT), a new service delivery method designed to address treatment barriers, to standard TF-CBT among young children who were experiencing posttraumatic stress symptoms

(PTSS). A total of 53 children (ages 3–7 years) who were experiencing PTSS were randomly assigned (2:1) to receive SC-TF-CBT or TF-CBT. Assessments by a blinded evaluator occurred at screening/baseline, after Step One for SC-TF-CBT, posttreatment, and 3-month follow-up. There were comparable improvements over time in PTSS and secondary outcomes in both conditions. Non-inferiority of SC-TF-CBT compared to TF-CBT was supported for the primary outcome of PTSS, and the secondary outcomes of severity and internalizing symptoms, but not for externalizing symptoms. There were no statistical differences in comparisons of changes over time from pre- to post-treatment and pre- to 3-month follow-up for posttraumatic stress disorder diagnostic status, treatment response, or remission. Parent satisfaction was high for both conditions. Costs were 51.3% lower for children in SC-TF-CBT compared to TF-CBT. Although future research is needed, preliminary evidence suggests that SC-TF-CBT is comparable to TF-CBT, and delivery costs are significantly less than standard care. SC-TF-CBT may be a viable service delivery system to address treatment barriers.

Self-Brown, S., Tiwari, A., Lai, B., Roby, S., & Kinnish, K. (2016). Impact of caregiver factors on youth service utilization of Trauma-Focused Cognitive Behavioral Therapy in a community setting. *Journal of Child and Family Studies*, 25(6), 1871-1879.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an increasingly available evidence-based therapy that targets the mental health symptoms of youth who have experienced trauma. Limited research has examined how to engage and retain families in TF-CBT services in community settings. Using a mixed-methods approach, the goal of this exploratory study was to identify caregiver factors that impact youth enrollment and completion of community-delivered TF-CBT. The study included 41 caretakers of youth referred to therapy at a local child advocacy center following a forensic assessment substantiating youth trauma exposure. Caregiver factors examined include caregiver demographics, trauma exposure, and mental health symptomology. Results from multivariate logistic regressions indicate that caregivers reporting more children residing in the household were significantly more likely to enroll youth in therapy (OR 2.27; 95 % CI 1.02, 5.03). Qualitative analyses further explicate that parents with personal trauma or therapy experiences expressed positive opinions regarding therapy services for youth, and were more likely to enroll in or complete services. Findings suggest that caregivers with personal traumatic experience and related symptomatology view therapy as important and are more committed to

their child receiving therapy. Future research on service utilization is warranted and should explore offering parental psychoeducation or engagement strategies discussing therapy benefits to parents who have not experienced trauma and related mental health symptomatology.

Yasinski, C., Hayes, A. M., Ready, C. B., Cummings, J. A., Berman, I. S., McCauley, T., ... & Deblinger, E. (2016). [In-session caregiver behavior predicts symptom change in youth receiving Trauma-Focused Cognitive Behavioral Therapy \(TF-CBT\)](#). *Journal of Consulting and Clinical Psychology*, 84(12), 1066-1077.

Involving caregivers in trauma-focused treatments for youth has been shown to result in better outcomes, but it is not clear which in-session caregiver behaviors enhance or inhibit this effect. The current study examined the associations between caregiver behaviors during Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and youth cognitive processes and symptoms. Participants were a racially diverse sample of Medicaid-eligible youth (ages 7–17) and their nonoffending caregivers (N = 71 pairs) who received TF-CBT through an effectiveness study in a community setting. Caregiver and youth processes were coded from audio-recorded sessions, and outcomes were measured using the Child Behavior Checklist (CBCL) and UCLA PTSD Reaction Index for *Diagnostic and Statistical Manual for Mental Disorders-Fourth Edition (DSM-IV; UPID)* at 3, 6, 9, and 12 months post-intake. Piecewise linear growth curve modeling revealed that during the trauma narrative phase of TF-CBT, caregivers' cognitive-emotional processing of their own and their child's trauma-related reactions predicted decreases in youth internalizing and externalizing symptoms over treatment. Caregiver support predicted lower internalizing symptoms over follow-up. In contrast, caregiver avoidance and blame of the child predicted worsening of youth internalizing and externalizing symptoms over follow-up. Caregiver avoidance early in treatment also predicted worsening of externalizing symptoms over follow-up. During the narrative phase, caregiver blame and avoidance were correlated with more child overgeneralization of trauma beliefs, and blame was also associated with less child accommodation of balanced beliefs. The association between in-session caregiver behaviors and youth symptomatology during and after TF-CBT highlights the importance of assessing and targeting these behaviors to improve clinical outcomes.

Diehle, J., Opmeer, B. C., Boer, F., Mannarino, A. P., & Lindauer, R. J. (2015). [Trauma-Focused Cognitive Behavioral Therapy or eye movement desensitization and reprocessing: What works in children with posttraumatic stress symptoms? A randomized controlled trial.](#) *European Child & Adolescent Psychiatry*, 24(2), 227-236.

To prevent adverse long-term effects, children who suffer from posttraumatic stress symptoms (PTSS) need treatment. Trauma-focused cognitive behavioral therapy (TF-CBT) is an established treatment for children with PTSS. However, alternatives are important for non-responders or if TF-CBT trained therapists are unavailable. Eye movement desensitization and reprocessing (EMDR) is a promising treatment for which sound comparative evidence is lacking. The current randomized controlled trial investigates the effectiveness and efficiency of both treatments. Forty-eight children (8–18 years) were randomly assigned to eight sessions of TF-CBT or EMDR. The primary outcome was PTSS as measured with the Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA). Secondary outcomes included parental report of child PTSD diagnosis status and questionnaires on comorbid problems. The Children's Revised Impact of Event Scale was administered during the course of treatment. TF-CBT and EMDR showed large reductions from pre- to post-treatment on the CAPS-CA (-20.2 ; 95 % CI -12.2 to -28.1 and -20.9 ; 95 % CI -32.7 to -9.1). The difference in reduction was small and not statistically significant (mean difference of 0.69, 95 % CI -13.4 to 14.8). Treatment duration was not significantly shorter for EMDR ($p = 0.09$). Mixed model analysis of monitored PTSS during treatment showed a significant effect for time ($p < 0.001$) but not for treatment ($p = 0.44$) or the interaction of time by treatment ($p = 0.74$). Parents of children treated with TF-CBT reported a significant reduction of comorbid depressive and hyperactive symptoms. TF-CBT and EMDR are effective and efficient in reducing PTSS in children.

Konanur, S., Muller, R. T., Cinamon, J. S., Thornback, K., & Zorzella, K. P. (2015). Effectiveness of Trauma-Focused Cognitive Behavioral Therapy in a community-based program. *Child Abuse & Neglect*, 50, 159-170.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a widely used treatment model for trauma-exposed children and adolescents (Cohen, Mannarino, & Deblinger, 2006). The Healthy Coping Program (HCP) was a multi-site community based intervention carried out in a diverse Canadian city. A randomized, waitlist-control design was used to evaluate the effectiveness of TF-CBT with trauma-exposed school-aged children (Muller & DiPaolo, 2008). A total of 113 children

referred for clinical services and their caregivers completed the Trauma Symptom Checklist for Children (Briere, 1996) and the Trauma Symptom Checklist for Young Children (Briere, 2005). Data were collected pre-waitlist, pre-assessment, pre-therapy, post-therapy, and six months after the completion of TF-CBT. The passage of time alone in the absence of clinical services was ineffective in reducing children's posttraumatic symptoms. In contrast, children and caregivers reported significant reductions in children's posttraumatic stress (PTS) following assessment and treatment. The reduction in PTS was maintained at six month follow-up. Findings of the current study support the use of the TF-CBT model in community-based settings in a diverse metropolis. Clinical implications are discussed.

Salloum, A., Dorsey, C. S., Swaidan, V. R., & Storch, E. A. (2015). Parents' and children's perception of parent-led Trauma-Focused Cognitive Behavioral Therapy. *Child Abuse & Neglect, 40*, 12-23.

This study explored parent and child experiences of a parent-led, therapist-assisted treatment during Step One of Stepped Care Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Seventeen parents/guardians and 16 children who were between the ages of 8 and 12 years were interviewed after Step One and six weeks after the completion of a maintenance phase about their perceptions of the parent-led, therapist-assisted treatment. Participants were asked what they liked and disliked about the treatment as well as what they found to be most and least helpful. Generally, parents and children liked the treatment and found it helpful. In terms of treatment components, children indicated that the relaxation exercises were the most liked/helpful component (62.5%) followed by trauma narrative activities (56.3%). A few children (18.8%) did not like or found least helpful the trauma narrative component as they wanted to avoid talking or thinking about the trauma. Parents indicated that the parent-child meetings were the most liked/helpful (82.4%) followed by the *Stepping Together* workbook (58.8%) and relaxation exercises (52.9%). Some parents (23.5%) noted that the workbook seemed too repetitive and some parents (17.6%) at times were uncertain if they were leading the parent-child meetings the best way. Parent-led, therapist-assisted TF-CBT may be an acceptable type of service delivery for both parents and children, although more research is needed.

Thornback, K., & Muller, R. T. (2015). Relationships among emotion regulation and symptoms during Trauma-Focused CBT for school-aged children. *Child Abuse & Neglect, 50*, 182-192.

This study examined improvement in emotion regulation throughout Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) and the degree to which improvement in emotion regulation predicted improvement in symptoms. Traumatized children, 7–12 years (69.9% female), received TF-CBT. Data from 4 time periods were used: pre-assessment ($n = 107$), pre-treatment ($n = 78$), post-treatment ($n = 58$), and 6-month follow-up ($n = 44$). Questionnaires measured emotion regulation in the form of inhibition and dysregulation (Children's Emotion Management Scales) and lability/negativity and emotion regulation skill (Emotion Regulation Checklist), as well as child-reported (Trauma Symptom Checklist for Children) and parent-reported (Trauma Symptom Checklist for Young Children) posttraumatic stress, and internalizing and externalizing problems (Child Behavior Checklist). To the extent that children's dysregulation and lability/negativity improved, their parents reported fewer symptoms following therapy. Improvements in inhibition best predicted improvements in child-reported posttraumatic stress (PTS) during clinical services, but change in dysregulation and lability/negativity best predicted improvement in child-reported PTS symptoms at 6-month follow-up. Moreover, statistically significant improvements of small effect size were found following therapy, for inhibition, dysregulation, and lability/negativity, but not emotion regulation skill. These findings suggest that emotion regulation is a worthy target of intervention and that improvements in emotion regulation can be made. Suggestions for future research are discussed.

Woody, J. D., Anderson, D. K., D'Souza, H. J., Baxter, B., & Schubauer, J. (2015). Dissemination of Trauma-Focused Cognitive-Behavioral Therapy: A follow-up study of practitioners' knowledge and implementation. *Journal of Evidence-informed Social Work, 12*(3), 289-301.

In this follow-up study the authors examine the impact of two projects that provided volunteer practitioners with extensive training in trauma-focused cognitive-behavioral therapy (TF-CBT). The objective was to gain empirical data about clinicians' knowledge of the model and implementation 10–15 months after training. The 30 respondents achieved a mean knowledge score of 80% for eight hypothetical clinical vignettes, positive results for clients' attendance at initial appointments, parental involvement, and low dropout rates, but somewhat lower use of child

and parent trauma work. Use of selected TF-CBT components was strong, with lowest rates for child and parent trauma narrative and modifying cognitions. Intentions to use the model were high. Implications and recommendations are discussed.

Zorzella, K. P. M., Muller, R. T., & Cribbie, R. A. (2015). The relationships between therapeutic alliance and internalizing and externalizing symptoms in Trauma-Focused Cognitive Behavioral Therapy. *Child Abuse & Neglect, 50*, 171–181.

Therapeutic alliance has been considered an important factor in child psychotherapy and is consistently associated with positive outcomes. Nevertheless, research on alliance in the context of child trauma therapy is very scarce. This study examined the relationships between child therapeutic alliance and psychopathology in an empirically supported child trauma therapy model designed to address issues related to trauma with children and their caregivers. Specifically, we examined the extent to which the child's psychopathology would predict the establishment of a positive alliance early in treatment, as well as the association between alliance and outcome. Participants were 95 children between the ages of 7 and 12 and their caregivers, who went through a community-based Trauma-Focused Cognitive Behavioral Therapy program in Canada. Caregivers filled out the CBCL prior to assessment and following treatment. Children and therapists completed an alliance measure (TASC) at three time points throughout treatment. Symptomatology and child gender emerged as important factors predicting alliance at the beginning of treatment. Girls and internalizing children developed stronger alliances early in treatment. In addition, a strong early alliance emerged as a significant predictor of improvement in internalizing symptoms at the end of treatment. Our findings indicate that symptomatology and gender influence the development of a strong alliance in trauma therapy. We suggest that clinicians should adjust therapeutic style to better engage boys and highly externalizing children in the early stages of therapy.

Damra, J. K. M., Nassar, Y. H., & Ghabri, T. M. F. (2014). Trauma-Focused Cognitive Behavioral Therapy: Cultural adaptations for application in Jordanian culture. *Counselling Psychology Quarterly, 27*(3), 308–323.

The aims of this study were twofold: (1) to test the feasibility and acceptability of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as implemented by Jordanian counselors working in

child protection organizations and schools, and (2) to examine the effect of TF-CBT on reducing the Post-Traumatic Stress Disorder (PTSD) and depression symptomatology of a sample of Children with Abuse Histories in Jordan. Ten experts and four children counselors were involved in the feasibility study. Eighteen abused children referred from Community Local Organizations associated with PTSD symptoms and depression, were randomly assigned to control and TF-CBT groups. The repeated measures design and thematic content analysis method were used for analyzing qualitative and quantitative results. The results indicated the possibility of implementing TF-CBT in Jordanian culture. Most TF-CBT components were accepted and evaluated positively by children, parents, and children counselors. The descriptive statistics demonstrated significant post-treatment improvements for the TF-CBT group in all outcome measures and sustainability of the treatment gains for the TF-CBT group at 4 months follow-up. The study results support other reports on the rapid effects of TF-CBT intervention on abused children with PTSD and depression.

de Arellano, M. A. R., Lyman, D. R., Jobe-Shields, L., George, P., Dougherty, R. H., Daniels, A. S., ... & Delphin-Rittmon, M. E. (2014). [Trauma-Focused Cognitive-Behavioral Therapy for children and adolescents: Assessing the evidence](#). *Psychiatric Services*, 65(5), 591-602.

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is a conjoint parent-child treatment developed by Cohen, Mannarino, and Deblinger that uses cognitive-behavioral principles and exposure techniques to prevent and treat posttraumatic stress, depression, and behavioral problems. This review defined TF-CBT, differentiated it from other models, and assessed the evidence base. Authors reviewed meta-analyses, reviews, and individual studies (1995 to 2013). Databases surveyed were PubMed, PsycINFO, Applied Social Sciences Index and Abstracts, Sociological Abstracts, Social Services Abstracts, PILOTS, the ERIC, and the CINAHL. They chose from three levels of research evidence (high, moderate, and low) on the basis of benchmarks for number of studies and quality of their methodology. They also described the evidence of effectiveness. The level of evidence for TF-CBT was rated as high on the basis of ten RCTs, three of which were conducted independently (not by TF-CBT developers). TF-CBT has demonstrated positive outcomes in reducing symptoms of posttraumatic stress disorder, although it is less clear whether TF-CBT is effective in reducing behavior problems or symptoms of depression. Limitations of the studies include concerns about investigator bias and exclusion of vulnerable populations. TF-CBT is a viable treatment for reducing trauma-related symptoms among some

children who have experienced trauma and their nonoffending caregivers. Based on this evidence, TF-CBT should be available as a covered service in health plans. Ongoing research is needed to further identify best practices for TF-CBT in various settings and with individuals from various racial and ethnic backgrounds and with varied trauma histories, symptoms, and stages of intellectual, social, and emotional development.

Dittmann, I., & Jensen, T. K. (2014). Giving a voice to traumatized youth—Experiences with Trauma-Focused Cognitive Behavioral Therapy. *Child Abuse & Neglect*, 38(7), 1221-1230.

The efficacy of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) has been shown in several randomized controlled trials. However, to our knowledge no one has studied the TF-CBT model from a user's perspective. The objective of this study was to explore traumatized youths' experiences of receiving TF-CBT. Thirty youths between 11 and 17 years old ($M = 15$, $SD = 1.8$) were interviewed using a semi-structured interview guide after they had received TF-CBT as part of an effectiveness trial. The interviews were analyzed according to thematic analysis. The youths' responses were grouped into four themes: (1) expectations, (2) experiences of talking to the therapist and sharing information, (3) experiences of trauma narrative work, and (4) experiences of change and change processes. Findings showed how an initial fear of talking about traumatic events and not knowing what to expect from therapy was reduced when the youth experienced the therapist as empathetic and knowledgeable. Talking to the therapist was experienced as positive because of the therapist's expertise, neutrality, empathy, and confidentiality. Talking about the trauma was perceived as difficult but also as most helpful. Learning skills for reducing stress was also perceived as helpful. Important change processes were described as resuming normal functioning and getting “back on track,” or as acquiring new perspectives and “moving forward.” Because TF-CBT is recommended as a first line treatment for traumatized youth and treating posttraumatic stress may entail special challenges, understanding more about how youths experience this mode of treatment contributes to our knowledge base and may help us tailor interventions.

Dorsey, S., Pullmann, M. D., Berliner, L., Koschmann, E., McKay, M., & Deblinger, E. (2014). Engaging foster parents in treatment: A randomized trial of supplementing Trauma-Focused Cognitive Behavioral Therapy with evidence-based engagement strategies. *Child Abuse & Neglect*, 38, 1508–1520.

The goal of this study was to examine the impact of supplementing Trauma-focused Cognitive Behavioral Therapy (TF-CBT; Cohen et al., 2006) with evidence-based engagement strategies on foster parent and foster youth engagement in treatment, given challenges engaging foster parents in treatment. A randomized controlled trial of TF-CBT standard delivery compared to TF-CBT plus evidence-based engagement strategies was conducted with 47 children and adolescents in foster care and one of their foster parents. Attendance, engagement, and clinical outcomes were assessed 1 month into treatment, end of treatment, and 3 months post-treatment. Youth and foster parents who received TF-CBT plus evidence-based engagement strategies were more likely to be retained in treatment through four sessions and were less likely to drop out of treatment prematurely. The engagement strategies did not appear to have an effect on the number of canceled or no-show sessions or on treatment satisfaction. Clinical outcomes did not differ by study condition, but exploratory analyses suggest that youth had significant improvements with treatment. Strategies that specifically target engagement may hold promise for increasing access to evidence-based treatments and for increasing likelihood of treatment completion.

Jensen, T. K., Holt, T., Ormhaug, S. M., Egeland, K., Granly, L., Hoaas, L. C., ... & Wentzel-Larsen, T. (2014). A randomized effectiveness study comparing Trauma-Focused Cognitive Behavioral Therapy with therapy as usual for youth. *Journal of Clinical Child & Adolescent Psychology*, 43(3), 356-369.

The efficacy of trauma-focused cognitive behavioral therapy (TF-CBT) has been shown in several randomized controlled trials. However, few trials have been conducted in community clinics, few have used therapy as usual (TAU) as a comparison group, and none have been conducted outside of the United States. The objective of this study was to evaluate the effectiveness of TF-CBT in regular community settings compared with TAU. One hundred fifty-six traumatized youth (M age=15.1 years, range=10-18; 79.5% girls) were randomly assigned to TF-CBT or TAU. Intent-to-treat analysis using mixed effects models showed that youth receiving TF-CBT reported significantly lower levels of posttraumatic stress symptoms (est.=5.78, d =0.51), 95% CI [2.32, 9.23]; depression (est.=7.00, d =0.54), 95% CI [2.04, 11.96]; and general mental health symptoms

($est.=2.54$, $d=0.45$), 95% CI [0.50, 4.58], compared with youth in the TAU group. Youth assigned to TF-CBT showed significantly greater improvements in functional impairment ($est.= -1.05$, $d=-0.55$), 95% CI [-1.67, -0.42]. Although the same trend was found for anxiety reduction, this difference was not statistically significant ($est.=4.34$, $d=0.30$), 95% CI [-1.50, 10.19]. Significantly fewer youths in the TF-CBT condition were diagnosed with posttraumatic stress disorder compared to youths in the TAU condition, $\chi^2(1, N=116) = 4.61$, $p=.031$, $\Phi=.20$). Findings indicate that TF-CBT is effective in treating traumatized youth in community mental health clinics and that the program may also be successfully implemented in countries outside the United States.

Salloum, A., Robst, J., Scheeringa, M., Cohen, J., Wang, W., Murphy, T., ... Storch, E. (2014). Step one within Stepped Care Trauma-Focused Cognitive Behavioral Therapy for young children: A pilot study. *Child Psychiatry & Human Development*, 45(1), 65–77.

This pilot study explored the preliminary efficacy, parent acceptability and economic cost of delivering Step One within Stepped Care Trauma-Focused Cognitive Behavioral Therapy (SC-TF-CBT). Nine young children ages 3–6 years and their parents participated in SC-TF-CBT. Eighty-three percent (5/6) of the children who completed Step One treatment and 55.6 % (5/9) of the intent-to-treat sample responded to Step One. One case relapsed at post-assessment. Treatment gains were maintained at 3-month follow-up. Generally, parents found Step One to be acceptable and were satisfied with treatment. At 3-month follow-up, the cost per unit improvement for posttraumatic stress symptoms and severity ranged from \$27.65 to \$131.33 for the responders and from \$36.12 to \$208.11 for the intent-to-treat sample. Further research on stepped care for young children is warranted to examine if this approach is more efficient, accessible and cost effective than traditional therapy.

Webb, C., Hayes, A. M., Grasso, D., Laurenceau, J.-P., & Deblinger, E. (2014). Trauma-Focused Cognitive Behavioral Therapy for youth: Effectiveness in a community setting. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(5), 555–562.

The current investigation examined the effectiveness of trauma-focused cognitive behavioral therapy (TF-CBT) in treating child traumatic stress when implemented in community settings on a state-wide level. Seventy-two youths (ages 7 to 16 years) with a history of documented trauma (sexual or physical abuse, traumatic loss, or domestic or community violence) and symptoms of posttraumatic stress disorder (PTSD) received an average of 10 sessions, delivered in a state-

contracted mental health agency. PTSD symptoms and internalizing and externalizing behavior problems were assessed at pretreatment and then at 3, 6, 9, and 12 months after intake. Piecewise hierarchical linear modeling revealed that symptoms of PTSD, as well as internalizing and externalizing problems, decreased significantly over the 6 months after intake (pretreatment, 3-month, and 6-month assessments), and these gains were maintained over the next 6 months (6-, 9-, and 12-month assessments). Symptoms of externalizing symptoms increased somewhat during the follow-up period, but this change was not statistically significant. These findings suggest that TF-CBT can be implemented effectively in community settings. Treatment outcomes were similar to those reported in efficacy trials of TF-CBT delivered in specialty clinic settings. Improvements in PTSD symptoms and internalizing and externalizing problems were maintained up to 1 year after treatment began, although the changes in externalizing symptoms were the least stable.

Murray, L. K., Familiar, I., Skavenski, S., Jere, E., Cohen, J., Imasiku, M., ... Bolton, P. (2013). An evaluation of Trauma Focused Cognitive Behavioral Therapy for children in Zambia. *Child Abuse & Neglect, 37*, 1175–1185.

To monitor and evaluate the feasibility of implementing Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) to address trauma and stress-related symptoms in orphans and vulnerable children (OVC) in Zambia as part of ongoing programming within a non-governmental organization (NGO). As part of ongoing programming, voluntary care-workers administered locally validated assessments to identify children who met criteria for moderate to severe trauma symptomatology. Local lay counselors implemented TF-CBT with identified families, while participating in ongoing supervision. Fifty-eight children and adolescents aged 5–18 completed the TF-CBT treatment, with pre- and post-assessments. The mean number of traumas reported by the treatment completers ($N = 58$) was 4.11. Post assessments showed significant reductions in severity of trauma symptoms ($p < 0.0001$), and severity of shame symptoms ($p < 0.0001$). Our results suggest that TF-CBT is a feasible treatment option in Zambia for OVC. A decrease in symptoms suggests that a controlled trial is warranted. Implementation factors monitored suggest that it is feasible to integrate and evaluate evidence-based mental health assessments and intervention into programmatic services run by an NGO in low/middle resource countries. Results also support the effectiveness of implementation strategies such as task shifting, and the Apprenticeship Model of training and supervision.

Sigel, B. A., Kramer, T. L., Conners-Burrow, N. A., Church, J. K., Worley, K. B., & Mitrani, N. A. (2013). Statewide dissemination of Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT). *Children and Youth Services Review, 35*, 1023–1029.

Despite evidence linking childhood trauma to subsequent social, emotional, psychological, and cognitive problems, many children who have experienced trauma do not receive mental health treatment that has been proven to be effective. Large-scale dissemination of evidence-based practices (EBPs) is one possible solution to enhance the current negative state of mental health treatment for these children. This article describes a dissemination effort of an EBP (i.e., Trauma-Focused Cognitive-Behavioral Therapy [TF-CBT]) for childhood symptoms of post-traumatic stress disorder throughout Arkansas. The effort targeted mental health professionals within child advocacy centers and community mental health centers across the state. The article describes the process of dissemination and implementation. Lessons learned and recommendations for future dissemination efforts are highlighted.

Sprang, G., Craig, C. D., Clark, J. J., Vergon, K., Tindall, M. S., Cohen, J., & Gurwitch, R. (2013). Factors affecting the completion of trauma-focused treatments: What can make a difference? *Traumatology, 19*(1), 28-40.

This study expands our understanding of treatment attrition by investigating factors predicting treatment dropout in a large national data set of clinic-referred children and parents seeking trauma-specific psychotherapy services. Using de-identified data ($N = 2,579$) generated by the National Child Traumatic Stress Network Core Data Set collected between spring 2004 and fall 2010, the study uses sequential logistic regression analyses to assess prediction of the probability of a given subject having prematurely dropped out of treatment. The findings of this study suggest that African American race, placement in state custody, and a diagnosis of posttraumatic stress disorder, oppositional defiant disorder, and major depressive disorder predict treatment attrition. Based on the findings of this study, dropout management recommendations are made, as are implications for further research and ongoing practice.

Allen, B., & Johnson, J. C. (2012). Utilization and implementation of Trauma-Focused Cognitive–Behavioral Therapy for the treatment of maltreated children. *Child Maltreatment, 17*(1), 80-85.

Trauma-Focused Cognitive–Behavioral Therapy (TF-CBT) is one of the most researched and widely disseminated interventions for maltreated children. This study describes the findings of a survey of 132 mental health clinicians in children’s advocacy centers (CACs) across the United States to determine the percentage of clinicians who are trained in and utilize TFCBT and the frequency with which TF-CBT components are implemented. A total of 103 (78%) of the clinicians reported being trained in and utilizing TF-CBT on a regular basis; however, only 66% of these clinicians (58% of the full sample) reported being likely to use each component. The most preferred components were teaching relaxation skills and providing psychoeducation, whereas teaching caregiver child behavior management skills, developing a trauma narrative, and cognitive restructuring were less preferred. Results are discussed in the context of continued dissemination efforts and implications for improving clinical practice.

Cary, C. E., & McMillen, J. C. (2012). [The data behind the dissemination: A systematic review of Trauma-Focused Cognitive Behavioral Therapy for use with children and youth.](#) *Children and Youth Services Review, 34*(4), 748-757.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is one of the most widely disseminated mental health interventions for children and youth. The purpose of this study is to systematically review the evidence of TF-CBT's ability to reduce symptoms of post-traumatic stress, depression and behavior problems in children and youth who have survived trauma. A search was conducted to locate studies that evaluated TF-CBT or interventions highly similar to TF-CBT. Ten studies (twelve articles) were selected for inclusion in three sets of meta-analyses. Findings were consistent amongst meta-analyses; pooled estimates were similar whether we were analyzing the effects of interventions that were highly similar to TF-CBT, or if we were exclusively analyzing the effects of the branded intervention. Results show that there is a significant difference between the TFCBT condition and comparison conditions in its ability to reduce symptoms of PTSD ($g = .671$), depression ($g = .378$) and behavior problems ($g = .247$) immediately after treatment completion. This difference held for PTSD at twelve months after treatment completion (.389) but did not hold for depression or behavior problems. There was not a significant difference between

the TF-CBT condition and alternative active control conditions immediately after treatment completion. Therefore, TF-CBT is an effective intervention for the treatment of PTSD in youth.

Cohen, J. A., Mannarino, A. P., Kliethermes, M., & Murray, L. A. (2012). [Trauma-Focused CBT for youth with complex trauma](#). *Child Abuse & Neglect*, 36(6), 528-541.

Many youth develop complex trauma, which includes regulation problems in the domains of affect, attachment, behavior, biology, cognition, and perception. Therapists often request strategies for using evidence-based treatments (EBTs) for this population. This article describes practical strategies for applying Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for youth with complex trauma. TF-CBT treatment phases are described and modifications of timing, proportionality and application are described for youth with complex trauma. Practical applications include (a) dedicating proportionally more of the model to the TF-CBT coping skills phase; (b) implementing the TF-CBT Safety component early and often as needed throughout treatment; (c) titrating gradual exposure more slowly as needed by individual youth; (d) incorporating unifying trauma themes throughout treatment; and (e) when indicated, extending the TF-CBT treatment consolidation and closure phase to include traumatic grief components and to generalize ongoing safety and trust. Recent data from youth with complex trauma support the use of the above TF-CBT strategies to successfully treat these youth. The above practical strategies can be incorporated into TF-CBT to effectively treat youth with complex trauma. Practical strategies include providing a longer coping skills phase which incorporates safety and appropriate gradual exposure; including relevant unifying themes; and allowing for an adequate treatment closure phase to enhance ongoing trust and safety. Through these strategies therapists can successfully apply TF-CBT for youth with complex trauma.

Mannarino, A. P., Cohen, J. A., Deblinger, E., Runyon, M. K., & Steer, R. A. (2012). [Trauma-Focused Cognitive-Behavioral Therapy for children: Sustained impact of treatment 6 and 12 months later](#). *Child Maltreatment*, 17(3), 231-241.

This study presents the findings from 6- and 12-month follow-up assessments of 158 children ages 4–11 years who had experienced sexual abuse and who had been treated with Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) with or without the inclusion of the trauma narrative (TN) treatment module and in 8 or 16 treatment sessions. Follow-up results indicated that the

overall significant improvements across 14 outcome measures that had been reported at posttreatment were sustained 6 and 12 months after treatment and on two of these measures (child self-reported anxiety and parental emotional distress) there were additional improvements at the 12-month follow-up. Higher levels of child internalizing and depressive symptoms at pretreatment were predictive of the small minority of children who continued to meet full criteria for posttraumatic stress disorder at the 12-month follow-up. These results are discussed in the context of the extant TF-CBT treatment literature.

Cohen, J. A., Mannarino, A. P., & Murray, L. K. (2011). Practical strategies: Trauma-Focused CBT for youth who experience ongoing traumas. *Child Abuse & Neglect, 35*, 637–646.

Many youth experience ongoing trauma exposure, such as domestic or community violence. Clinicians often ask whether evidence-based treatments containing exposure components to reduce learned fear responses to historical trauma are appropriate for these youth. Essentially the question is, if youth are desensitized to their trauma experiences, will this in some way impair their responding to current or ongoing trauma? The paper addresses practical strategies for implementing one evidence-based treatment, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for youth with ongoing traumas. Collaboration with local therapists and families participating in TF-CBT community and international programs elucidated effective strategies for applying TF-CBT with these youth. These strategies included: (1) enhancing safety early in treatment; (2) effectively engaging parents who experience personal ongoing trauma; and (3) during the trauma narrative and processing component focusing on (a) increasing parental awareness and acceptance of the extent of the youths' ongoing trauma experiences; (b) addressing youths' maladaptive cognitions about ongoing traumas; and (c) helping youth differentiate between real danger and generalized trauma reminders. Case examples illustrate how to use these strategies in diverse clinical situations. Through these strategies TF-CBT clinicians can effectively improve outcomes for youth experiencing ongoing traumas.

Deblinger, E., Mannarino, A. P., Cohen, J. A., Runyon, M. K., & Steer, R. A. (2011). [Trauma-Focused Cognitive Behavioral Therapy for children: Impact of the trauma narrative and treatment length.](#) *Depression and Anxiety*, 28(1), 67-75.

Child sexual abuse (CSA) is associated with the development of a variety of mental health disorders, and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an established treatment for children who have experienced CSA. However, there are questions about how many TF-CBT sessions should be delivered to achieve clinical efficacy and whether a trauma narrative (TN) component is essential. This study examined the differential effects of TF-CBT with or without the TN component in 8 versus 16 sessions. Two hundred and ten children (aged 4–11 years) referred for CSA and posttraumatic stress disorder symptoms were randomly assigned to one of the four treatment conditions: 8 sessions with no TN, 8 sessions with TN, 16 sessions with no TN, and 16 sessions with TN. Mixed-model ANCOVAs demonstrated that significant posttreatment improvements had occurred with respect to 14 outcome measures across all conditions. Significant main and interactive effect differences were found across conditions with respect to specific outcomes. TF-CBT, regardless of the number of sessions or the inclusion of a TN component, was effective in improving participant symptomatology as well as parenting skills and the children's personal safety skills. The eight session condition that included the TN component seemed to be the most effective and efficient means of ameliorating parents' abuse-specific distress as well as children's abuse-related fear and general anxiety. On the other hand, parents assigned to the 16 session, no narrative condition reported greater increases in effective parenting practices and fewer externalizing child behavioral problems at posttreatment. © 2010. Wiley-Liss, Inc.

Shearing, V., Lee, D., & Clohessy, S. (2011). How do clients experience reliving as part of Trauma-focused Cognitive Behavioural Therapy for posttraumatic stress disorder? *Psychology & Psychotherapy: Theory, Research & Practice*, 84(4), 458–475.

Reliving is an integral part of trauma-focused cognitive-behavioural therapy (CBT), a recommended treatment for post-traumatic stress disorder (PTSD) with a convincing evidence base supporting its use. However, the literature suggests that clinicians are reluctant to use reliving in therapy. The aim of this study was to explore participants' experiences of undergoing reliving as part of CBT for PTSD in order to further clinicians' understanding of client experiences of

reliving. This was a qualitative study. Semi-structured interviews were conducted and the transcripts analyzed using interpretative phenomenological analysis (IPA) (Smith, Jarman, & Osborn, 1999). Seven participants who had completed the reliving component of trauma focused CBT in the previous month were recruited through therapists working in specialist trauma services, and semi-structured interviews were conducted using a topic guide. The transcripts were analyzed using IPA to enable the research questions to be addressed. Three super-ordinate themes and 11 subordinate themes were developed to reflect participants' common and distinct experiences. The three super-ordinate themes were 'overcoming ambivalence', 'painful but achievable', and 'positive change'. This study provided useful information about participants' experiences of reliving during CBT for PTSD. Clinical implications regarding the therapeutic relationship, preparing clients for reliving, and the impact of reliving were suggested. Implications for future research were identified including extending the scope of the study, exploring differences in participants' experiences, and exploring unexpected findings.

Scheeringa, M. S., Weems, C. F., Cohen, J. A., Amaya-Jackson, L., & Guthrie, D. (2011). [Trauma-Focused Cognitive-Behavioral Therapy for posttraumatic stress disorder in three-through six year-old children: A randomized clinical trial.](#) *Journal of Child Psychology and Psychiatry*, 52(8), 853-860.

The evidence base for trauma-focused cognitive behavioral therapy (TF-CBT) to treat posttraumatic stress disorder (PTSD) in youth is compelling, but the number of controlled trials in very young children is few and limited to sexual abuse victims. These considerations plus theoretical limitations have led to doubts about the feasibility of TF-CBT techniques in very young children. This study examined the efficacy and feasibility of TF-CBT for treating PTSD in three through six year-old children exposed to heterogeneous types of traumas. Procedures and feasibilities of the protocol were refined in Phase 1 with 11 children. Then 64 children were randomly assigned in Phase 2 to either 12-session manualized TF-CBT or 12-weeks wait list. In the randomized design the intervention group improved significantly more on symptoms of PTSD, but not on depression, separation anxiety, oppositional defiant, or attention deficit/hyperactivity disorders. After the waiting period, all participants were offered treatment. Effect sizes were large for PTSD, depression, separation anxiety, and oppositional defiant disorders, but not attention-deficit/hyperactivity disorder. At six-month follow-up, the effect size increased for PTSD, while remaining fairly constant for the comorbid disorders. The frequencies with which children were

able to understand and complete specific techniques documented the feasibility of TF-CBT across this age span. The majority were minority race (Black/African-American) and without a biological father in the home, in contrast to most prior efficacy studies. These preliminary findings suggest that TF-CBT is feasible and more effective than a wait list condition for PTSD symptoms, and the effect appears lasting. There may also be benefits for reducing symptoms of several comorbid disorders. Multiple factors may explain the unusually high attrition, and future studies ought to oversample on these demographics to better understand this understudied population

Bigfoot, D. S., & Schmidt, S. R. (2010). [Honoring children, mending the circle: Cultural adaptation of Trauma-Focused Cognitive-Behavioral Therapy for American Indian and Alaska Native children.](#) *Journal of Clinical Psychology*, 66(8), 847-856.

American Indians and Alaska Natives are vulnerable populations with significant levels of trauma exposure. The Indian Country Child Trauma Center developed an American Indian and Alaska Native (AI/AN) adaptation of the evidence-based child trauma treatment, trauma focused cognitive-behavioral therapy. Honoring Children, Mending the Circle (HC-MC) guides the therapeutic process through a blending of AI/AN traditional teachings with cognitive-behavioral methods. The authors introduced the HC-MC treatment and illustrated its therapeutic tools by way of a case illustration. © 2010. Wiley Periodicals, Inc.

Cohen, J. A., Berliner, L., & Mannarino, A. (2010). [Trauma Focused CBT for children with co-occurring trauma and behavior problems.](#) *Child Abuse & Neglect*, 34(4), 215-224.

Childhood trauma impacts multiple domains of functioning including behavior. Traumatized children commonly have behavioral problems that therapists must effectively evaluate and manage in the context of providing trauma-focused treatment. This manuscript describes practical strategies for managing behavior problems in the context of trauma-focused evidence-based treatment (EBT) using a commonly implemented EBT for traumatized children. The empirical literature is reviewed and practical strategies are described for conducting trauma- and behavioral-focused assessments; engaging families in trauma- and behavioral-focused treatment; treatment-planning that includes a balance of both trauma and behavioral foci; managing ongoing behavioral problems in the context of providing trauma-focused treatment; managing behavioral crises (“crises of the week”); addressing overwhelming family or social problems; and steps for

knowledge transfer. Trauma-focused EBT that integrate behavioral management strategies can effectively manage the behavioral regulation problems that commonly occur in traumatized children. Addressing trauma-related behavioral problems is an important part of trauma-focused treatment and is feasible to do in the context of using common trauma-focused EBT. Integrating effective behavioral interventions into trauma-focused EBT is essential due to the common nature of behavioral regulation difficulties in traumatized children.

Kerig, P. K., Sink, H. E., Cuellar, R. E., Vanderzee, K. L., & Elfstrom, J. L. (2010). Implementing Trauma-Focused CBT with fidelity and flexibility: A family case study. *Journal of Clinical Child & Adolescent Psychology, 39*(5), 713–722.

Effective approaches for the treatment of childhood posttraumatic stress disorder and traumatic grief are needed given the prevalence of trauma and its impact on children’s lives. To effectively treat posttraumatic stress disorder in children, evidence-based practices should be implemented with flexibility and responsiveness to culture, developmental level, and the specific needs of the family. This case study illustrates flexibility with fidelity in the use of a manualized treatment, describing the implementation of Trauma Focused-Cognitive Behavior Therapy with three traumatized family members—a caregiver and two children. Particular attention is paid to the use of creative strategies to tailor interventions to the individual clients while maintaining fidelity to the principles and components of this evidence-based treatment.

Walker, D. F., Reese, J. B., Hughes, J. P., & Troskie, M. J. (2010). Addressing religious and spiritual issues in Trauma-Focused Cognitive Behavior Therapy for children and adolescents. *Professional Psychology: Research and Practice, 41*(2), 174-180.

Psychologists have become increasingly concerned with the role of religion and spirituality in resolving childhood physical and sexual abuse, particularly religion-related abuse. In treating victims of child abuse, trauma-focused cognitive behavior therapy has emerged as a leading treatment for recovery. In this article, we discuss the relevance of religious and spiritual issues in trauma-focused cognitive behavior therapy for children and teens. Using three case studies, we then present a model for assessing and treating religion and spirituality in trauma-focused cognitive behavior therapy. This model focuses on the client’s pre-existing religious and spiritual

functioning as well as changes in religion/spirituality after abuse. We suggest that this approach will assist clients from various religious and spiritual affiliations to process childhood abuse.

Feather, J. S., & Ronan, K. R. (2009). Trauma-Focused CBT with maltreated children: A clinic-based evaluation of a new treatment manual. *Australian Psychologist, 44*(3), 174–194.

The effectiveness of a locally developed trauma-focused cognitive behavioural therapy (TF-CBT) program for maltreated children with post-traumatic stress disorder (PTSD) was examined across different therapists in a child protection clinic setting. An earlier phase of the research piloting the program had provided promising results. This second phase involved two studies evaluating the completed TF-CBT manual delivered by (a) the developer and (b) other therapists. A single-case multiple-baseline design was used to demonstrate the controlling effects of the treatment on PTSD symptoms and child coping. Eight 9–13-year-old abused children with PTSD were treated. Positive outcomes support the effectiveness of the TF-CBT program delivered by both the developer and other therapists. The study design and methodology were robust enough to confirm empirically the clinically beneficial effects and potential for this new program. It was also apparent, however, from study limitations, including missing data for some patients, that there are a number of challenges in carrying out such research in a busy child protection service setting with multiply-abused patients. This paper considers implications and ways forward for engaging in empirically supported practice as well as future development and research.

Cohen, J. A., & Mannarino, A. P. (2008). [Trauma-Focused Cognitive Behavioural Therapy for children and parents](#). *Child and Adolescent Mental Health, 13*(4), 158-162.

Trauma-focused cognitive behavioural therapy (TF-CBT) for children and parents is an evidence based treatment approach for traumatised children. Evaluation of TF-CBT includes several randomised controlled trials, effectiveness studies and ongoing studies for children experiencing sexual abuse, domestic violence, traumatic grief, terrorism, disasters and multiple traumas. The model of TF-CBT described here is a flexible, components based model that provides children and parents with stress management skills prior to encouraging direct discussion and processing of children's traumatic experiences. TF-CBT components are summarised by the acronym PRACTICE: Psychoeducation, Parenting skills, Relaxation skills, Affective modulation skills,

Cognitive coping skills, Trauma narrative and cognitive processing of the traumatic event(s), In vivo mastery of trauma reminders, Conjoint child-parent sessions, and Enhancing safety and future developmental trajectory. Currently this model of TF-CBT is being adapted and implemented both within the USA and internationally.

Feather, J. S., & Ronan, K. R. (2006). Trauma-Focused Cognitive Behavioural Therapy for abused children with posttraumatic stress disorder: A pilot study. *New Zealand Journal of Psychology*, 35(3), 132–145.

A manualised trauma-focused cognitive behavioural therapy (TF-CBT) programme was developed for multiply-abused children diagnosed with posttraumatic stress disorder (PTSD; Feather & Ronan, 2004). It was piloted with 4 children (aged 9-14 years) referred to a specialist clinic of the statutory child protection agency. The locally developed programme built on efficacious treatments for childhood anxiety and PTSD as a result of sexual abuse. It comprises psychosocial strengthening, coping skills training, gradual exposure using creative media, and special issues relevant to trauma and abuse. A multiple baseline design was used to demonstrate the controlling effects of the treatment. The results indicate a good deal of promise. PTSD symptoms generally decreased and child coping increased. Gains improved over 3, 6, and 12 month follow-ups. Results are discussed in terms of the value of clinicians engaging in local research aimed at increasing outcomes for their clients.

Cohen, J. A., Mannarino, A. P., & Knudsen, K. (2005). [Treating sexually abused children: 1 year follow-up of a randomized controlled trial](#). *Child Abuse & Neglect*, 29(2), 135-145.

The objective was to measure the durability of improvement in response to two alternative treatments for sexually abused children. Eighty-two sexually abused children ages 8–15 years old and their primary caretakers were randomly assigned to trauma-focused cognitive-behavioral therapy (TF-CBT) or non-directive supportive therapy (NST) delivered over 12 sessions; this study examines symptomatology during 12 months posttreatment. Intent-to-treat and treatment completer repeated measures analyses were conducted. Intent-to-treat indicated significant group × time effects in favor of TF-CBT on measures of depression, anxiety, and sexual problems. Among treatment completers, the TF-CBT group evidenced significantly greater improvement in anxiety, depression, sexual problems and dissociation at the 6-month follow-up and in PTSD and

dissociation at the 12-month follow-up. This study provides additional support for the durability of TF-CBT effectiveness. © 2005. Published by Elsevier Ltd.

Cohen, J. A., Deblinger, E., Mannarino, A. P., & Steer, R. A. (2004). [A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms](#). *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(4), 393-402.

The objective was to examine the differential efficacy of trauma-focused, cognitive behavioral therapy (TF-CBT) and Child Centered Therapy (CCT) for treating posttraumatic stress disorder (PTSD) and related emotional and behavioral problems in children who have suffered sexual abuse. Two hundred and twenty-nine 8–14 year old children and their primary caretakers were randomly assigned to the above alternative treatments. These children had significant symptoms of Posttraumatic Stress Disorder (PTSD) with 89% meeting full DSM-IV PTSD diagnostic criteria. A series analyses of covariance indicated that children assigned to TF-CBT, as compared to those assigned to CCT, demonstrated significantly more improvement with regard to PTSD, depression, behavior problems, shame and abuse-related attributions. Similarly, parents assigned to TF-CBT showed greater improvement with respect to their own self-reported levels of depression, abuse-specific distress, support of the child, and effective parenting practices. This study adds to the growing evidence supporting the efficacy of TF-CBT with children suffering PTSD symptoms as a result of sexual abuse.

Feeny, N. C., Foa, E. B., Treadwell, K. R., & March, J. (2004). Posttraumatic Stress Disorder in youth: A critical review of the cognitive and behavioral treatment outcome literature. *Professional Psychology: Research and Practice*, 35(5), 466-476.

What treatments work for children who have posttraumatic stress disorder (PTSD)? Perhaps more important, what else do clinicians need to learn? In this article, the authors focus on treatment research in the area of trauma and PTSD in youth, in an attempt to highlight the clinical implications of such work and to identify the areas in which additional research is needed. Overall, there is emerging evidence that a variety of cognitive and behavioral programs are effective in treating youth with PTSD. In spite of such evidence, additional research is needed to shore up the scientific base for effective clinical practice with these youth. Psychologists working with

traumatized youth will find this article a useful update on the state of evidence for cognitive-behavioral interventions in the treatment of PTSD.

Cohen, J. A., Mannarino, A. P., Berliner, L., & Deblinger, E. (2000). Trauma-Focused Cognitive Behavioral Therapy for children and adolescents: An empirical update. *Journal of Interpersonal Violence, 15*(11), 1202-1223.

This article reviews the four major components of trauma-focused cognitive behavioral therapy (CBT) for children and adolescents: exposure, cognitive processing and reframing, stress management, and parental treatment. For each component, background, description, and the current empirical support for including each of these components in the treatment of traumatized children is presented. Although there is growing empirical support for the efficacy of trauma focused CBT in decreasing psychological symptomatology, there are inadequate data to indicate the relative contribution of the individual CBT components. Suggestions for future clinical and research directions are also discussed.