Trauma-Focused Cognitive-Behavioral Therapy: Evidence-Based Treatment for Childhood Trauma in Community-Based Settings

Accessing Evidence-Based Treatment for Traumatized Youth: Treatment and Service Options for Children & Families in MA

Jessica L. Griffin, Psy.D.
Assistant Professor of Psychiatry & Pediatrics
Principal Investigator, UMMS Child Trauma Training Center

Continuing Medical Education Commercial Disclosure Requirement

I, Jessica L. Griffin, have the following commercial relationship(s) to disclose:

Funding by Substance Abuse and Mental Health Services Administration, National Child Traumatic Stress Network (SAMHSA/NCTSN); Administration of Children and Families (ACF/Children's Bureau); Lookout Foundation; A&E Television Network, Television Personality/Consultant; TF-CBT National Trainer

What are Evidence-Based Treatments?

- Treatments that have strong research support
- Clinical trials & Randomized Controlled Clinical Trials (RCTs)
- Typically involve a manual, series of training and consultation to learn the treatment model

Where do I find information about EBT's for Trauma?

- www.nctsn.org
- http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices
- https://www.childwelfare.gov/pubs/guide2011/guide.pdf
- http://www.cebc4cw.org/ (California evidence-based clearinghouse)

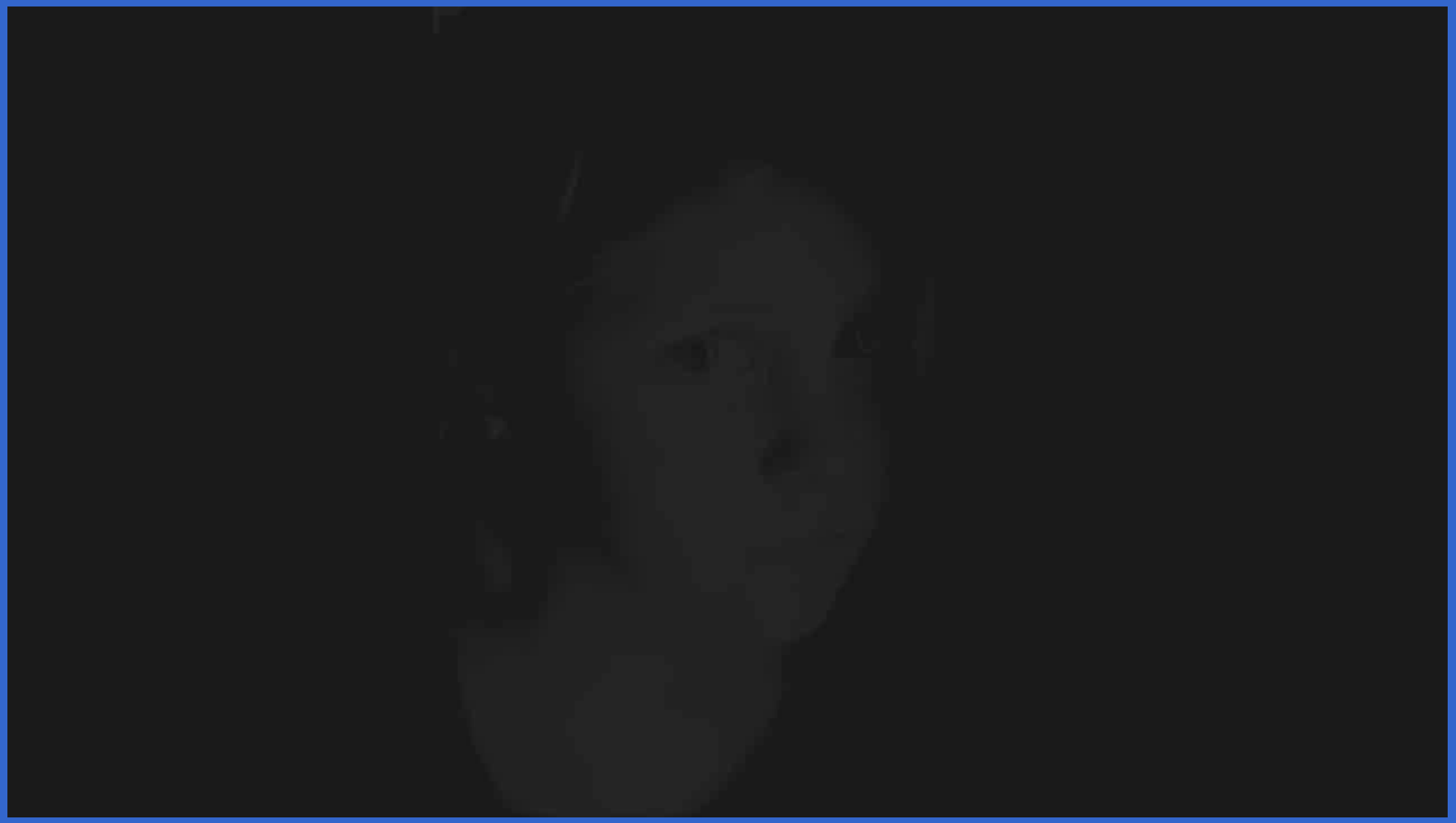
UMMS TF-CBT Dissemination in Central MA

- 2006: First Learning Collaborative via Central MA Communities of Care
- 2009: UMMS Dept. of Psychiatry partnered w/LUK, Inc. to establish the Central MA Child Trauma Center
- 2012: UMMS Dept of Psychiatry funded to establish UMMS Child Trauma Training Center (UMMS CTTC)
- 2016: UMMS CTTC Refunded until 2021!

Broad child trauma EBT dissemination efforts in MA

- Massachusetts Child Trauma Project
- Defending Childhood Initiative
- NCTSN-funded trauma centers across MA
- Various CAC-supported initiatives
- Others
- 2016-2021 NCTSN grantees:
  - http://www.samhsa.gov/grants/awards/2016/SM-16-005
  - http://www.samhsa.gov/grants/awards/2016/SM-16-008

The National Child Traumatic Stress Network



NCTSN SITES IN MA

- Baystate Family Advocacy Center's, Therapy House Calls Project, Springfield
- Central MA Child Trauma Center (LUK, Inc), Fitchburg
- Child Witness to Violence Program, Boston Medical Center, Boston (CAT II)
- Children's Hospital, Boston, Advancing Treatment for Refugee Children & Adolescents, Boston (CAT II)
- Institute for Health and Recovery, Boston (CAT III)
- Trauma Center at JRI, Brookline (CAT II)
- UMMS Child Trauma Training Center, Central & Western MA

University of Massachusetts Medical School's Child Trauma Training Center

Goals

1) Provide trauma-informed training for professionals from the courts, law enforcement, schools, and pediatric settings across Central and Western Massachusetts
2) Link children and families to needed trauma treatment in a timely fashion (1-855-LINK-KID)
3) Train mental health professionals in evidence-based treatment for childhood trauma: Trauma-Focused Cognitive-Behavioral Therapy

CTTC's Target Goals

Over the 4-year project period:

- The CTTC will provide **training in trauma-sensitive care to *1,800 professionals*, impacting approximately *20,000 youth*** with trauma-informed approaches and practices during the project period. To date, ***13,013 professionals – 723% of our target goal*** have been trained, impacting approximately ***164,840 youth – 824% of our target goal.***
- Through its network of provider agencies, the CTTC will provide trauma-focused ***treatment to 900 youth and their families*** in 60 cities and towns in Central MA and 23 cities and towns in Western MA. To date, about ***822 youth*** have received TF-CBT.

Not every area has EBTs…

- Limited resources
- High wait lists
- High clinician turnover or clinician promotion
- Demand outweighs the capacity

What are Some Components of Trauma-Informed Treatment?

- Screening/Assessment
- Building a strong therapeutic relationship
- Psychoeducation about normal responses to trauma
- Parent/caregiver support, conjoint therapy, or parent training
- Knowledge of child development
- Emotional expression and regulation skills
- Anxiety management and relaxation skills
- Cognitive processing or reframing
- Trauma narration/processing/organization
- Promoting safety

Do children experiencing trauma always need an EBT?

- No.
  - Many children are resilient;
  - Impact is dependent on variety of factors
- Indicators that referral for an EBT is warranted:
  - The presence of a traumatic event + presence of trauma-related symptoms
  - Change in functioning
  - Impact on multiple areas of functioning

Assessment is Critical

- Thorough clinical interview/biopsychosocial history
- Traumatic Experiences
  - If you don't ask, they won't tell you
- Trauma-Related Symptoms
- Assessment of impact on multiple domains of functioning

Trauma-Related Symptoms

CRAFTS

- **C**ognitive problems
- **R**elationship problems
- **A**ffective problems
- **F**amily problems
- **T**raumatic behavior problems
- **S**omatic problems

COMPLEX TRAUMA

- Children's exposure to multiple traumatic events (typically interpersonal trauma) and the long-term impact of this exposure, trauma is chronic, severe, and typically at the hands of caregivers (Cook et al, 2003)
  - CT has profound effect on development, behavior, emotional functioning, cognition, and relationships

Currently being widely disseminated in MA

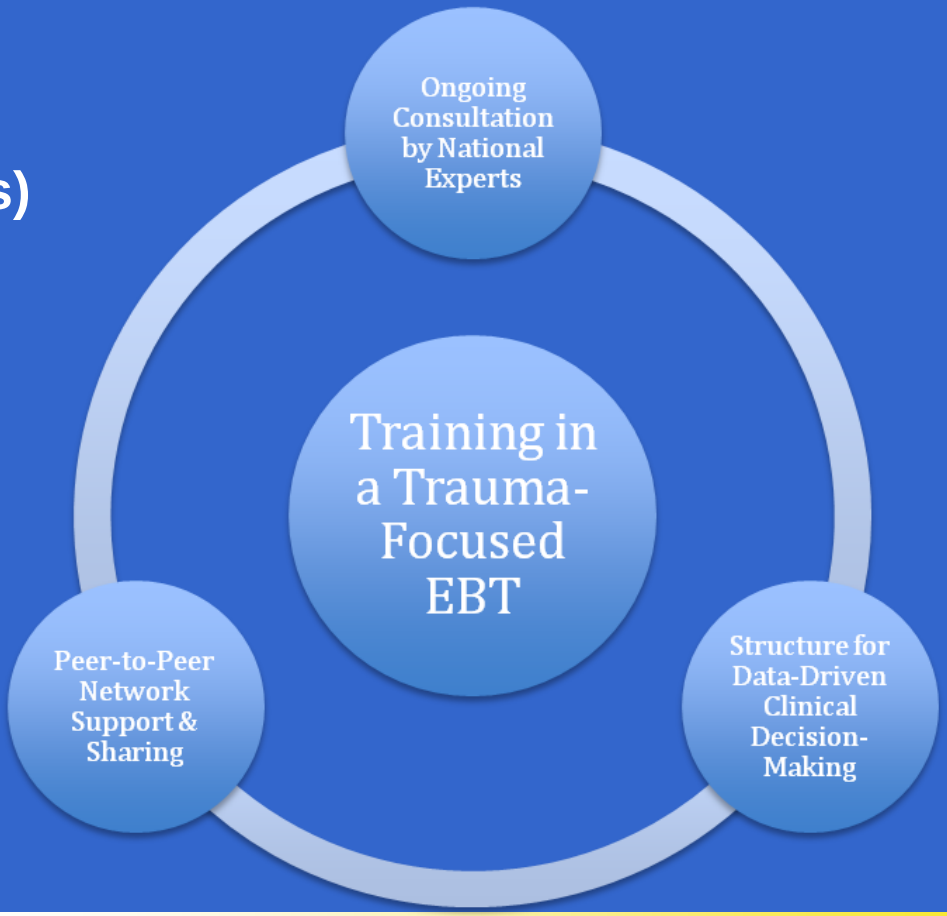
- Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) - EBT
- Child Parent Psychotherapy (CPP) -EBT
- Attachment, Self-Regulation, and Competency (ARC) -EIP
- Parent-Child Interaction Therapy (PCIT)

Training in EBTs

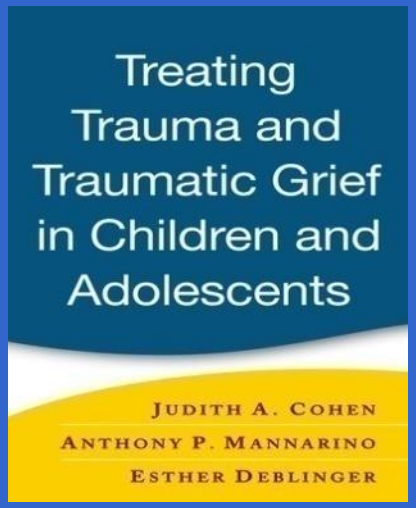
- Varies, so you want to ask…
- Suggested that clinicians be trained in a Learning Community/Learning Collaborative model
  - Training by treatment experts plus ongoing consultation and support (usually 12 to 18 months)
- Certification/Rostering in EBTs

Example of a Learning Community/Learning Collaborative

- **Intensive Learning Community (ILC)**
  - **Basic Training (2-3 days)**
  - **Supervisor Training**
  - **Advanced Training (1-2 days)**
  - **Monthly Consultation**
  - **Team Meetings**
  - **Senior Leader Track**
  - **Webinars**
  - **Clinically Useful Data**



TRAUMA-FOCUSED COGNITIVE-BEHAVIORAL THERAPY (TF-CBT)



Child Trauma Training Center
Linking Families, Training Providers, Informing Communities
1-855-LINK-KID

NCTSN The National Child Traumatic Stress Network

Development of TF-CBT

- Model Developed by Judith Cohen, M.D., Anthony Mannarino, Ph.D. & Esther Deblinger, Ph.D.

- An Evidence-Based Practice
- A SAMHSA Model Program
- One of Kaufman's "Best Practices"

What is TF-CBT?

- Evidence-based treatment for traumatized children, adolescents and parents/caregivers

What is TF-CBT?

A hybrid treatment model that integrates:

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

Who is TF-CBT For?

- Children 3-18 years with known trauma history
- Any type of trauma—single, multiple, complex, child abuse, DV, traumatic grief, disaster, war, etc.
- Prominent trauma symptoms (PTSD, depression, anxiety, with or without behavioral problems)
- Parental/caretaker involvement is optimal but not required
- Clinic, school, residential, home, inpatient, refugee or other settings

Evidence That TF-CBT Works

- 19 RCT comparing TF-CBT to other conditions
- TF-CBT→ greater improvement in PTSD, depression, anxiety, behavior problems compared to comparison or control conditions
- Parents participating in TF-CBT also experienced greater improvement compared to parents participating in comparison conditions

TF-CBT Studies and Complex Trauma

- Complex trauma *experiences*: TF-CBT studies have focused on interpersonal traumas (e.g., sexual abuse, domestic violence); contrary to the belief that "TF-CBT is for simple traumas", research cohorts have documented multiple ongoing interpersonal traumas
- Complex trauma *outcomes*: TF-CBT studies consistently assess these, e.g., PTSD, affect , behavior, cognitive/perception, relationship/attachment outcomes

Recent research: International and Domestic

- TF-CBT RCT for Zambian HIV Affected Orphans and Vulnerable Children (OVC)
- Sex Trafficked, War Exposed Girls in DR Congo
- War exposed boys/Child soldiers in DRC
- Netherlands EMDR v. TF-CBT
- Norway TF-CBT Research Studies
- Illinois Foster Care Study

UMMS CTTC Data

- Currently 283 youth enrolled into project evaluation, followed over time; enrollment closed 6/30/2016
- Average # of trauma types = 5.7
- Interpersonal trauma primary trauma types
- 40% identify as Hispanic

TF-CBT Core Principles

- Components- and phase-based treatment
- Proportionality of phases
- Gradual exposure—not prolonged exposure—integrated into all TF-CBT components

Components-Based Treatment: PRACTICE

Phase- Based Treatment

- Psychoeducation
- Parenting Component
- Relaxation Skills — **STABILIZATION PHASE**
- Affective regulation Skills
- Cognitive processing Skills

- Trauma narration and processing — **TN PHASE**

- In vivo mastery of trauma reminders
- Conjoint child-parent sessions — **INTEGRATION/**
- Enhancing safety — **CONSOLIDATION PHASE**

TF-CBT Pacing

Psychoeducation
Relaxation
Affective
Modulation
Cognitive Coping

Stabilization Phase — 1/3

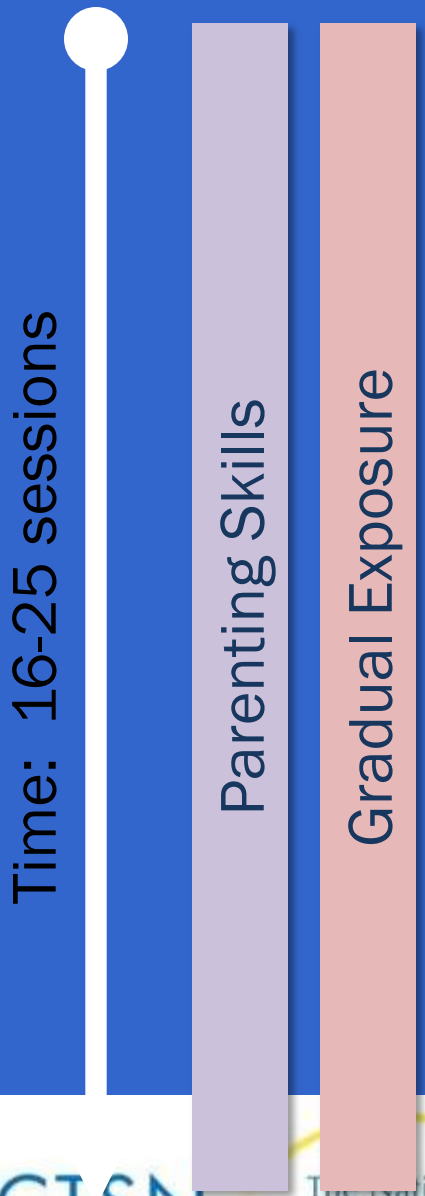
Trauma Narrative and Processing

Trauma Narrative Phase — 1/3

In vivo
Conjoint sessions
Enhancing safety

Integration Phase — 1/3

TF-CBT Pacing – Complex Trauma



Enhancing Safety
Psychoeducation
Relaxation*
Affective Modulation
Cognitive Coping

Stabilization Phase — 1/2

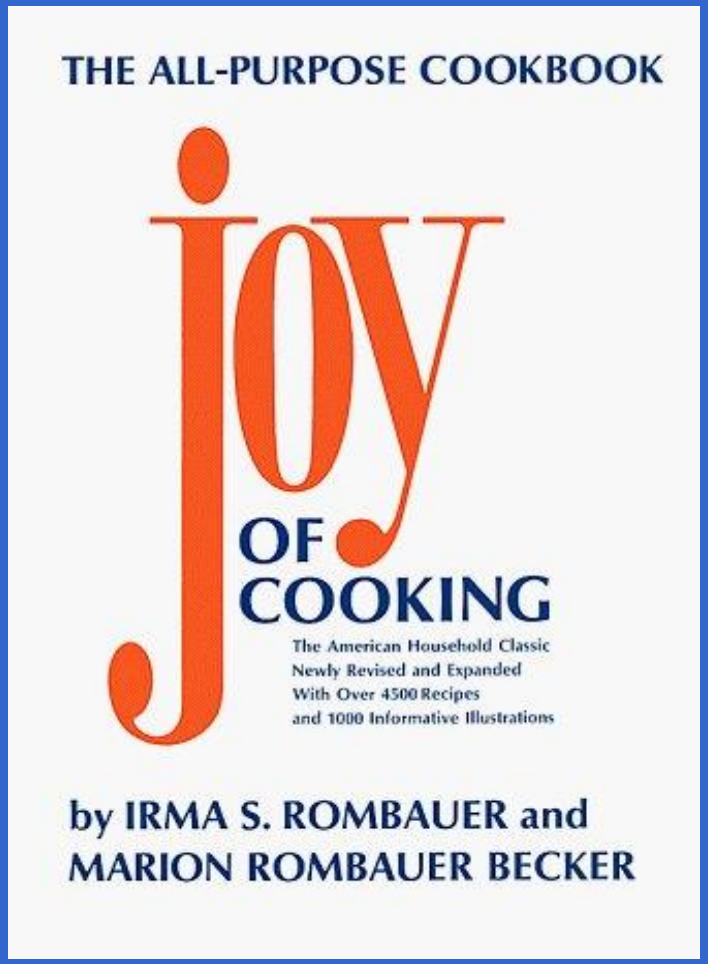
Trauma Narrative and Processing

Trauma Narrative Phase — 1/4

In vivo
Conjoint Sessions
Enhancing Safety

Integration Phase — 1/4

What TF-CBT is not:



Misconceptions about TF-CBT

- TF-CBT cannot be used with children when there is no parent/caretaker available
- TF-CBT cannot be used with children in foster care
- TF-CBT cannot be used with children with complex trauma or multiple traumas
- TF-CBT cannot be used with children who have symptoms other than PTSD

Misconceptions about TF-CBT

- TF-CBT cannot be used with children younger than five or older than 14
- TF-CBT cannot be used with children with special needs or developmental delays
- TF-CBT cannot be used with children from a variety of cultural backgrounds

General Overview

- **PRACTICE**:
  - **P**sychoeducation & Parenting Skills
  - **R**elaxation and Stress Management
  - **A**ffective Expression and Regulation
  - **C**ognitive Coping
  - **T**rauma Narrative Development & Processing
  - **I**n Vivo Gradual Exposure
  - **C**onjoint Parent-Child Sessions
  - **E**nhancing Safety and Future Development

Psychoeducation

- Rationale: Helps children understand the impact of past experiences on the present.
  - Children who experience trauma often feel as if they are alone or are "going crazy."
  - Parents often do not understand that a child's problem behaviors are trauma-related
- Goals:
  - **NORMALIZE** responses to trauma
  - **VALIDATE** feelings
  - **REINFORCE** accurate cognitions
  - **EDUCATE** about trauma, impact, and TF-CBT

Parenting Skills

- **GOAL:** Increase positive parenting practices/improve parent-child relationship
- **RATIONALE:** Child PTSD symptoms can include mood problems (irritability, angry outbursts) and acting-out behavior; addressing these issues and how to handle them can be empowering for parents and create structure out of chaos for children
- Techniques with parents: role plays, reviewing prior or recent incidents, find out what has worked and what has not

Relaxation & Stress Management

- **GOAL:** Reduce physiological manifestation of stress and PTSD

- **RATIONALE:** Physiological symptoms problematic when child experiences trauma reminders/triggers (e.g. sleep problems, restlessness, irritability, anger/rage reactions, hypervigilance, faster heart rate, increased startle response, etc.)

Affective Expression & Modulation

- **GOAL:** Help children express and manage their feelings more effectively
- **Rationale:** By helping them improve their ability to express/modulate frightening feelings, they may have less need to use avoidant strategies

Cognitive Coping and Processing

- **GOALS:** Increase the child & parent's ability to challenge & correct cognitions that are either inaccurate or unhelpful; Recognition and sharing of internal dialogues
- **Rationale:** Children are particularly prone to inaccurate or dysfunctional thoughts about traumatic experiences – these thoughts can negatively impact their belief system

Trauma Narrative (AKA: "Gradual Exposure")

- **GOAL:** Undo connection between thoughts, reminders, or discussion of traumatic event from overwhelming negative emotions
- **RATIONALE:** Desensitize child to trauma reminders and thereby decrease physical and psychological hyperarousal upon exposure…which decreases avoidance and PTSD symptoms;
- Done gradually so that each step is only slightly more difficult than previous one

In Vivo Mastery of Trauma Reminders

- Help child gain mastery over feared situation
- Identify feared situation
- Develop in vivo desensitization plan
- Reinforce in vivo work
- Importance of therapist confidence

Conjoint Parent-Child Sessions

- **GOAL:** Increase parent/child connection, encourage healing
- **RATIONALE:** Enhance child's comfort with regard to talking directly with parent about trauma and other issues
  - Joint sessions include review of educational information, reading TN, and improving open communication

Enhancing Future Safety & Development

- **GOAL:** Review skills learned; teach personal safety skills; "making meaning;" plan for future
- **RATIONALE FOR SAFETY SKILLS:** Children who have been victimized are more vulnerable to revictimization

TF-CBT is not appropriate for:

- Unidentified trauma
- Child who is asymptomatic
- Children younger than 3
- Youth who are ACTIVELY suicidal, psychotic, or substance abusing (e.g., intoxicated in session)

Applications of TF-CBT for various settings, populations

Examples:

- Developmental Disabilities
- Young Children
- Native American Families
- Latino Youth & Families
- Military Families – *are you screening for military involvement*?
- In Home Therapy
- Juvenile Justice/Court-Involved Youth

Multiple resources available

Treatment Manual

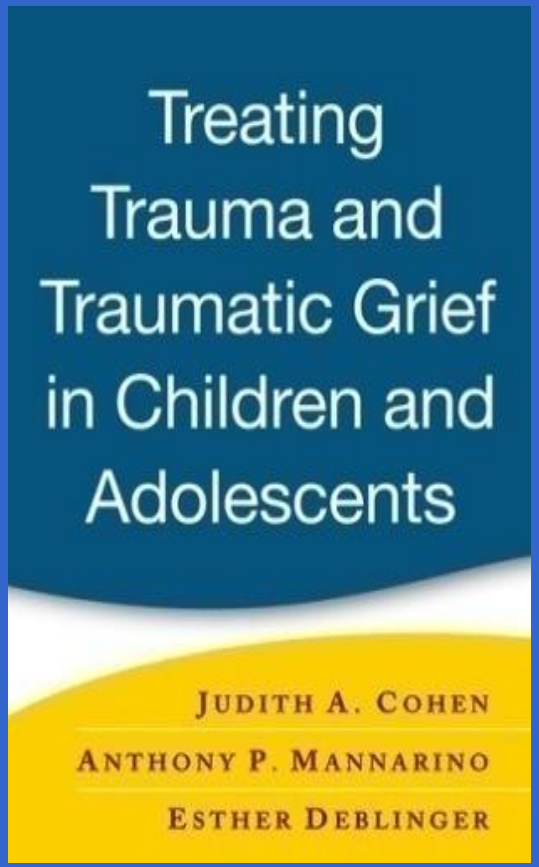
Applications Supplemental Text

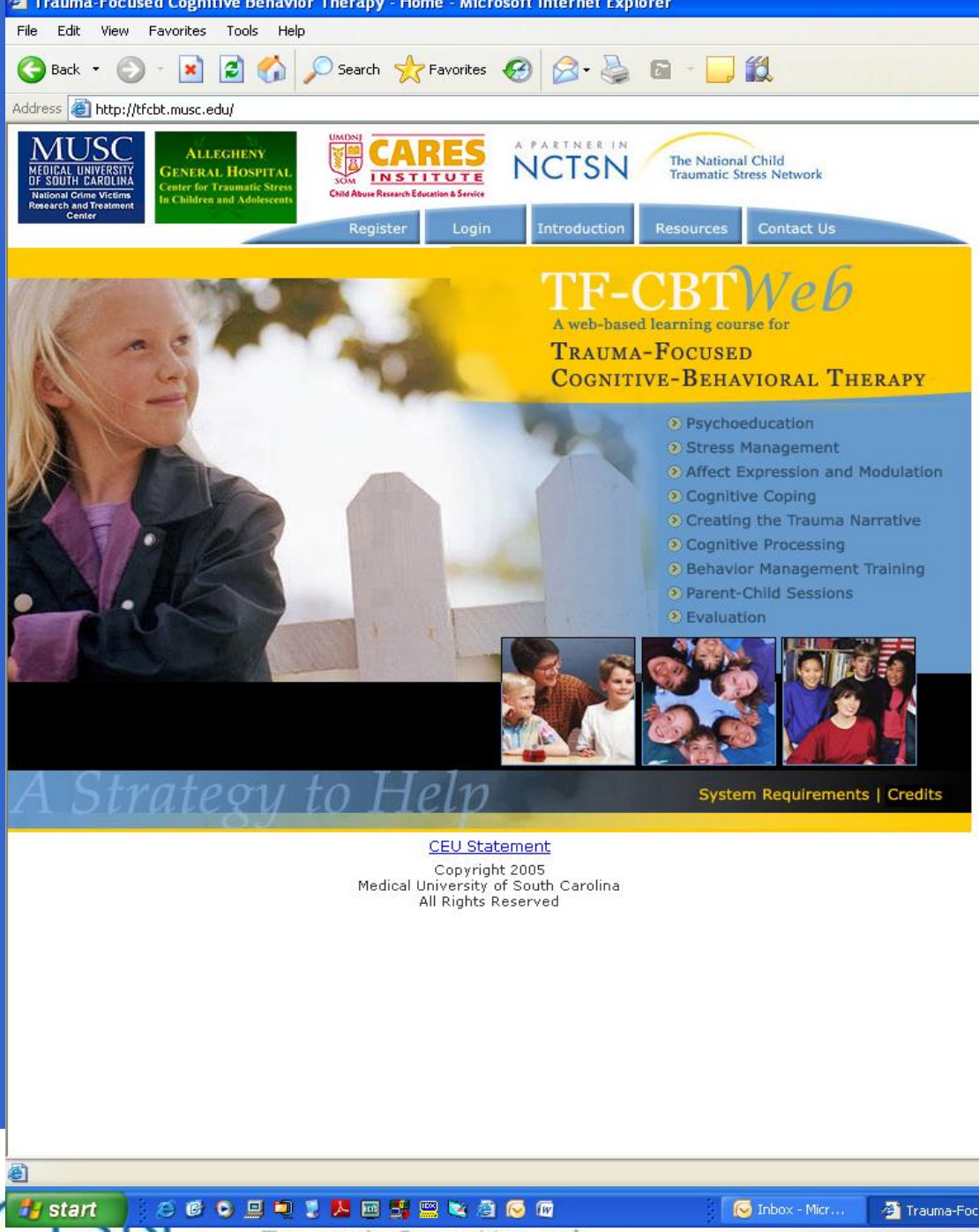
Web-based training in TF-CBT

Web-based training in Childhood Traumatic Grief

Web-based TF-CBT consultation

Web-based National Certification Program in TF-CBT http://tfcbt.org





TF-CBT Online Training

http://tfcbt.musc.edu

How do you make a referral to EBT's?

- Could contact agencies directly OR
- 1-855-LINK-KID UMMS' Centralized Referral System, now statewide – SAMHSA and Lookout Foundation Funding

History of the CRS/LINK-KID

- Developed out of a need in our region/state to improve access to evidence-based treatment for traumatized youth
- Despite multiple initiatives to train providers in trauma-focused EBTs, children wait on exorbitant lists
- Waitlists at major community mental health agencies as long as 9 to 12 months for a first appointment, with averages ranging from 4 to 9 months for outpatient treatment.

History of the CRS/LINK-KID

- The sooner traumatized youth receive treatment, the sooner healing can begin – data suggest that the earlier we intervene, the better.
- This access issue and innovative solution a major tenet of our NCTSN center

Centralized Referral System

- Creation of a *neutral* Centralized Referral System that is not linked to any one provider agency, but includes a network of mental health agencies and practitioners who have been trained in evidence-based trauma treatments
- Two full-time clinical referral coordinators
- Incorporation of family engagement strategies
- Database of trained EBT providers
- Toll-free number **1-855-LINK-KID**
- **Referrals to TF-CBT, ARC, CPP and others as appropriate**

Questions to Ask to Determine if a Therapist is, at a minimum, Trauma-Informed

- Do they provide trauma-specific or trauma informed therapy? If so, how do they determine if the child needs a trauma-specific therapy?
- How familiar are they with evidence-based treatment models designed and tested for treatment of child trauma-related symptoms?
- How do they approach therapy with traumatized children and their families (regardless of whether they indicate formal trauma-informed treatment)?
- Can they describe a typical course of therapy?
- Can they describe the essential elements of their treatment approach?

NCTSN The National Child Traumatic Stress Network

Review of the Components of Trauma-Informed Treatment

- Screening/Assessment
- Building a strong therapeutic relationship
- Psychoeducation about normal responses to trauma
- Parent/caregiver support, conjoint therapy, or parent training
- Knowledge of child development
- Emotional expression and regulation skills
- Anxiety management and relaxation skills
- Cognitive processing or reframing
- Trauma narration/processing/organization
- Promoting safety

Q & A

Resources

tfcbt.org

www.musc.edu/tfcbt

- 10 hour training course offering basic training, video clips, resources for therapists, parents, and children

www.musc.edu/tfcbtconsult

- Forum for frequently asked questions

Resources

- www.nctsn.org National Child Traumatic Stress Network
- Think Trauma Toolkit (NCTSN, 2012)
- www.childwelfare.net Formerly the Child Maltreatment Clearinghouse
- www.acestudy.org

Resources

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More Resources

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Contact Information

Jessica L. Griffin, Psy.D.

Assistant Professor of Psychiatry and Pediatrics

Principal Investigator, Child Trauma Training Center

University of Massachusetts Medical School

Department of Psychiatry

508.856.8829

jessica.griffin@umassmed.edu

 @TheDrJessica & @cttcumassmed

 Dr.JessicaGriffin & childtraumatrainingcenter

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