Applying Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in Group Format

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Practical Advantages of Group Therapy

- Serve larger numbers of clients (reduce waiting lists)
- Increases availability of popular evening slots
- May be conducted cost-effectively
- Added bonus – great vehicle for training new staff/trainees

Potential Therapeutic Advantages of Group Therapy

- Excellent format for psychoeducation and skill building
- Concretely demonstrates prevalence of trauma
- Effective at reducing shame and stigma
- Effective at improving parenting skills and decreasing caregiver distress
- Children and caregivers provide support and motivation to each other
- Fun is infectious
TF-CBT Developers

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TF-CBT

Child Session
- Education
- Skill Building
- Trauma Narrative Therapy
- Enhancing Safety
- Parentification
- Conjoint Sessions

Conjoint Sessions
- Education
- Skill Building
- Parentification (situation-dependent)
- Enhancing Safety
- Graduation Orientation

Caregivers are Key

- Provide information to therapist
- Provide support to child
- Coach child through use of skills
- Critical for treating behavioral difficulties
- Engagement of caregivers can lead to less dropout from treatment
Encourage Humor and Fun

I have seen what a laugh can do. It can transform almost unbearable tears into something bearable, even hopeful.

—Bob Hope

To truly laugh, you must be able to take your pain, and play with it.

—Charlie Chaplin

If you're not laughing, you're not doing it right!

—Barbara Bonner (2005)
TF-CBT Research & Dissemination

- Over 30 scientific studies, including 22 randomized trials
- Exemplary program award from the US Department of Health and Human Services and SAMHSA
- Highest ratings for effectiveness by the US Department of Justice & the California Evidence-Based Clearinghouse
- 18 state-wide TF-CBT training initiatives across the US
- International dissemination on five continents
- Findings replicated and generalized across racial, ethnic, and geographic boundaries with diverse traumas

Group TF-CBT in the United States

- 19 nonoffending maternal caregivers and their children who had been sexually abused (ages 2-6 years)
  - Significant decreases in parental distress and children's sexual behaviors prior to post-treatment
  - Improvements maintained at 3-month follow-up
- 44 nonoffending maternal caregivers and their children who had been sexually abused (ages 2-8 years)
  - Randomized to TF-CBT or supportive counseling group
  - Significantly greater decreases in negative intrusive thoughts and negative conditioned reactions, and significantly greater improvement in children's knowledge of body safety skills in TF-CBT group
  - Improvements maintained at 3-month follow-up

Group TF-CBT in Tanzania

- 64 orphaned children (ages 6-13 years)
- Pre to post-treatment with follow-up

- Results:
  - Significant improvements in posttraumatic stress symptoms, grief symptoms, depression, and overall behavioral adjustment
  - Improvements maintained at 9- and 12-month follow-up

@Dunst, P., Hamby, G., Hammon, V., & Holmes, C., 2006
Group TF-CBT in the Democratic Republic of the Congo

- 52 war-affected, sexually exploited girls (ages 10-17)
- 50 former child soldiers, war-affected boys (ages 15-17)
- Randomized to culturally-modified TF-CBT group or wait list

Results:
- Youth assigned to TF-CBT group as compared to wait list showed significantly greater improvements in posttraumatic stress, overall distress, depression and anxiety symptoms, conduct problems, and pro-social behaviors
- Improvements maintained at 3-month follow-up

(Stechman, Waller, Ahlers, Kline, 2017; Waller, Strehlow, Ahlers, Buffington, Kline, 2017)

Forming a TF-CBT Group:
Issues to Consider

- Agency waitlist
- Age of children
- Gender of children
- Type of trauma/experience:
- Number of therapists
- Group rooms
- Contacting caregivers
Implementation of Group TF-CBT

- Co-therapists lead concurrent caregiver and child groups
- Pre-treatment standardized assessment measures
- Caregivers and children move through components in parallel
- Longer sessions if at all possible (1½ - 2 hours)

Implementation of Group TF-CBT

- Standard TF-CBT approach to confidentiality with group caveat
- Encourage participation of all group members
- Structure and behavior management important in the child group
- Careful selection of group activities for children
- PRAISE

Implementation of Group TF-CBT

- Conjoint portion of session with all families together to review psychoeducation and practice skills
- Children meet as a group except when creating their trauma narrative, which is completed individually
- Conjoint session in which child shares trauma narrative with caregiver is conducted separately
- Graduation session with all families together at the end
Typical Group Session Structure

- Caregiver Group
  - Review PRACTICE assignment (AKA homework)
  - Present topic(s) (e.g., parenting skill, cognitive coping)
  - Assign PRACTICE assignment
  - Prepare for conjoint
- Child Group
  - Review or teaching learned last session
  - Present topic(s) (e.g., psychoeducation, coping skill)
  - Prepare for conjoint
- Conjoint Group
  - Activity (e.g., mutual exchange of praise, children teach caregivers a skill)

Examples of Caregiver Group Skills

- Psychoeducation
- Praise
- Reflective listening
- Selective attention
- Relaxation/mindfulness
- Affect expression and modulation
- Cognitive coping

Creative Child Group Activities

- Psychoeducation
  - Bathing suit people
- Relaxation
  - Smell the pizza—blow out the birthday candles, wet noodle—tin soldier
- Affect expression and modulation
  - Games, charades, feelings statements
- Cognitive coping
  - Post-it note game, best friend role plays with group friends
- Enhancing safety
  - Role plays, hula hoops, traffic light game, songs
Trauma Narrative (TN)

- Pull out option or individual sessions
  - Same therapist to work on TN with child and caregiver individually and in conjoint session

- Process similar to individual TF-CBT
  - Important to not inform child about TN until session in which it starts
  - Important to not inform caregiver in advance that TN will be shared
  - Helpful to read a book about the trauma experienced before initiating TN (this can be done in a group session)
  - Number of chapters may be more limited than in individual therapy
  - As an individual therapy, after narration and processing, complete a final chapter

Examples of What to Do in Group During the TN Sessions

- Children's group
  - Review of coping skills
  - Art projects related to feelings about trauma, what they learned in therapy, etc.

- Caregiver group
  - Continue parenting skills and cognitive coping
  - Provide rationale for trauma narration and processing (if all children are able to engage in this)
  - Important to remember that not all caregivers may be appropriate for sharing

Conjoint TN Sessions

- Process similar to individual therapy
  - It is critical to assess appropriateness of sharing the TN with the caregiver
  - It is critical to individually prepare the child and the caregiver for the conjoint session

- Okay if different families in same group have different levels of sharing TN
  - Use careful assessment and clinical judgement to determine what is most appropriate for the family
Examples of Conjoint Activities

- Children and caregivers exchange praise
- Children teach caregivers a relaxation skill
- Children share emotions about something experienced during the week (non-trauma related); caregivers practice reflective listening and praise
- Play feelings charades
- Play "Family Feud"
- Children share coping index card with caregivers
- Role play safety skills

Post-Treatment Measures & Graduation

- Administer standardized measures
- Final review of skills
- Final mutual exchange of praise
- Graduation caps, music, certificate presentations
- Pizza, snacks, cake, balloons
- It's a real party!