Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)

Topic Areas
Scientific Rating
Child Welfare Relevance
Anxiety Treatment (Child & Adolescent)
1 — Well-Supported by Research Evidence
High
Trauma Treatment - Client-Level Interventions (Child & Adolescent)
1 — Well-Supported by Research Evidence
High

About This Program

Program Overview

Program Goals

The goals of ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)*** are:

- Improving child PTSD, depressive and anxiety symptoms
- Improving child externalizing behavior problems (including sexual behavior problems if related to trauma)
- Improving parenting skills and parental support of the child, and reducing parental distress
- Enhancing parent-child communication, attachment, and ability to maintain safety
- Improving child's adaptive functioning
- Reducing shame and embarrassment related to the traumatic experiences

Essential Components

The essential components of ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)*** include:

- Gradual exposure is included in all components to help children gain mastery in how to use skills when trauma reminders or cues occur.
- The program components are:

- P – Psycho-education and parenting skills
- R – Relaxation techniques: Focused breathing, progressive muscle relaxation, and teaching the child to control their thoughts (thought stopping).
- A – Affective expression and regulation: To help the child and parent learn to control their emotional reaction to reminders by expanding their emotional vocabulary, enhancing their skills in identification and expression of emotions, and encouraging self-soothing activities
- C – Cognitive coping: Through this component, the child learns to understand the relationships between thoughts, feelings and behaviors and think in new and healthier ways.
- T – Trauma narrative and processing: Gradual exposure exercises including verbal, written and/or symbolic recounting (i.e., utilizing dolls, art, puppets, etc.) of traumatic event(s) so the child learns to be able to discuss the events when they choose in ways that do not produce overwhelming emotions. Following the completion of the narrative, clients are supported in identifying, challenging and correcting cognitive distortions and dysfunctional beliefs.
- I – In vivo exposure: Encourage the gradual exposure to innocuous (harmless) trauma reminders in child's environment (e.g., basement, darkness, school, etc.) so the child learns they can control their emotional reactions to things that remind them of the trauma, starting with non-threatening examples of reminders.
- C – Conjoint parent/child sessions: Held typically toward the end of the treatment, but maybe initiated earlier when children have significant behavior problems so parents can be coached in the use of behavior management skills. Sessions generally deal with psycho-education, sharing the trauma narrative, anxiety management, and correction of cognitive distortions. The family works to enhance communication and create opportunities for therapeutic discussion regarding the trauma.
- E – Enhancing personal safety and future growth: Provide training and education with respect to personal safety skills and healthy sexuality/ interpersonal relationships; encourage the utilization of skills learned in managing future stressors and/or trauma reminders.

Program Delivery

Child/Adolescent Services

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) directly provides services to children/adolescents and addresses the following:

- Feelings of shame, distorted beliefs about self and others, acting out behavior problems, and PTSD and related symptoms

Parent/Caregiver Services

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) directly provides services to parents/caregivers and addresses the following:

- Inappropriate parenting practices and parental trauma-related emotional distress

Recommended Intensity:

Weekly 30- to 45-minute sessions for the child and parent separately until the end of treatment nears; then conjoint sessions of 30-45 minutes are included

Recommended Duration:

12-18 weeks

Delivery Settings

This program is typically conducted in a(n):

- Birth Family Home
- Community Agency
- Community Daily Living Setting
- Outpatient Clinic
- Residential Treatment Center

Homework

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) includes a homework component:

Parents are given weekly assignments to practice the treatment components at home, both alone and to reinforce and practice these with their children. Children are also given homework during certain sessions to reinforce and practice skills learned in therapy sessions.

Languages

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) has materials available in languages other than English:

Dutch, German, Japanese, Korean, Mandarin, Polish, Spanish

For information on which materials are available in these languages, please check on the program's website or contact the program representative (contact information is listed at the bottom of this page).

Resources Needed to Run Program

The typical resources for implementing the program are:

- Private space to conduct sessions
- Waiting area for children when parents are being seen
- Therapeutic books and materials

Education and Training

Prerequisite/Minimum Provider Qualifications

- Master's degree and training in the treatment model
- Experience working with children and families

Education and Training Resources

There is a manual that describes how to implement this program , and there is training available for this program.

Training Contacts:

- **Judith Cohen, MD**
  jcohen1@wpahs.org
- **Esther Deblinger, PhD**
  deblines@umdnj.edu

Training is obtained:

National Conferences; CARES Institute, Allegheny General Hospital and onsite by request

Number of days/hours:

- Introductory Overview: 1–8 hours

- Basic Training: 2–3 days
- Ongoing Phone Consultation (twice monthly for 6-12 months): groups of 5-12 clinicians receive ongoing case consultation to implement ***TF-CBT*** for patients in their setting
- Advanced Training: 1–3 days

Additional Resources:

There currently are additional qualified resources for training:

TF-CBTWeb, a ten-hour basic web-based training free of charge, is available at www.musc.edu/tfcbt. A free web-based consultation product in implementing ***TF-CBT*** is available at www.musc.edu/tfcbtconsult (completion of *TF-CBTWeb* is required prior to accessing this product). Information about training and consultation is available from the National *TF-CBT* Therapist Certification Program at https://tfcbt.org.

Implementation Information

Pre-Implementation Materials

There are pre-implementation materials to measure organizational or provider readiness for ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)*** as listed below:

The TF-CBT Implementation Manual describes the organizational readiness process. It is available from the program representative listed at the end of the entry.

Formal Support for Implementation

There is formal support available for implementation of ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)*** as listed below:

There is a formal structure for therapists to become certified in ***TF-CBT*** (www.tfcbt.org) as well as a structure for official training of ***TF-CBT*** trainers, organizational supervisors, and consultants to support large implementation programs.

Fidelity Measures

There are fidelity measures for ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)*** as listed below:

The TF-CBT Brief Practice Checklist is a self-report form that is available in Appendix 4 of the TF-CBT Implementation Manual. The manual is available from the program representative listed at the end of the entry.

Implementation Guides or Manuals

There are implementation guides or manuals for ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)*** as listed below:

The TF-CBT Implementation Manual describes the implementation process. It is available from the program representative listed at the end of the entry.

Research on How to Implement the Program

Research has not been conducted on how to implement ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)***.

Relevant Published, Peer-Reviewed Research

This program is rated a "**1 - Well-Supported by Research Evidence**" on the Scientific Rating Scale based on the published, peer-reviewed research available. The program must have at least two rigorous randomized controlled trials with one showing a sustained effect of at least 1 year. The article(s) below that reports outcomes from an RCT showing a sustained effect of at least 1 year has an asterisk (*) at the beginning of its entry. Please see the Scientific Rating Scale for more information.

Child Welfare Outcome: Child/Family Well-Being

When more than 10 research articles have been published in peer-reviewed journals, the CEBC reviews all of the articles as part of the rating process and identifies the 10 most relevant articles, with a focus on randomized controlled trials (RCTs) and controlled studies that have an impact on the rating. The 10 articles chosen for ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)*** are summarized below:

Deblinger, E., Lippmann, J., & Steer, R. (1996). Sexually abused children suffering posttraumatic stress symptoms: Initial treatment outcome findings. *Child Maltreatment, 1*(4), 310-321.

Type of Study: Randomized controlled trial
Number of Participants: 90

Population:

- **Age —** 7-13
- **Race/Ethnicity —** 70% Caucasian, 21% African American, 7% Hispanic, and 2% Other
- **Gender —** 83% Female, 17% Male
- **Status —** Participants were children with histories of sexual abuse trauma and posttraumatic stress disorder (PTSD) who were referred by the Department for Youth and Family Services, prosecutor's office, or other community agency.

Location/Institution: New Jersey

Summary: *(To include comparison groups, outcomes, measures, notable limitations)*
The study evaluated the use of ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)*** in a sample of children with histories of sexual abuse trauma and posttraumatic stress disorder (PTSD). Participants were randomly assigned to child only, mother only, or mother and child treatment conditions, or to a standard community care control condition. Children were assessed for PTSD symptoms using the *Schedule for Affective Disorders and Schizophrenia for School-Age Children (K-SADS-E), State Trait Anxiety Inventory for Children (STAIC),* and the *Child Depression Inventory (CDI)*. Parents completed the *Child Behavior Checklist for Ages 4-18 (CBCL/4-18)* and the *Parenting Practices Questionnaire (PPQ)*. Results indicated that children assigned to either treatment condition showed fewer PTSD symptoms after treatment than those assigned to parent-only treatment or community conditions. Mothers in either treatment condition reported more effective parenting behaviors on the PPQ and reported fewer externalizing behaviors for their children. Study limitations include the large variation in treatment received by the community care control condition and lack of a post-intervention follow-up.

Length of postintervention follow-up: None.

Cohen, J. A., & Mannarino, A. P. (1996). A treatment outcome study for sexually abused preschool children: Initial findings. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*(1), 42-50.

Type of Study: Randomized controlled trial
Number of Participants: 67

Population:

- **Age —** 3 to 6 years
- **Race/Ethnicity —** 54% Caucasian, 42% African American, and 4% other
- **Gender —** *Not Specified*
- **Status —** Participants were families and children with histories of sexual abuse trauma who were recruited from rape crisis centers, Child Protective Services, pediatricians, psychologists, community mental health agencies, police, or judicial system.

Location/Institution: Pennsylvania

Summary: *(To include comparison groups, outcomes, measures, notable limitations)*
Non-offending parents and children with documented sexual abuse were randomly assigned to received Cognitive Behavioral Therapy (CBT) or Nondirective Supportive Therapy (NST). Children's symptoms were assessed at baseline and follow-up with the *Pre-school Symptom Self-report (PRESS)*, the *Child Behavior Checklist for Ages 2-3 (CBCL/2-3)*, the *Child Behavior Checklist for Ages 4-18 (CBCL/4-18),* and the *Child Sexual Behavior Inventory (CSBI)*. Parents also completed the *Weekly Behavior Report (WBR)*, which was developed for this research project. At posttest the CBT group had improved significantly in comparison with the NST on the *CSBI*, the WBR total score, and on the Behavior Profile-Total and Internalizing subscales of the *CBCL*.

Length of postintervention follow-up: None.

***Cohen, J. A., & Mannarino, A. P. (1997).** A treatment study for sexually abused preschool children: Outcome during a one-year follow-up. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(9), 1228-1235.

Type of Study: Randomized controlled trial
Number of Participants: 43 children

Population:

- **Age —** 3-6 years at baseline

- **Race/Ethnicity —** 56% Caucasian, 44% African American
- **Gender —** *Not Specified*
- **Status —** Children with substantiated cases of sexual abuse.

Location/Institution: Pennsylvania

Summary: *(To include comparison groups, outcomes, measures, notable limitations)*
Note: This study used the same sample as the Cohen & Mannarino (1996) report. Children and families were randomly assigned to receive either CBT or nondirective supportive therapy (NST). Parents completed the *Child Behavior Checklist for Ages 2-3 (CBCL/2-3)* or the *Child Behavior Checklist for Ages 4-18 (CBCL/4-18)* and the *CSBI*, which assesses sexualized behaviors. They also completed the *Weekly Behavior Report (WBR)*. Scores on all measures improved significantly and were maintained over time for the CBT group. The CBT group also scored significantly better than the NST group on the Total Behavior Profile, Internalizing and Externalizing subscales of the *CBCL* and on the Weekly Behavior Reports.

Length of postintervention follow-up: 1 year.

***Deblinger, E., Steer, R. A., & Lippmann, J. (1999).** Two-year follow-up study of cognitive behavioral therapy for sexually abused children suffering from post-traumatic stress symptoms. *Child Abuse & Neglect, 23*(12), 1371-1378.

Type of Study: Randomized controlled trial
Number of Participants: 75

Population:

- **Age —** 7-13
- **Race/Ethnicity —** 70% White, 21% Black, 7% Hispanic and 2% other
- **Gender —** 83% Female, 17% Male
- **Status —** Participants were children with histories of sexual abuse trauma and post-traumatic stress disorder (PTSD) from the Deblinger et al. (1996) sample.

Location/Institution: New Jersey

Summary: *(To include comparison groups, outcomes, measures, notable limitations)*

Note: This study used the same sample as Deblinger, Lippmann, & Steer (1996) study. Participants were reassessed at 3 months, 6 months, 1 year, and 2 years following treatment, using the *Schedule for Affective Disorders and Schizophrenia for School-Age Children (K-SADS-E)*, the *Child Depression Inventory (CDI)*, and the *Child Behavior Checklist for Ages 4-18 (CBCL/4-18)*. Parental use of effective parenting practices was assessed with the *Parenting Practices Questionnaire (PPQ)*. Results indicated that at the 2-year follow-up, scores on the measures of PTSD symptoms, depression and externalizing behaviors remained comparable to scores at the original post-treatment assessment.

Length of postintervention follow-up: 2 years.

King, N. J., Tonge, B. J., Mullen, P., Myerson, N., Heyne, D., Rollings, S., ... Ollendick, T. H. (2000). Treating sexually abused children with posttraumatic stress symptoms: A randomized clinical trial. *Journal of the American Academy of Child and Adolescent Psychiatry, 39*(11), 1347-1355.

Type of Study: Randomized controlled trial
Number of Participants: 36 children

Population:

- **Age —** 5-17 years
- **Race/Ethnicity —** *Not Specified*
- **Gender —** 69% Female, 31% Male
- **Status —** Participants were children with histories of sexual abuse trauma and post-traumatic stress disorder (PTSD) who were referred from sexual assault centers, Department of Disability, Housing and Community Services (DHCS), mental health professionals, medical practitioners, or school authorities.

Location/Institution: Australia

Summary: *(To include comparison groups, outcomes, measures, notable limitations)*
The study evaluated the efficacy of child and caregiver participation through the use of ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)*** in a sample of children with histories of sexual abuse trauma and posttraumatic stress disorder (PTSD). Parents and children were randomly assigned to treatment conditions or to a wait-list control group. Children were assessed for PTSD,

emotional distress and coping skills using the *Anxiety Disorders Interview Schedule for DSM-IV (ADIS), Fear Thermometer for Sexually Abused Children, Coping Questionnaire for Sexually Abused Children, Revised Children's Manifest Anxiety Scale (R-CMAS), Children's Depression Inventory*, and the *Global Assessment Functioning Scale (GAF)*. Parents completed the *Child Behavior Checklist for Ages 4-18 (CBCL/4-18)*. Results indicated that children in the treatment group showed fewer signs of PTSD symptoms, improvements on self-reported fear and anxiety, parent ratings on the *CBCL*, and general functioning. Limitations include a small sample size and therapists were not blinded to family treatment condition.

Length of postintervention follow-up: 3 months.

***Cohen, J. A., Mannarino, A. P., & Knudsen K. (2005).** Treating sexually abused children: One year follow-up of a randomized controlled trial. *Child Abuse & Neglect, 29,* 135-146.

Type of Study: Randomized controlled trial
Number of Participants: 82

Population:

- **Age —** 8 to 15 years
- **Race/Ethnicity —** 60% Caucasian, 37% African American, 2% Biracial, and 1% Hispanic
- **Gender —** 56 Females, 26 Males
- **Status —** Participants were mothers and children with histories of sexual abuse trauma and posttraumatic stress disorder.

Location/Institution: Allegheny, Pennsylvania

Summary: *(To include comparison groups, outcomes, measures, notable limitations)*
The study evaluated the effectiveness of ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)*** in a sample of children with histories of sexual abuse trauma and posttraumatic stress disorder (PTSD). Participants were randomly assigned to one of two treatment groups: ***TF-CBT*** or non-directive supportive therapy (NST). Measures included the *Children's Depression Inventory (CDI), Trauma Symptom Checklist for Children (TSCC), State-Trait Anxiety Inventory for Children (STAIC), Child Sexual Behavior Inventory (CSBI),*

and the *Child Behavior Checklist for Ages 6-18 (CBCL/6-18)*. Among treatment completers, ***TF-CBT*** resulted in significantly greater improvement in anxiety, depression, sexual problems, and dissociation at 6-month follow-up and in PTSD and dissociation at 12-month follow-up. Intent-to-treat analysis indicated group X time effects in favor of ***TF-CBT*** on measures of depression, anxiety, and sexual problems.

Length of postintervention follow-up: 1 year.

***Deblinger, E., Mannarino, A. P., Cohen, J. A., & Steer, R. A. (2006).** A follow-up study of a multi-site, randomized controlled trial for children with sexual abuse-related PTSD symptoms. *Journal of the American Academy of Child and Adolescent Psychiatry, 45,* 1474-1484.

Type of Study: Randomized controlled trial
Number of Participants: 183

Population:

- **Age —** 8 to 14 years
- **Race/Ethnicity —** 60% Caucasian, 28% African American, 9% Hispanic, 7% biracial, and 1% Other
- **Gender —** 79% Female, 21% Male
- **Status —** Participants were mothers and children with histories of sexual abuse trauma and posttraumatic stress disorder.

Location/Institution: Pennsylvania

Summary: *(To include comparison groups, outcomes, measures, notable limitations)*
Note: Post-treatment results are available in 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 and Adolescent Psychiatry, 43(4), 393-402. The study evaluated the efficacy of child and caregiver participation through the use of ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)*** in a sample of children with histories of sexual abuse trauma and posttraumatic stress disorder (PTSD). Children were randomly assigned to receive ***TF-CBT*** or child-centered therapy (CCT). Participants were used from two separate sites. Measures administered to children at baseline post-treatment, 6- and 12-month follow-ups

included the *Kiddie Schedule for Affective Disorders for School-age Children-Present and Lifetime Version (K-SADS-PL-PTSD)* PTSD subscale, *Children's Depression Inventory (CDI), State-Trait Anxiety Inventory for Children (STAIC),* and the *Children's Attributions and Perceptions Scale (CAPS)*. Parents completed the *Child Behavior Checklist for Ages 6-18 (CBCL/6-18), Child Sexual Behavior Inventory (CSBI), Beck Depression Inventory (BDI), Parent's Emotional Reaction Questionnaire (PERQ),* and the *Parenting Practices Questionnaire (PPQ)*. Results indicated that children treated with ***TF-CBT*** had significantly fewer symptoms of PTSD and described less shame than the children who had been treated with CCT at both 6 and 12 months. The caregivers who had been treated with ***TF-CBT*** also continued to report less severe abuse-specific distress during the follow-up period than those who had been treated with CCT. Multiple traumas and higher levels of depression at pretreatment were positively related to the total number of PTSD symptoms at posttreatment for children assigned to CCT only.

Length of postintervention follow-up: 12 months.

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,* 67–75.

Type of Study: Randomized controlled trial
Number of Participants: 210

Population:

- **Age —** 4 to 11 years
- **Race/Ethnicity —** 65% Caucasian, 14% African-American, 7% Hispanic, and 14% Other
- **Gender —** 61% Female, 39% Male
- **Status —** Participants were mothers and children with histories of sexual abuse trauma and posttraumatic stress disorder.

Location/Institution: Pittsburgh, PA and Stratford, NJ

Summary: *(To include comparison groups, outcomes, measures, notable limitations)*
The study evaluated the effectiveness of ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)*** in a sample of children with histories of sexual

abuse trauma and posttraumatic stress disorder (PTSD). Children were randomly assigned to one of the four treatment conditions: 8 sessions with no trauma narrative (TN) component, 8 sessions with TN, 16 sessions with no TN, and 16 sessions with TN. Measures included the *Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS), Beck Depression Inventory (BDI), Child Behavior Checklist (CBCL) for Ages 1.5-5 (CBCL/1.5-5)* or *Child Behavior Checklist for Ages 6-18 (CBCL/6-18)*, and the *Children's Depression Inventory (CDI)*. Results indicated that ***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 reducing 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. The major study limitation was the lack of a post-intervention follow-up.

Length of postintervention follow-up: None.

Cohen, J. A., Mannarino, A. P., & Iyengar, S. (2011). Community treatment of posttraumatic stress disorder for children exposed to intimate partner violence. *Archives of Pediatrics & Adolescent Medicine, 165*(1), 16-21.

Type of Study: Randomized controlled trial
Number of Participants: 124

Population:

- **Age —** 7 to 14 years
- **Race/Ethnicity —** 56% Caucasian, 33% African American, and 11% Biracial
- **Gender —** 51% Female, 49% Male
- **Status —** Participants were children with mental health symptoms whose mothers had been referred to an intimate partner violence center.

Location/Institution: Pittsburgh, PA

Summary: *(To include comparison groups, outcomes, measures, notable limitations)*
This study evaluated community-provided ***Trauma-Focused Cognitive***

Behavioral Therapy (TF-CBT) compared with usual community treatment for children with intimate partner violence (IPV)–related posttraumatic stress disorder (PTSD) symptoms. Children and mothers were randomly assigned to receive 8 sessions of ***TF-CBT*** or usual care (child-centered therapy). Children were assessed for PTSD symptoms using the *Kiddie Schedule for Affective Disorders and Schizophrenia, Present and Lifetime Version [K-SADS-PL])* and *University of California at Los Angeles PTSD Reaction Index (RI), Screen for Child Anxiety Related Emotional Disorders (SCARED), Children's Depression Inventory (CDI), Kaufman Brief Intelligence Test,* and the *Child Behavior Checklist for Ages 6-18 (CBCL/6-18)*. Results indicated superior outcomes for ***TF-CBT*** on the child and parent self-report of PTSD symptoms, as well as hyperarousal, avoidance, and anxiety. Major study limitations included a high dropout rate and the inability to generalize the effectiveness of ***TF-CBT*** to settings that lack the ancillary services offered at the Women's Center and Shelter of Greater Pittsburgh (WCS).

Length of postintervention follow-up: None.

O'Callaghan, P., McMullen, J., Shannon, C., Rafferty, H., & Black, A. (2013). A randomized controlled trial of Trauma-Focused Cognitive Behavioral Therapy for sexually exploited, war-affected Congolese girls. *Journal of the American Academy of Child & Adolescent Psychiatry, 52*(4), 359-369.

Type of Study: Randomized controlled trial
Number of Participants: 52

Population:

- **Age —** 12-17 years
- **Race/Ethnicity —** 100% Congolese
- **Gender —** 100% Female
- **Status —** Participants were sexually exploited adolescent girls.

Location/Institution: Democratic Republic of Congo

Summary: *(To include comparison groups, outcomes, measures, notable limitations)*
This study assessed the efficacy of ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)*** delivered by social worker facilitators in reducing posttraumatic stress, depression, anxiety, and conduct problems and increasing

prosocial behavior in a group of war-affected, sexually exploited girls. War-affected girls exposed to rape and inappropriate sexual touch were screened for trauma, depression, anxiety, and conduct problems, and prosocial behavior. They were then randomized to a 15-session, group-based, culturally modified ***TF-CBT*** group or a waitlist control group. Measures included the *University of California–Los Angeles Posttraumatic Stress Disorder Reaction Index [UCLA-PTSD RI]* and the *African Youth Psychosocial Assessment Instrument (AYPA)*. Results indicated that, compared to the waitlist control, the ***TF-CBT*** group experienced significantly greater reductions in trauma symptoms. In addition, the ***TF-CBT*** group showed significant improvement in symptoms of depression, anxiety, conduct problems, and prosocial behavior. Limitations include small sample size, reliance on self-reported outcome measures, and generalizability to other populations.

Length of postintervention follow-up: 3 months.

Additional References

Cohen, J. A., & Mannarino, A. P. (2004). Treating childhood traumatic grief. *Journal of Clinical Child and Adolescent Psychology, 33,* 820-233.

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents.* New York: Guilford Press.

Deblinger, E., Thakkar-Kolar, R., & Ryan, E. (2006). Trauma in Childhood. In Follette, V.M. & Ruzek, J. (Eds.) *Cognitive behavioral therapies for trauma.* New York: Guilford Press.

Contact Information

Date Research Evidence Last Reviewed by CEBC: December 2015

Date Program Content Last Reviewed by Program Staff: April 2016

Date Program Originally Loaded onto CEBC: May 2006