



# *Treatment Program*

## *Abstract*

### *Summary*

*Trauma Focused Coping (TFC)* is a group cognitive behavioral therapy treatment program for children and adolescents with post traumatic stress disorder (PTSD) and collateral symptoms of depression, anxiety, anger, and external locus of control originating from single-incident trauma. Based on social learning theory, *TFC* uses a group “skills-oriented” CBT approach and involves 14 weekly sessions in which the first few sessions lay the groundwork for the child to think differently about PTSD. The treatment model is one of graded exposure, and begins with psychoeducation and cognitive therapy before moving to more exposure-based activities. *TFC* has two overall goals: 1) to help the child organize an accurate trauma narrative that places the trauma in the past and is without cognitive distortions, and 2) that leads to behavior consistent with the view that the world is no longer dangerous when threat is truly absent.

Each child completes a narrative Chapter Book that tells his or her story, including an accurate telling of the trauma history, its effects on the child’s life, and successes in overcoming that history so that the child can live as comfortably as possible in the present. Session components include: psychoeducation, cognitive therapy, exposure-based behavior therapy, generalization training, and relapse prevention. *TFC* also offers developmentally appropriate treatment adaptations for elementary school-age children and junior high school adolescents including therapeutic modalities such as storybooks, narrative exposure, cognitive games, and peer modeling.

The development of the *TFC* treatment protocol was accomplished over 3 years. In year 1, an evaluation of the treatment was conducted in elementary and junior high school settings after a community disaster. In year 2, revisions were made to the protocol including: adding a component dealing with grief; shortening the number of sessions from 18 to 14 by merging the anxiety management training, anger coping, and cognitive restructuring components; and providing recommendations for developmentally appropriate adaptations to the treatment. Year 3 revisions included applying the treatment to a community-based clinic setting. The evaluation results published in a 1998 study used a single case across-time-and-setting experimental design in 4 schools, 2

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elementary and 2 junior high schools, over an 18-week period. The start of treatment was staggered by 4 weeks, thus creating a baseline for comparison.

Participating children and clinicians completed assessment instruments at baseline, post-treatment (18 weeks later) and at 6-month follow-up. Participants included children in grades 4 through 9 at two elementary and junior high schools (14 of 17 children completed treatment; age range 10-15 yrs; mean age=12.1; 10 girls, 5 boys).

Of the 14 participants who completed treatment, 57% no longer met DSM-IV criteria for PTSD immediately after treatment and 86% were free of PTSD at the 6-month follow-up. Treatment also produced reductions in depression, anxiety, and anger and resulted in children's locus of control moving from external to internal between post-treatment and the 6-month follow-up.

### *Treatment Participants*

- Child
- Parent
- Child-parent dyad
- Family (minimum 3 family members including at least 1 parent)
- Teacher
- Other

### *Treatment Length*

<i>Number of Sessions</i>	<i>Length of Session</i>	<i>Number of Weeks</i>
14	50- 60 minutes	14

### *Treatment Provided by*

- Licensed Professionals
- Trainees (Graduate Student, Intern, Post-Doc)
- Others
- Unknown

### *Age Group*

- 6-10 years
- 11-14 years
- 15-18 years

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- Problem Area*
- Specific Phobia
  - Social Phobia
  - School Refusal
  - Depression
  - Suicidality or Suicidal Ideation
  - Avoidant Disorder
  - Over-Anxious Disorder
  - Generalized Anxiety Disorder
  - Separation Anxiety Disorder
  - Obsessive-Compulsive Disorder
  - Post Traumatic Stress Disorder (or symptoms)
  - Sexual Abuse-Related Trauma (or symptoms)
  - Other: Anger
  - Other: External Locus of Control

*Original Intervention Sample*

Age, N = 14 Age = 10-15 years, mean age = 12 years  
Gender Male = 33% Female = 67%

Race/  
Ethnicity White = 47%, African American = 41%, Asian = 6%,  
American Indian = 6%

*Original Intervention Components*

- Adult/Family Involvement
- Individual Therapy
- Group Therapy
- Bibliotherapy
- Intersession Assignment (homework)
- Video
- Other

*Staffing Requirements/ Training*

It is intended that this program be implemented by mental health professionals with appropriate education, training, credentialing, and experience treating the target population.

Groups may be conducted by social workers, psychologists, psychiatrists, or school counselors with mental health intervention experience. Specialized training in CBT and with trauma survivors is recommended.

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### *Compatibility with Other Clinical Modalities*

Findings from the use of *TFC* in a community-based trauma treatment center setting illustrated that this treatment is feasible and effective in group settings, both school and clinic. Also it proves flexible to additions of other forms of treatment as needed. Children in need of trauma treatment often have co-occurring stressors and adverse situations, as well as comorbid mental health problems and multi-agency involvement. For these children, *TFC* can be supplemented by parent training, family therapy, individual medication management or other counseling and a systems approach to treatment.

### *Treatment Program Materials*

This CEDETA program package contains a treatment manual for use with children (see 3-ring binder). It also contains photocopy masters of handouts (green envelope) and the Chapter Book (yellow envelope). Purchase of this replication kit grants permission to duplicate these program materials as needed for use in your setting.

In addition, the replication kit includes:

- ◆ reference copies of the available evaluation instruments used during the original study of *TFC* (see blue poly-string envelope);
- ◆ and a reference copy of the age-appropriate *PedsQL*<sup>™</sup> instruments (see blue paper envelope);

### *Notes about Evaluation*

The replication kit includes reference copies of the available evaluation instruments used in the original evaluation of the treatment program. Please refer to the "Instrument Packet" in the blue poly-string envelope. (Note that these instruments cannot be photocopied.) In addition, three versions of the *PedsQL*<sup>™</sup> have been included in the blue paper envelope: young child (ages 5-7) and child (ages 8-12), and teen (13-18).

These evaluation materials are included as a starting point for evaluating your program, should you choose to do so. Most program evaluations can benefit from expert help in designing and carrying out such an evaluation. Sociometrics can offer help in evaluating your implementation of this program for a fee. For further information, call Sociometrics staff at 1-800-846-3475.

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### *Treatment Program Acquisition & Implementation Cost*

The cost of this CEDETA program package includes one complete set of materials needed to implement this program and the resources for evaluation, all described above (call CEDETA staff; see below). Implementation costs depend on the number of clients, staff, and the nature and extent of the services you offer.

### *Contact Information*

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### *Bibliography*

March, J. S., Amaya-Jackson, L., Murray, M. C., & Schulte, A. (1998). Cognitive-behavioral psychotherapy for children and adolescents with posttraumatic stress disorder after a single-incident stressor. *Journal of the American Academy of Child & Adolescent Psychiatry*, 37, 585-593.

Amaya-Jackson, L., Reynolds, V., Murray, M. C., et . al. (2003). Cognitive-Behavioral Treatment for Pediatric Posttraumatic Stress Disorder: Protocol and Application in School and Community settings. *Cognitive and Behavioral Practice* 10, 204-213.