The Critical Role of Caregivers/Parents in Trauma-Focused Cognitive Behavioral Therapy

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TF-CBT Treatment Research: Randomized Clinical Trials

- 13 RCTs
- 8 RCTs have been completed by the Cohen, Deblinger, and Mannarino team
- Two RCTs in the Democratic Republic of Congo for sex trafficked girls and child soldiers
- One RCT in Norway by Tine Jensen and her group
- King et al. RCT
- One Canadian study
- Two RCTs currently being conducted in Germany and the Netherlands
Treatment Research

- Studies have been conducted with children exposed to sexual abuse, domestic violence, traumatic, losses, and multiple traumas.
- Improved PTSD, depression, anxiety, shame and behavior problems compared to client-centered or nondirective therapy.
- PTSD improved more with direct child treatment.
- Improved parental distress, parental PTSD, parental support, and parental depression compared to client-centered or nondirective treatment.
Evidence that treating parent is important:

- Deblinger et al. (1996): Treating parents resulted in decreased behavioral and depressive symptoms in child

- Cohen and Mannarino (1996): Parents’ emotional reaction to trauma was the strongest predictor of treatment outcome (other than treatment type)

- Cohen and Mannarino (1997): At the 12 month follow-up, parental support was significantly related to decreased symptoms in child
TF-CBT Pacing

Stabilization Phase

Trauma Narrative Phase

Integration/Consolidation Phase

Time: 8-16 sessions

Parenting Skills

Gradual Exposure

Psychoeducation
Relaxation
Affective Modulation
Cognitive Coping

Trauma Narrative and Processing

In vivo Conjoint sessions
Enhancing safety

1/3 1/3 1/3
TF-CBT Pacing – Complex Trauma

Time: 16-25 sessions

Parenting Skills

Gradual Exposure

Psychoeducation
Relaxation
Affective Modulation
Cognitive Coping

Trauma Narrative and Processing

In vivo Conjoint Sessions Enhancing Safety

Stabilization Phase 1/2

Trauma Narrative Phase 1/4

Integration/Consolidation Phase 1/4
Why is it critical to involve parents in TF-CBT?

- Most children do not present at mental health settings because of trauma exposure
- Children have behavior problems
- Parent/caretaker involvement is essential to address behavioral difficulties
How Are Caretakers Defined for TF-CBT

- Biological parents
- Grandparents
- Kinship Foster Parents
- Foster Parents
- When youth are in residential care, direct care staff may participate in TF-CBT
Engaging Families in Treatment

- Establish common ground/form an alliance
- Recognize concrete barriers to participating in treatment
- Emphasize importance/primacy of parental role
- Be flexible about scheduling
- Focus on what parents need and want from therapy
- Provide education about psychotherapy (what to expect: it occurs over time, not all at once, etc.)
- Address such issues as stigma, cultural concerns, and previous experiences with therapists
- Resistance or failure of engagement?
Engaging Families in Treatment (cont’d)

• NO SHAME AND NO BLAME
• Praise and reinforce parents/caretakers for bringing child for treatment
Caregivers Involvement in Trauma Assessment

• Impact of trauma on caregiver

• Perception of child’s symptoms and onset of symptoms

• Information about child’s strengths and positive qualities

• Structured assessment (e.g., UCLA PTSD Reaction Index- Parent Version)
Psychoeducation

- Relationship between trauma exposure(s) and child’s current symptoms
- Some information about how trauma exposure changes the child’s brain
- General trauma information and specific information about the trauma(s) the child has been exposed to
- Information sheets/resources from NCTSN
Common Parental Issues in Child Traumatization

- Inappropriate self-blame and guilt
- Inappropriate child blame
- Overprotectiveness
- Overpermissiveness
- PTSD Symptoms
Parenting Skills

• TF-CBT views parents as critical therapeutic agent for change
• Explain the rationale for parent inclusion in treatment
  – Not because parent is part of the problem but because parent can be the child’s strongest source of healing
• Emphasize positive parenting skills and enhancing enjoyable child-parent interactions
• Clinical anecdotal data that TF-CBT enhances the quality of the parent-child relationship
Behavior Management

• Reasonable developmental expectations
• Limit-setting
• Behavioral interventions for:
  - Anxieties
  - Sleep problems
  - Aggressive behaviors
  - Sexually inappropriate behaviors
Cognitive Processing of Trauma with Caregiver

- Help parent identify his/her own cognitive distortions and related feelings
  - “I should have known this would happen”
  - “My child will never be happy/can never recover from this”
  - “My child’s childhood is ruined”
  - “Our family is destroyed”
  - “I can’t handle anything anymore”
  - “I can’t trust anyone anymore”
  - “The world is terribly dangerous”

- Help parent challenge his/her own distortions and replace them with more accurate and helpful cognitions

- Help parent identify and practice effectively challenging child’s cognitive distortions
Conjoint Sessions

• Can be used to address behavior problems; psychoeducation; safety concerns

• One major goal is the sharing of the trauma narrative
  - Can be very powerful
Complicated Caregiver Situations

• When the caregiver is unsupportive or does not believe that the child was exposed to a trauma

• When the caregiver is the perpetrator (e.g., sexual abuse; physical abuse; domestic violence
  - Different treatment (e.g., Alternatives for Families: Cognitive-Behavioral Therapy- AF-CBT)