NC CHILD TREATMENT PROGRAM | CENTER FOR CHILD & FAMILY HEALTH

North Carolina Child Treatment Program (NC CTP)
Evidence-Based Treatment (EBT) Service Delivery Time Model Series

Clinical Service Delivery Time Model for Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Case-level Time Estimate

TF-CBT Time Model Template

The *NC CTP Clinical Service Delivery Time Model (TF-CBT)* template was developed to support service utilization data collection, aggregation, and analysis at the level of the client, caseload, and agency. NC CTP populated this template with case-level utilization *estimates* in order to provide guidance regarding the development and sustainment of an outpatient TF-CBT program. *

TF-CBT service utilization estimates and data should be interpreted with caution, under the guidance of a TF-CBT clinical expert, when applied to: clinical network development and contracting, establishment of service delivery payment rates, utilization management, and clinical performance monitoring. This template should not be used to facilitate training, treatment, fidelity monitoring, and/or clinical supervision, as these standards are established by the TF-CBT model developers (www.tfcbt.org).

The *NC CTP Clinical Service Delivery Time Model (TF-CBT)* defines a "typical" case as one in which TF-CBT is delivered in an outpatient setting, to a client presenting with moderate clinical complexity, in the primary language of both client and caregiver. Service delivery is described in terms of: **a)** total number of clinical encounters (in-session treatment); **b)** total clinical encounter time (hours); and **c)** total out-of-session clinical support activity time (hours). Case-level service utilization data may fall outside the "typical" range, yet remain acceptable clinically, due to case complexity and implementation-related factors.

* Estimates are based on the peer-reviewed literature, TF-CBT trainer experience, and service utilization data from a large cohort of clients associated with NC CTP trainees and graduates.

TF-CBT Service Delivery Overview

- TF-CBT is a trauma treatment model that includes clinical assessment and eight core components. Clients typically progress sequentially through the eight core TF-CBT components as they demonstrate skills mastery, process trauma experiences, and demonstrate reduction in trauma-related symptoms.
- TF-CBT is conducted through a series of client-only, caregiver-only, and periodic client-caregiver (conjoint) session types. Typically, two to three session types are delivered during a single clinical encounter (on a single service date).
- Clinical encounters (treatment sessions) are conducted on a weekly basis over the course of several months; less frequent sessions may adversely impact the achievement of targeted clinical outcomes. In select circumstances, a client or caregiver may participate in two clinical encounters during a single week.
- A clinical encounter is typically 60 minutes in duration; however, 90-minute clinical encounters are often conducted due to agency-level scheduling practices or case-level implementation considerations.
- A typical course of community-based TF-CBT includes an estimated: **a)** 25 clinical encounters; and **b)** 42 minutes of clinical support activity time (out-of-session) for every 60-minute clinical encounter. Client and caregiver in-session participation time is approximately equal over the course of treatment.
- Case-level service utilization (clinical encounter number and time, and out-of-session clinical support time) may fall outside the "typical" range, yet remain clinically acceptable, due to case complexity and implementation-related factors.
- Treatment content and intensity, clinician fidelity, and clinical outcomes vary across a TF-CBT caseload due to child-, caregiver-, family-, clinician-, agency-, and systems-level factors.

Table One: TF-CBT Total Treatment Time Estimate Summary
(Case-level)

Clinical Activities (Case-level)		**Treatment Time**	
		Typical Case [a] (Hours)	Typical Range [b] (Hours)
Total In-Session Activities		**25.0**	**11.0 – 39.0**
TF-CBT-specific activities [c]	(Table Two)	20.0	10.0 – 30.0
General clinical activities [d]	(Table Two)	5.0	1.0 – 9.0
Total Out-of-Session Activities [e]	(Table Three)	**17.0**	**6.5 – 31.3**
Total Treatment Time	(In-Session + Out-of-Session)	**42.0**	**17.5 – 70.3**
Ratio [f]	(In-Session) : (Out-of-Session)	(1.0) **:** (0.7)	(1.0) **:** (0.6) – (1.0) **:** (0.8)

[a] "Typical Case" includes TF-CBT delivery in a community-based setting, to a client presenting with moderate clinical complexity, in the primary language of both client and caregiver.

[b] Service utilization data may fall outside the "typical" range, yet remain clinically acceptable, due to case complexity and implementation-related factors.

[c] TF-CBT-specific activities are defined per the TF-CBT manuals.[1–3]

[d] General clinical activities are conducted in-session and include: clinical intake, extended assessment, treatment and discharge planning, crisis response, and clinical care coordination.

[e] Clinical support activities are conducted out-of-session by a treating clinician and include: clinical intake, clinical assessment, treatment and discharge planning, session-level agenda planning, crisis response, clinical care coordination, case-level fidelity monitoring, and clinician travel. These services are critical to successful TF-CBT implementation and to the achievement of targeted clinical outcomes.

[f] A typical course of treatment includes an estimated 42 minutes of clinical support activity time (out-of-session) for every 60-minute encounter.

Table Two: TF-CBT Clinical Encounter Estimates
(In-Session Activities)

In-Session Activities [a] (Case-level)	**Clinical Encounters** [b] (# Sessions)			**Total Treatment Time** (Hours) [c]		
	Typical Case	Typical Range		Typical Case	Typical Range	
		Minimum	Maximum		Minimum	Maximum
TF-CBT-specific Components [d]						
Pre-Treatment Assessment [e]	1	1	2	1.0	1.0	2.0
Psychoeducation	1	1	2	1.0	1.0	2.0
Parenting [f]	2	1	3	2.0	1.0	3.0
Relaxation	2	1	2	2.0	1.0	2.0
Affective Expression and Modulation	2	1	3	2.0	1.0	3.0
Cognitive Coping	2	1	3	2.0	1.0	3.0
Trauma Narration and Processing	6	2	8	6.0	3.0	8.0
Enhancing Future Safety and Development	2	1	2	2.0	1.0	2.0
Post-Treatment Assessment and Termination [e]	1	1	2	1.0	1.0	2.0
Optional Imminent Safety Risk	0	0	1	0	0	1.0
Optional In Vivo Desensitization	1	0	2	1.0	0	2.0
Subtotal	**20**	**10**	**30**	**20.0**	**10.0**	**30.0**
General Clinical Activities						
General intake [g]	1	0	1	1.0	0	1.0
Additional clinical assessment [h]	1	0	2	1.0	0	2.0
Treatment planning	0.5	0.5	1	0.5	0.5	1.0
Discharge planning	0.5	0.5	1	0.5	0.5	1.0
Clinical care coordination [i,j]	1	0	2	1.0	0	2.0
Crisis response [j]	1	0	2	1.0	0	2.0
Other	--	--	--	--	--	-
Subtotal	***5***	***1***	***9***	***5.0***	***0***	***9.0***
TOTAL	**25**	**11**	**39**	**25.0**	**10.0**	**39.0**

[a] Includes general and TF-CBT-specific clinical activities delivered during a clinical encounter (treatment session); multiple activities may be delivered during a single clinical encounter.
[b] One or more session types (client-only, caregiver-only, and/or client-caregiver) may be delivered during the same clinical encounter (on the same service date).
[c] Assumes clinical encounters are 60 minutes in duration; however, 90-minute treatment sessions are often conducted due to agency-level scheduling practices and/or case-level implementation considerations.
[d] Defined by the TF-CBT manuals[1–3].
[e] Includes: administration of standardized clinical measures (trauma history and symptoms); scoring and interpretation of measures; clinical interviews and observation; preliminary case conceptualization; and feedback to client and caregiver.
[f] Parenting skills are introduced early in treatment, and reinforced through all subsequent components.
[g] Includes consent and other agency-specific documentation and activities.
[h] Includes additional pre- and post-treatment clinical assessment, as well as interval/periodic clinical assessment.
[i] Critical to successful TF-CBT implementation and achievement of targeted clinical outcomes; typically, these services are delivered by a treating clinician.
[j] Highly variable across clients.

Table Three: TF-CBT Clinical Support Activities Estimates (Out-of-Session Activities)

Out-of-Session Activities [a] (Case-level)		**Time per Activity**		
		Typical Case (Hours)	Typical Range (Hours)	
			Minimum	Maximum
Case Support Activities	General intake [b]	0.5	0	1.0
	Clinical assessment [c]	1.0	1.0	2.0
	Treatment planning	0.5	0.5	1.0
	Clinical encounter (session) preparation [d, e]	4.2	1.8	6.5
	Clinical encounter (session) documentation [e]	4.2	1.8	6.5
	Discharge planning	0.5	0	1.0
	Clinical care coordination [f,g]	2.0	0	4.0
	Crisis response [g]	1.0	0	4.0
	Other	--	--	--
TF-CBT Fidelity Support Activities	Clinician fidelity self-monitoring [h,i]	2.1	0.9	3.3
	Clinical supervision or peer fidelity review [j]	1.0	0.5	2.0
	Other	--	--	--
General Support Activities [g]	Non-clinical documentation	--	--	--
	Insurance + billing support	--	--	--
	Clinician Travel	--	--	--
	Court preparation + testimony	--	--	--
	Other	--	--	--
TOTAL		**17.0**	**6.5**	**31.3**

[a] Conducted out-of-session by a treating clinician; critical to successful TF-CBT implementation and to the achievement of targeted clinical outcomes.
[b] Includes consent and other agency-specific documentation and activities.
[c] Includes out-of-session: scoring and interpretation of clinical assessment measures; collateral contact; client record review; case conceptualization; and documentation of assessment process, findings, and conclusions.
[d] Includes development of a written agenda and case-specific clinical materials.
[e] Assumes ten (10) minutes per clinical encounter.
[f] Includes case-specific: treatment/multidisciplinary team participation; collateral contacts; service coordination and monitoring; provision of consultation to non-clinical professionals; and direct caregiver support.
[g] Highly variable across clients.
[h] Fidelity is monitored by a treating clinician, using a structured tool, at the clinical encounter level.
[i] Assumes five (5) minutes per clinical encounter.
[j] A treating clinician should participate in case-specific: a) clinical supervision provided by a trained supervisor; and/or b) fidelity-driven peer case review. Frequency depends upon caseload size, case complexity, supervision structure, agency requirements, and other factors.

Agency-level TF-CBT Program: Additional Resource Requirements

The following implementation requirements should be considered when determining the resource allocation necessary to develop and sustain an outpatient TF-CBT treatment program:

Clinician Training and Certification

To become and/or remain nationally certified, a clinician must complete all training and certification/re-certification requirements, as outlined by the TF-CBT National Therapist Certification Program (www.tfcbt.org).

The cost associated with participation in a TF-CBT training program is variable. It depends upon: curriculum content and format; direct and indirect costs incurred by trainer and trainee participants; and direct and indirect funding sources.

Post-Training Clinical Supervision

While maintaining an active caseload, TF-CBT clinicians should participate in regular, case-specific: **a)** clinical supervision provided by a trained supervisor; and/or **b)** fidelity-driven peer case review. Additionally, clinicians should self-monitor fidelity across their caseload, using a structured fidelity metric, throughout treatment delivery.

Clinical caseload size and complexity, supervision structure, agency requirements, and other factors should be considered when allocating resources to support clinical supervision and peer case review.

Clinical Assessment Measures

TF-CBT requires the administration of standardized clinical tools to assess client trauma history and symptoms. It is recommended that each client also be evaluated for internalizing and externalizing symptoms, as well as other clinically-relevant domains. Standardized assessment of relevant caregiver domains is also recommended.

The cost associated with purchase or licensing of standardized clinical assessment measures should be considered when allocating resources to support an agency-level TF-CBT program.

Clinical Materials

TF-CBT delivery utilizes component-specific clinical materials during each clinical encounter; the cost is variable.

Clinician Travel

A TF-CBT clinician may participate in activities that require travel, including: home- or community-based treatment delivery, clinical support activities (out-of-session), and/or *in vivo* desensitization clinical sessions.

When allocating resources to support an agency-level TF-CBT program, consideration should be given to clinician travel time, as well as direct travel expenses.

North Carolina Child Treatment Program
Evidence-Based Treatment (EBT) Service Delivery Time Model Series

Clinical Service Delivery Time Model for Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Model Overview, Research Base, and Outcomes

Section One: TF-CBT Overview

Model Developers

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Treatment Protocols (manuals)

- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (Eds.) (2012). *Trauma-Focused CBT for Children and Adolescents: Treatment Applications*. New York: Guilford Press.[2]
- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2015). *Child Sexual Abuse: A Primer for Treating Children, Adolescents, and Their Nonoffending Parents, 2nd edition*. New York: Oxford University Press.[3]
- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2017). *Treating Trauma and Traumatic Grief in Children and Adolescents, 2nd edition*. New York: Guilford Publications, Inc.[1]

Model Description

TF-CBT is an evidence-based, mental health treatment for children experiencing symptoms following a wide range of traumatic experiences or exposures. TF-CBT is a components-based, cognitive behavioral intervention. The model emphasizes trauma-specific gradual exposure and psychoeducation; acquisition of coping skills; effective child-parent communication; trauma processing; and enhancement of client future safety and development.

Treatment Theory

TF-CBT is based on attachment, biological and neurodevelopmental, cognitive-behavioral, empowerment, family systems, humanistic, and trauma theory.

Target Population

TF-CBT is indicated for the treatment of children from 3 to 18 years of age who are demonstrating trauma-related symptoms following a significant traumatic experience or exposure. Treatment delivery may be tailored based on the developmental age, rather than chronological age, of a client with intellectual and/or developmental disabilities.

Clinical Outcomes
TF-CBT outcomes include: decrease in child and caregiver posttraumatic stress, depressive, and externalizing symptoms; improvement in adaptive functioning and self-efficacy, and improvement in caregiver support of children following trauma.

Treatment Participants
TF-CBT typically includes a child (client) and at least one primary caregiver. The client and caregiver attend treatment sessions both individually and together throughout the course of treatment.

Treatment Delivery Professionals
TF-CBT is delivered by a licensed mental health clinician who is actively engaged in training with an endorsed trainer or has successfully completed all clinical training requirements, as defined by the model developers (www.tfcbt.org).

Service Setting and Type
TF-CBT may be delivered in an outpatient clinic, school, home, residential or confined facility, or other community setting. Additionally, TF-CBT may be offered through a variety of service delivery models, including: outpatient services, enhanced outpatient services, intensive in-home services, day treatment, psychiatric residential treatment, and other service delivery models.

Treatment Delivery and Intensity
- Clients typically progress sequentially through the eight core TF-CBT components as they demonstrate skills mastery, process trauma experiences, and demonstrate reduction in trauma-related symptoms. Caregivers typically progress as they demonstrate skills mastery in support of client treatment.
- TF-CBT is conducted through a series of client-only, caregiver-only, and periodic client-caregiver (conjoint) session types. Typically, two to three session types are delivered during a single clinical encounter (on a single service date).
- Clinical encounters are conducted on a weekly basis over the course of several months; less frequent sessions may adversely impact the achievement of targeted clinical outcomes. In select circumstances, a client or caregiver may participate in two clinical encounters during a single week.
- A clinical encounter is typically 60 minutes in duration; however, 90-minute clinical encounters are often conducted due to agency-level scheduling practices or case-level implementation considerations.
- A typical course of community-based TF-CBT includes an estimated: **a)** 25 clinical encounters; and **b)** 42 minutes of clinical support activity time (out-of-session) for every clinical encounter. Client and caregiver participation time (in-session) is approximately equal over the course of treatment.
- Case-level service utilization (clinical encounter number and time, as well as out-of-session clinical support time) may fall outside the "typical" range, yet remain clinically acceptable, due to case complexity and implementation-related factors.

Clinical Supervision
While maintaining an active caseload, TF-CBT clinicians should participate in regular, case-specific: **a)** clinical supervision provided by a trained supervisor; and/or **b)** fidelity-driven peer case review. Additionally, clinicians should self-monitor fidelity across their caseload, using a structured fidelity metric, throughout treatment delivery.

Factors Impacting Treatment Delivery and Outcomes
Treatment content and intensity, clinician fidelity, and clinical outcomes vary across a TF-CBT caseload due to child-, caregiver-, family-, clinician-, agency-, and systems-level barriers and supports.

Section Two: TF-CBT Clinical Inclusion and Exclusion Criteria

	Inclusion Criteria	Exclusion Criteria
Child (client)	○ 3 to 18 years of age [a] ○ Clinical indication: symptomatic due to a traumatic event or exposure [b] ○ Has memory of the referral trauma ○ Available to participate in regularly scheduled treatment sessions [c]	○ Referral symptoms are unrelated to trauma history ○ Communication and cognitive skills at a level < 36 months of age ○ Unable to participate in regularly scheduled treatment sessions [c]
Caregiver	○ Available to participate in regularly scheduled treatment sessions [c]	○ Perpetrator of sexual abuse ○ Active perpetrator of domestic violence, physical abuse, or psychological abuse ○ Actively psychotic, significantly thought-disordered, or significantly cognitively-impaired ○ Unable to participate in regularly scheduled treatment sessions [c]

[a] TF-CBT may be delivered at the developmental age, rather than chronological age, of a client with intellectual and/or developmental disabilities.

[b] A traumatic experience or exposure is defined as a frightening, dangerous, and/or violent event that poses a threat to a child's life or bodily integrity *and/or* witnessing of a traumatic event that threatens the life or physical security of a loved one.[4]

[c] Clinical encounters are typically conducted on a weekly basis; less frequent sessions may adversely impact the achievement of targeted clinical goals.

Section Three: TF-CBT Assessment Strategy

Case-level TF-CBT clinical assessment should be individualized and include: administration, scoring, and interpretation of standardized clinical assessment measures; clinical interview and observation; collateral contact; record review; case conceptualization; documentation of the assessment process, findings, and conclusions; and the provision of feedback.

TF-CBT minimally requires assessment of client trauma history and symptoms, using a standardized assessment tool. Per best practices standards, it is recommended that each client also be assessed for internalizing symptoms, externalizing symptoms, and other clinically-relevant domains.

It is recommended that each caregiver be evaluated for any clinically-relevant concerns.

TF-CBT Clinical Assessment Strategies

(Per Treatment Phase)

		Pre-Treatment Phase	Interval/Periodic	Post-Treatment Phase
Assess Client	Required	○ Traumatic events exposure ○ Associated trauma symptoms	--	○ Traumatic events exposure ○ Associated trauma symptoms
	Recommended	○ Internalizing symptoms ○ Externalizing symptoms ○ Problematic sexual behaviors ○ Substance use ○ Suicidal ideation	○ Per clinical indication	○ Internalizing symptoms ○ Externalizing symptoms ○ Problematic sexual behaviors ○ Substance use ○ Suicidal ideation
Assess Caregiver	Required	--	--	--
	Recommended	○ Parenting stress ○ Parental anxiety and depression ○ Parent trauma history and symptoms	○ Per clinical indication	○ Parenting stress ○ Parental anxiety and depression ○ Parent trauma history and symptoms

Section Four: NC CTP TF-CBT Service Delivery Checklist

The *NC CTP Clinical Service Delivery Checklist (TF-CBT)* was developed to support the collection, aggregation, and analysis of service utilization data within an outpatient TF-CBT program. The *Checklist* describes core clinical and fidelity requirements for the delivery of TF-CBT, per standards established through the TF-CBT manuals[1-3]. *Checklist* adaptation may be required to support service utilization analysis within other service delivery models or treatment environments.

TF-CBT service utilization data should be interpreted with caution, under the guidance of a TF-CBT clinical expert, when applied to: clinical network development and contracting, establishment of service delivery payment rates, utilization management, and clinical performance monitoring.

The *Checklist* should not be used to facilitate training, treatment, fidelity monitoring, or clinical supervision. Rather, the TF-CBT manuals [1-3] and/or clinical fidelity monitoring tools should be used for this purpose.

TF-CBT Treatment Component	Clinical Activities	Requirement
Pre-Treatment Assessment	1. Conduct clinical interviews and observation 2. Administer and score client and caregiver standardized assessment measures 3. Contact collateral sources and review records 4. Provide feedback to client and caregiver 5. Determine treatment focus and goals 6. Conduct functional analysis of targeted symptoms 7. Prepare client and caregiver individually for conjoint session, if conjoint session is clinically indicated 8. Document assessment process, findings, conclusions, and treatment plan 9. Conduct out-of-session case support activities, as clinically indicated 10. Self-assess and document fidelity	Use standardized measures to assess client trauma history and symptoms Complete assessment prior to initiation of treatment
Psychoeducation	1. Enhance client and caregiver knowledge and beliefs regarding general impact of trauma and client-specific trauma type 2. Introduce TF-CBT model 3. Prepare client and caregiver individually for conjoint session, if conjoint session is clinically indicated 4. Document treatment strategies and client and caregiver progress 5. Conduct out-of-session case support activities, as clinically indicated 6. Self-assess and document fidelity	Conduct client-only and caregiver-only sessions If conjoint session is clinically indicated, prepare client and caregiver individually prior to initiating session
Parenting	1. Develop caregiver ability to: a. Use praise with client b. Use selective attention with client c. Use contingency reinforcement with client d. Integrate parenting skills 2. Document treatment strategies and caregiver progress 3. Conduct out-of-session case support activities, as clinically indicated 4. Self-assess and document fidelity	Conduct caregiver-only sessions Parenting component content is introduced early in treatment, and reinforced through all subsequent components

TF-CBT Treatment Component	Clinical Activities	Requirement
Relaxation	1. Develop client ability to use relaxation skills to manage trauma symptoms and reminders 2. Develop caregiver ability to support client use of relaxation skills to manage trauma symptoms and reminders 3. Prepare client and caregiver individually for conjoint session, if conjoint session is clinically indicated 4. Document treatment strategies and client and caregiver progress 5. Conduct out-of-session case support activities, as clinically indicated 6. Self-assess and document fidelity	Conduct client-only and caregiver-only sessions If conjoint session is clinically indicated, prepare client and caregiver individually prior to initiating session
Affective Expression and Modulation	1. Develop client ability to: a. Use emotions vocabulary b. Identify physiologic response to emotions in self c. Assess emotional intensity in self d. Identify indicators of emotion in others e. Integrate TF-CBT skills 2. Develop caregiver strategies to reinforce client: a. Use of emotions vocabulary b. Identification of physiologic response to emotion c. Self-assessment of emotional intensity d. Identification of indicators of emotion in others e. TF-CBT skill integration 3. Prepare client and caregiver individually for conjoint session, if conjoint session is clinically indicated 4. Document treatment strategies and client and caregiver progress 5. Conduct out-of-session case support activities, as clinically indicated 6. Self-assess and document fidelity	Conduct client-only and caregiver-only sessions If conjoint session is clinically indicated, prepare client and caregiver individually prior to initiating session
Cognitive Coping	1. Develop client ability to: a. Differentiate cognitions from emotions b. Apply the cognitive triangle c. Identify automatic thoughts and thought patterns d. Assess cognitive distortions e. Use cognitive coping techniques f. Integrate TF-CBT skills 2. Develop caregiver strategies to reinforce client: a. Ability to differentiate cognitions from emotions b. Application of the cognitive triangle c. Identification of automatic thoughts and thought patterns d. Assessment of cognitive distortions e. Use of cognitive coping techniques f. TF-CBT skill integration 3. Prepare client and caregiver individually for conjoint session, if conjoint session is clinically indicated 4. Document treatment strategies and client and caregiver progress 5. Conduct out-of-session case support activities, as clinically indicated 6. Self-assess and document fidelity	Conduct client-only and caregiver-only sessions If conjoint session is clinically indicated, prepare client and caregiver individually prior to initiating session

TF-CBT Treatment Component	Clinical Activities	Requirement
Trauma Narration and Processing	*Client-Only Sessions* 1. Introduce and initiate trauma narration or review trauma-specific content from prior narration sessions 2. Incorporate specific trauma memories in narration, including "worst" trauma memory 3. Address trauma reminders and cognitive distortions regarding trauma experience 4. Enhance perception of self-efficacy regarding trauma experience 5. Enhance perception of trauma as a meaningful experience 6. Prepare client for conjoint session 7. Document treatment strategies and client progress 8. Conduct out-of-session case support activities, as clinically indicated 9. Self-assess and document fidelity	Conduct client-only sessions
Trauma Narration and Processing	*Caregiver-Only Sessions* 1. Introduce trauma narration and processing, addressing potential client treatment resistance or symptom escalation or review trauma-specific content from prior client narration sessions 2. Enhance caregiver ability to: a. Address trauma reminders b. Reinforce client accurate and helpful cognitions regarding trauma experience c. Reinforce client perception of self-efficacy regarding trauma experience d. Reinforce client perception of trauma as a meaningful experience 3. Prepare caregiver for conjoint session 4. Document treatment strategies and caregiver progress 5. Conduct out-of-session case support activities, as clinically indicated 6. Self-assess and document fidelity	Conduct caregiver-only sessions
	Client-Caregiver Sessions 1. Review processed trauma narration 2. Reinforce client ability to address trauma reminders 3. Enhance accurate and helpful client cognitions regarding trauma experience 4. Enhance client perception of self-efficacy 5. Enhance client perception of trauma as a meaningful experience 6. Address sub-optimal caregiver response to client trauma experience 7. Document treatment strategies and client-caregiver progress 8. Conduct out-of-session case support activities, as clinically indicated 9. Self-assess and document fidelity	Conduct client-caregiver conjoint sessions

TF-CBT Treatment Component	Clinical Activities	Requirement
Enhancing Safety and Healthy Development	1. Identify potential (future): a. Risk to client physical and psychological safety b. Impact of trauma on client development 2. Develop client ability to: a. Use trauma-related safety skills b. Identify and address potential impact of trauma on development 3. Develop caregiver strategies to: a. Reinforce client use of trauma-related safety skills b. Identify and address potential impact of client trauma on development 4. Prepare client and caregiver individually for conjoint session, if conjoint session is clinically indicated 5. Document treatment strategies and client and caregiver progress 6. Conduct out-of-session case support activities, as clinically indicated 7. Self-assess and document fidelity	Conduct client-only and caregiver-only sessions If conjoint session is clinically indicated, prepare client and caregiver individually prior to initiating session
Post-Treatment Assessment and Termination	1. Administer and score client and caregiver standardized assessment measures 2. Document assessment process, findings, conclusion, and post-TF-CBT plan 3. Provide feedback to client and caregiver 4. Prepare for TF-CBT termination 5. Prepare client and caregiver individually for conjoint session, if conjoint session is clinically indicated 6. Develop and implement graduation activities 7. Document treatment strategies and client and caregiver progress 8. Conduct out-of-session case support activities, as clinically indicated 9. Self-assess and document fidelity	Use standardized measures to re-assess trauma history and symptoms Compare pre- and post- treatment results

NC CTP TF-CBT Service Delivery Checklist Continued

NC CTP TF-CBT Service Delivery Checklist Continued

TF-CBT Treatment Component	Clinical Activities	Requirement
Optional Imminent Safety Risk	1. Assess imminent risk to physical or psychological safety 2. Develop and initiate plan to address imminent risk to physical or psychological safety 3. Document assessment process, findings, conclusion, and safety plan 4. Monitor and adjust safety plan 5. Document treatment strategies and client and caregiver progress 6. Conduct out-of-session case support activities, as clinically indicated 7. Self-assess and document fidelity	Optional component
Optional *In Vivo* Desensitization	1. Assess client impairment in response to innocuous trauma reminders 2. Introduce *in vivo* desensitization process 3. Facilitate development of a stimulus hierarchy and *in vivo* desensitization plan 4. Initiate implementation of *in vivo* desensitization process 5. Monitor and adjust *in vivo* desensitization plan 6. Assign *in vivo* desensitization homework 7. Prepare client and caregiver individually for conjoint session, if conjoint session is clinically indicated 8. Document treatment strategies and client and caregiver progress 9. Conduct out-of-session case support activities, as clinically indicated 10. Self-assess and document fidelity	Optional component

Section Five: TF-CBT Research Base

Ratings of Research Evidence

- California Evidence-Based Clearinghouse for Child Welfare (CEBC): TF-CBT has been determined to be "well-supported" by the research evidence, with "high" child welfare system relevance level (www.cebc4cw.org).
- Kauffman Best Practices Project: TF-CBT has been rated one of three best practices for treatment of symptoms associated with child maltreatment (2004).[5]

Treatment Research

As of January 2017, 21 randomized controlled trials (RCTs) support the efficacy of TF-CBT treatment for children with a history of trauma and symptoms of traumatic stress. TF-CBT has been studied with the following populations:

- Children with PTSD and co-occurring depression[6]
- Children with traumatic grief[7,8]
- Child who have experienced complex trauma[9]
- Children who have experienced sexual abuse [7,8,10–22]
- Children exposed to sexual exploitation[23,24], war[24,25], intimate partner violence[26], natural disaster[27], different and/or multiple types of trauma[28–31]
- Children affected by terrorism[32,50]
- Children in foster care[33,34]
- Children evaluated in a specialty child abuse clinic[35]

- Adolescent females with PTSD related to physical or sexual assault[36]
- Adolescents who have experienced complex trauma[9]
- Adolescents adjudicated and placed in residential treatment facilities (RTFs)[23]
- Adolescents evaluated a specialty child abuse clinic[35]

- Diverse ethnic and racial populations, including African-American, Hispanic, white, biracial and other groups[7,10,11,17]
- Children living in countries outside of the United States, including: Australia[21], Cambodia[51], Canada[37,38], Democratic Republic of Congo[24], Germany[46,52], Japan[39], Netherlands[40], Norway[28,41], Sweden[53], Tanzania[42], and Zambia[43,44]

Section Six: TF-CBT Research Outcomes and North Carolina Outcomes

Client Outcomes	
Immediate Post-Treatment Outcome	**Outcome Sustained Following Treatment**
Decrease in posttraumatic stress symptoms[7,10–14,16,17,20,21,23–28,30,34,40,43,45–49]	At 6 months[30] At 12 months[12,15] At 2 years[20]
Decrease in impact of posttraumatic stress symptoms on daily functioning[28]	--
Decrease in depression symptoms[6,7,13,16,17,20,23–25,28,40,46]	At 2 years[20]
Decrease in non-PTSD anxiety symptoms[24,25,45,46]	--
Decrease in internalizing symptoms (anxious/depressed, withdrawn/depressed, and somatic)[10–12,14,30,48]	At 6 months[30] At 12 months[12]
Decrease in problematic sexual behaviors[10–14]	At 12 months[12]
Decrease in hyperactive symptoms[40]	--
Decrease in externalizing symptoms (attention difficulty, rule-breaking behavior, aggression, and/or other conduct problems)[12,14,17,20,24,30,46,48]	At 6 months[30] At 12 months[12] At 2 years[20]
Decrease in overall mental health problems (combination of internalizing and externalizing symptoms)[7,25,28,34]	--
Decrease in symptom severity (per clinical global impression)[47,48]	--
Decrease in psychological distress[25]	--
Improvement in adaptive functioning[46,48]	--
Improvement in social competence (activities and interests, social relationships, and academic functioning at school)[13]	--
Improvement in prosocial behavior[24,25,28]	--
Fewer serious adverse events (serious physical intimate partner violence, reportable episodes of child abuse, child self-injury, and psychiatric hospitalization) than completers of Child-Centered Therapy[45]	--

Caregiver Outcomes	
Immediate Post-Treatment Outcome	**Outcome Sustained Following Treatment**
Decrease in parental emotional distress[7]	At 12 months[8]
Improvement in parental support of child[7]	At 12 months[8,12]
Improvement in effective parenting practices[7,17,20]	At 3 months[20] At 12 months[8]
Decrease in depression symptoms[7]	At 12 months[8]
Decrease in parent dysfunctional posttraumatic cognitions related to their child's trauma[54]	--

Outcomes with Treatment Delivery in Family and Group Settings	
Treatment Modality	**Outcome**
Family TF-CBT	Significantly greater decline in reported child fear compared to TF-CBT delivered through individual treament[21]
Group TF-CBT	Significantly greater improvement in children's body safety skills comparted to supportive therapy[16] Significantly greater reduction in parental intrusive thoughts and trauma-related negative emotions comparted to supportive therapy[16]
TF-CBT delivered via telehealth	Decrease in posttraumatic stress symptoms[55]

North Carolina TF-CBT Clinical Outcomes

The NC Child Treatment Program provides intensive TF-CBT training and clinical coaching to approximately 120 licensed clinicians each year. Since 2006, NC CTP has monitored clinical outcomes for a minimum of two clients per clinician-trainee; additionally, select caregiver outcomes are assessed. Per comparison of pre-and post-treatment assessment results (caregiver report, client self-report, and caregiver self-report):

- The majority of clients demonstrate a statistically significant reduction in PTSD symptoms, depression and anxiety symptoms (social phobia, panic disorder, major depression, separation anxiety, generalized anxiety, and obsessive-compulsive symptoms), conduct problems, and hyperactivity.
- The majority of caregivers demonstrate a statistically significant reduction in depression, anxiety, and global symptom severity.

Section Seven: References

References under annual faculty review as of January 2020. Draft version not for dissemination.