

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

Anthony P. Mannarino, Ph.D.  
Center for Traumatic Stress in  
Children and Adolescents  
Allegheny General Hospital  
Professor of Psychiatry  
Drexel University School of Medicine  
Pittsburgh, PA

# 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

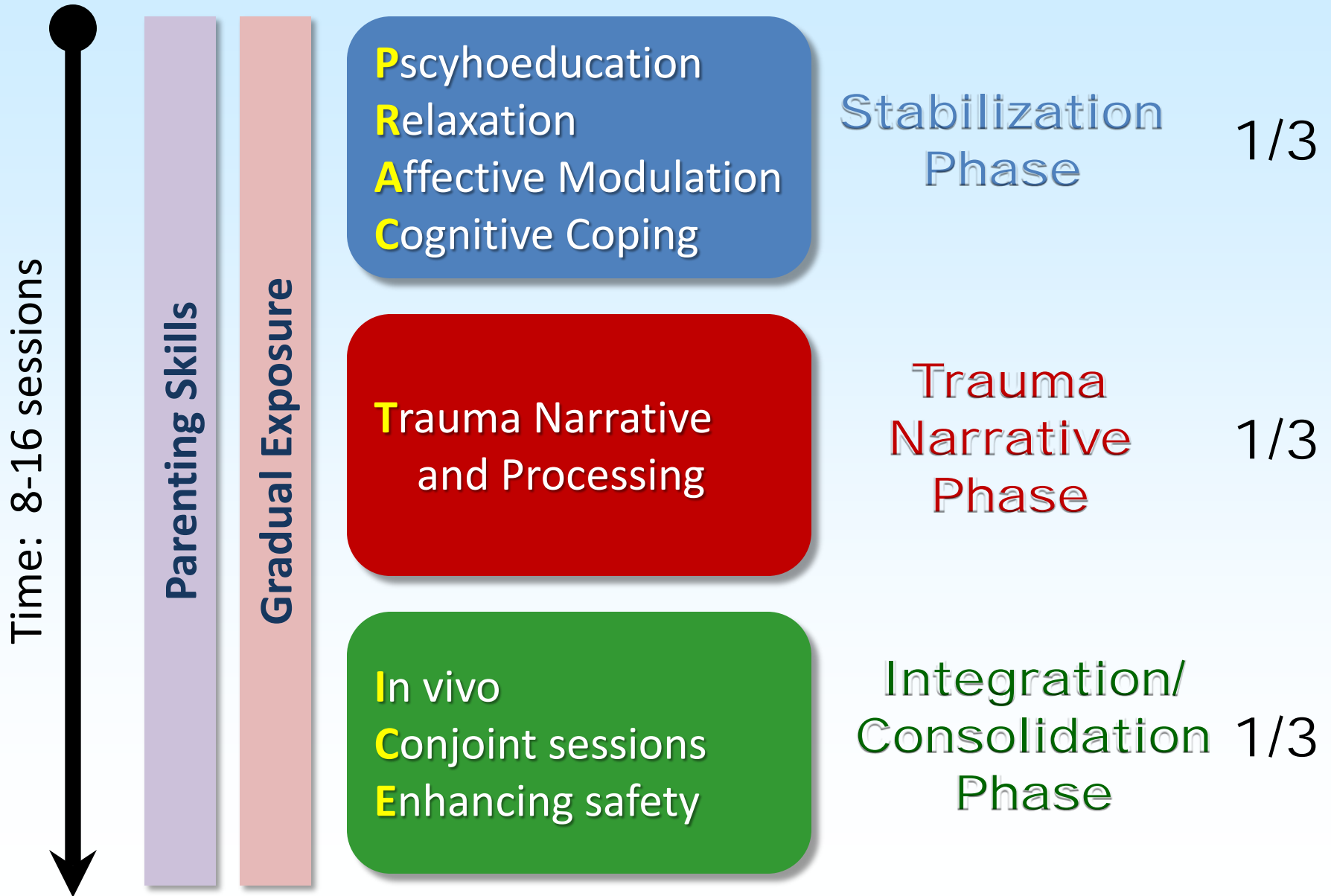
- Studies have been conducted with children exposed to sexual abuse, domestic violence, traumatic, losses, and multiple traumas
- Improved PTSD, depression, anxiety, shame and behavior problems compared to client-centered or nondirective therapy
- PTSD improved more with direct child treatment
- Improved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

# Treatment of Parents Research

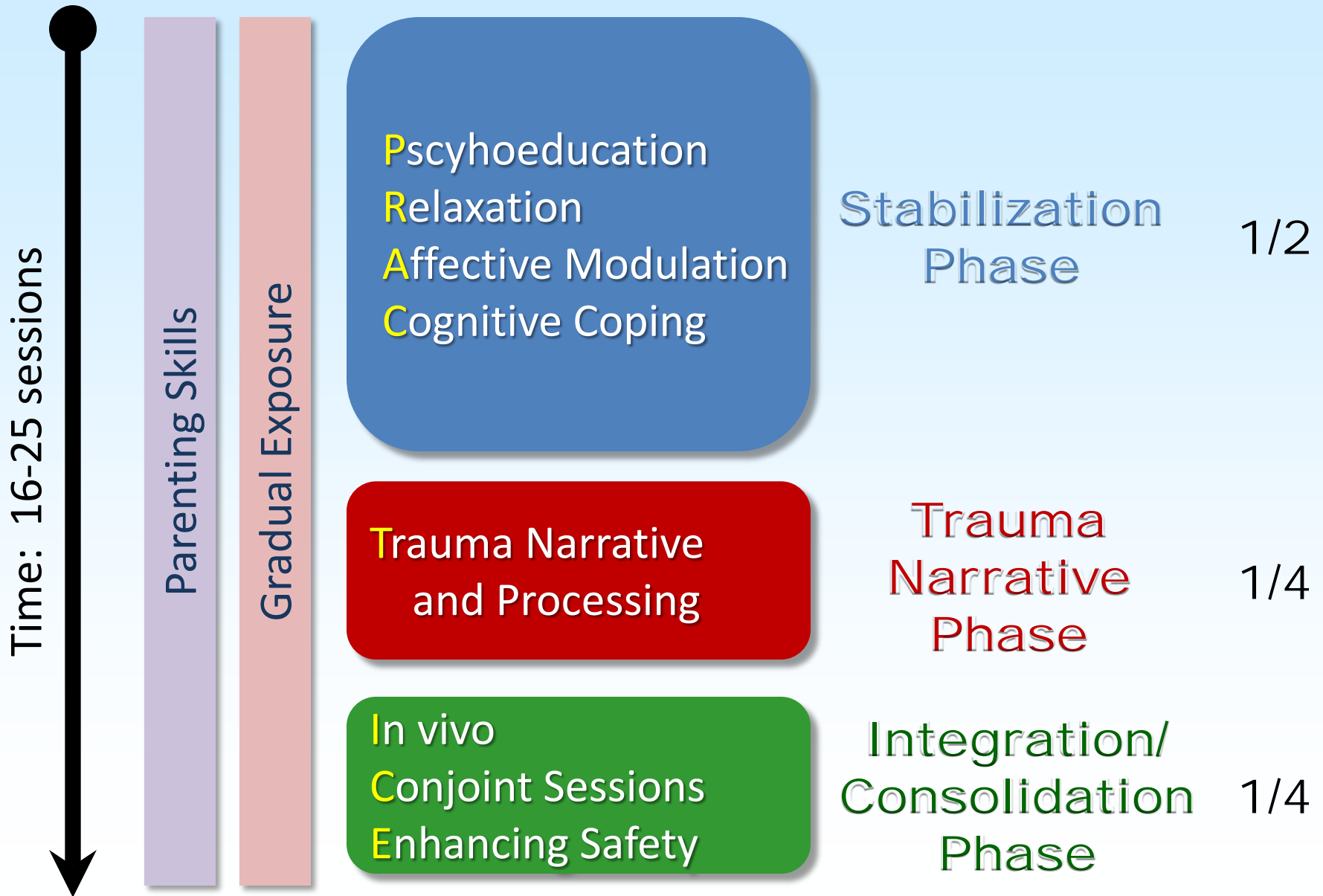
## Evidence that treating parent is important:

- 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



# TF-CBT Pacing – Complex Trauma



# 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)