TF-CBT Case Information

Therapist Name: _____

Client Initials or Pseudonym _____ **Age**___ **Gender**____

Presenting Problems *(Biggest concerns? Why is treatment requested)?*

Trauma History: *(types of events & ages occurred; worst event for child)*

Diagnosis & **PTSD Symptoms:**

CATS	Child	Caregiver	Additional Diagnostic Info:
Total Severity Score			
B "Re-experiencing"			
C "Avoidance"			
D "Negative Beliefs"			
E "Hyperarousal"			

Family Information *(Primary caregiver? Caregiver involvement in treatment? Living situation? Barriers to treatment?)*

Other Important Case Information *(Time in current treatment? Previous treatment? legal, DHS involvement? Concerns about this case?)*

Client Identifier: _____	Session #:	1	2	3	4	5	6	7	8	9	10
TF-CBT Treatment Component	Date:	/	/	/	/	/	/	/	/	/	/

Caregiver participation: Therapist met (face-to-face or via telephone) for >15min										
P: Therapist provided psycho-education (e.g., directive education about the traumatic event, normal reactions to trauma, etc.; education to instill hope)										
General info re: abuse, trauma; specific info re: trauma child experienced **(GE) and the child's reactions to his/her personal experience of the trauma**										
Common emotional, behavioral, and physiological responses.										
Info about child's symptoms and diagnosis.										
Description of components of TF-CBT, session structure, treatment length										
Engaged family (e.g., found out what child liked, what motivates the family, etc.)										
P: Therapist provided parenting skills (e.g., praise, selective attention, time out, bx mng plans); ask parent about their reactions to the child's traumatic experience										
R: Therapist explained the physiology of relaxation and rationale for relaxation techniques; instructed on methods of relaxation										
Discuss ways that relaxation skills can help child with trauma reactions **(GE); suggest that child use relaxation skills when they have trauma reminders**										
A: Therapist assisted child in accurately identifying their feelings, and various ways of regulating their emotions (e.g., imagery, thought stopping, positive self-talk)										
Accurately identify and express a variety of feelings (positive and negative, in youth's words) (e.g. feelings brainstorm, Color My World, etc.)										
Link feelings to situations, body and facial expressions										
Teach how to rate intensity levels of emotions (e.g. SUDS, feeling thermometer)										
Teach skills of managing emotions and difficult affective states (e.g. positive self-talk, enhancing child's sense of safety, etc.)										
Teach skills to identify/cope with array of feelings associated with trauma **(GE)**										
C: Therapist reviewed skill of cognitive coping										
Educate child on the distinction and relationship between thoughts, feelings and actions (e.g. acknowledge internal dialogues; introduce cognitive triangle)										
Help the child generate alternative thoughts that are more accurate or helpful, in order to feel differently; discuss how to apply to real life										
T: Therapist worked on a trauma narrative (TN) the child **(GE)**										
Introduce rationale for TN; initiate TN (e.g. title page, timeline/table of contents)										
Encourage child, in calibrated increments, to include more details of trauma										
Re-read the TN at the beginning of ***each*** session **(GE)**										
Ask about and add in thoughts and feelings throughout the TN										
Include worst memory/worst moment										
Use cognitive processing techniques to modify distortions throughout the TN										
Include piece on making meaning (e.g. what they've learned, how they grew)										
As TN develops, read each new draft to supportive caregiver in collateral sessions										
I: Therapist developed in-vivo desensitization plan for generalized avoidant behaviors										
C: Conjoint child-parent session: sharing trauma narrative with parent/caregiver										
Prepare caregiver and child separately for joint session in which TN is shared										
Hold joint session (e.g., re-read TN, model praise, discuss questions prepared by both child and caregiver, praise and celebrate progress made)										
E: Therapist addressed child's sense of safety (e.g. safety skills and safety plan)										
Teach personal safety skills and assertive communication; increase awareness										
Teach problem-solving skills and/or social skills as needed by the child										

Citation: Deblinger, E, Cohen, J, Mannarino, A, Murray, L, and Epstein,C. (March 2008). Revised: September 2008.

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